Molina Healthcare Medicaid Prior Authorization Guide

This guide applies to Molina Medicaid members only

What is the Prior Authorization Guide?

The Medicaid Prior Authorization Guide is a listing of codes that allows contracted providers to determine if a prior authorization is required for a health care service and the supporting documentation requirements to demonstrate the medical necessity for a service. **The Medicaid Prior Authorization Guide may be subject to change at any time. Please see current effective date of this guide.**

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

- All Inpatient services require prior authorization
- All non-par provider requests require authorization regardless of service.
- Emergency services do not require prior authorization
- Office visits to contracted/participating (PAR) providers and referrals to network specialists do not require prior authorization
- Services noted as non-covered will be reviewed for medical necessity for children ages 21 and under, if requested (WAC 182-501-0050)

Prior authorization requests for unlisted or non-specific codes should include the code and a full description of the procedure or service.

Please note: If the member's PCP belongs to a dedicated medical group/Independent Practice Association (IPA), listed in section 14 of the Provider Manual, the Provider should contact the medical group/IPA for authorization guidance.

Instructions:
To search: Use CTRL + F for PCs or Command + F for Macs and type in the code.

Refer to the current Molina Medicaid Provider Manual for additional information.

MHW PART #1250-1910
MHW-10/8/2019

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
0001F	HRT FAILURE ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Not Cov	Not Cov	Not Cov	Not Cov		
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W ASH	Not Cov	Not Cov	Not Cov	Not Cov		
0002U	ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	Not Cov	Not Cov	Not Cov	Not Cov		
0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W NASH	Not Cov	Not Cov	Not Cov	Not Cov		
0003U	ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR	Not Cov	Not Cov	Not Cov	Not Cov		
0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0005F	OSTEOARTHRITIS COMPOSITE	Not Cov	Not Cov	Not Cov	Not Cov		
0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0006U	RX MONITORING 120 PLUS DRUGS AND SUBSTANCES	Not Cov	Not Cov	Not Cov	Not Cov		
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0007U	RX TEST PRESUMPTIVE URINE W DEF CONFIRMATION	Not Cov	Not Cov	Not Cov	Not Cov		
0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Not Cov	Not Cov	Not Cov	Not Cov		
0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Not Cov	Not Cov	Not Cov	Not Cov		
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Not Cov	Not Cov	Not Cov	Not Cov		
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	No	No	Not Cov	No		
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	No	No	Not Cov	No		
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	No	No	Not Cov	No		
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	No	No	Not Cov	No		
0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Not Cov	Not Cov	Not Cov	Not Cov		
0011M	ONC PRST8 CA MRNA 12 GENES BLD PLSM AND UR ALG	Not Cov	Not Cov	Not Cov	Not Cov		
0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Not Cov	Not Cov	Not Cov	Not Cov		
00120	ANESTHESIA EXTERNAL MIDDLE AND INNER EAR W BX NOS	No	No	Not Cov	No		
00124	ANES EXTERNAL MIDDLE AND INNER EAR W BX OTOSCOPY	No	No	Not Cov	No		
00126	ANES XTRNL MID AND INNER EAR W BX TYMPANOTOMY	No	No	Not Cov	No		

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0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT	Not Cov	Not Cov	Not Cov	Not Cov		
0012M	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Not Cov	Not Cov	Not Cov	Not Cov		
0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	Not Cov	Not Cov	Not Cov	Not Cov		
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Not Cov	Not Cov	Not Cov	Not Cov		
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	No	No	Not Cov	No		
00142	ANESTHESIA EYE LENS SURGERY	No	No	Not Cov	No		
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	No	No	Not Cov	No		
00145	ANESTHESIA EYE VITREORETINAL SURGERY	No	No	Not Cov	No		
00147	ANESTHESIA EYE IRIDECTOMY	No	No	Not Cov	No		
00148	ANESTHESIA EYE OPHTHALMOSCOPY	No	No	Not Cov	No		
0014F	COMP PREOP ASSESS CATARACT SURG W IOL PLACEMNT	Not Cov	Not Cov	Not Cov	Not Cov		
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Not Cov	Not Cov	Not Cov	Not Cov		
0015F	MELANOMA FOLLOW UP COMPLETED	Not Cov	Not Cov	Not Cov	Not Cov		
00160	ANESTHESIA NOSE AND ACCESSORY SINUSES NOS	No	No	Not Cov	No		
00162	ANES NOSE AND ACCESSORY SINUSES RADICAL SURGERY	No	No	Not Cov	No		
00164	ANES NOSE AND ACCESSORY SINUSES BIOPSY SOFT TISSUE	No	No	Not Cov	No		
0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Not Cov	Not Cov	Not Cov	Not Cov		
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	No	No	Not Cov	No		
00172	ANES INTRAORAL W BIOPSY REPAIR CLEFT PALATE	No	No	Not Cov	No		
00174	ANES INTRAORAL W BX EXC RETROPHARYNGEAL TUMOR	No	No	Not Cov	No		
00176	ANESTHESIA INTRAORAL W BIOPSY RADICAL SURGERY	No	No	Not Cov	No		
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Not Cov	Not Cov	Not Cov	Not Cov		
0018U	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL	Not Cov	Not Cov	Not Cov	Not Cov		
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	No	No	Not Cov	No		
00192	ANES FACIAL BONES SKULL RAD SURG W PROGNATHISM	No	No	Not Cov	No		
0019U	ONC RNA WHL TRANSCIPTOME SEQ TISS PREDCT ALG	Not Cov	Not Cov	Not Cov	Not Cov		
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	No	No	Not Cov	No		
00211	ANES INTRACRANIAL CRANIOTOMY CRANIECTOMY HMTMA	No	No	Not Cov	No		
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	No	No	Not Cov	No		
00214	ANES INTRACRANIAL BURR HOLES W VENTRICULOGRAPHY	No	No	Not Cov	No		
00215	ANES INTRACRANIAL ELEVATION DEPRSD SKULL FX XDRL	No	No	Not Cov	No		
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	No	No	Not Cov	No		
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	No	No	Not Cov	No		

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0021U	ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	Not Cov	Not Cov	Not Cov	Not Cov		
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	No	No	Not Cov	No		
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	No	No	Not Cov	No		
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ NONDETCJ	Not Cov	Not Cov	Not Cov	Not Cov		
0024U	GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
0025U	TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	Not Cov	Not Cov	Not Cov	Not Cov		
0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Not Cov	Not Cov	Not Cov	Not Cov		
0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
00300	ANES INTEG MUSC AND NRV HEAD NECK AND POSTERIOR TRUNK	No	No	Not Cov	No		
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
00320	ANES ESOPH THYRD LARYNX TRACH AND LYMPH NECK 1YR	No	No	Not Cov	No		
00322	ANES ESOPH THYRD LARX TRACH AND LYMPH NCK BX THYRD	No	No	Not Cov	No		
00326	ANESTHESIA LARYNX AND TRACHEA CHILDREN UNDER 1 YEAR	No	No	Not Cov	No		
0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Not Cov	Not Cov	Not Cov	Not Cov		
0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
00350	ANESTHESIA MAJOR VESSELS NECK NOS	No	No	Not Cov	No		
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	No	No	Not Cov	No		
0035U	NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	Not Cov	Not Cov	Not Cov	Not Cov		
0036U	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
0038U	VITAMIN D SERUM MICROSAMPLE QUANTITATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
0039U	DNA ANTIBODY DOUBLE STRANDED HIGH AVIDITY	Not Cov	Not Cov	Not Cov	Not Cov		
00400	ANES INTEG EXTREMITIES ANT TRUNK AND PERINEUM NOS	No	No	Not Cov	No		
00402	ANESTHESIA RECONSTRUCTION BREAST	No	No	Not Cov	No		
00404	ANESTHESIA RADICAL MODIFIED RADICAL BREAST	No	No	Not Cov	No		
00406	ANES RADICAL MODIFIED RADICAL BREAST W NODES	No	No	Not Cov	No		
0040U	BCR ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	No	No	Not Cov	No		
0041U	B BURGDORFERI ANTB 5 PRTN GRP IMMUNOBLOT IGM	Not Cov	Not Cov	Not Cov	Not Cov		
0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Not Cov	Not Cov	Not Cov	Not Cov		

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0042U	B BURGDORFERI ANTB 12 PRTN GRP IMMUNOBLOT IGG	Not Cov	Not Cov	Not Cov	Not Cov		
0043U	TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGM	Not Cov	Not Cov	Not Cov	Not Cov		
0044U	TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGG	Not Cov	Not Cov	Not Cov	Not Cov		
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	No	No	Not Cov	No		
00454	ANESTHESIA CLAVICLE AND SCAPULA BIOPSY CLAVICLE	No	No	Not Cov	No		
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Not Cov	Not Cov	Not Cov	Not Cov		
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	No	No	Not Cov	No		
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	No	No	Not Cov	No		
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	No	No	Not Cov	No		
0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Not Cov	Not Cov	Not Cov	Not Cov		
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
00500	ANESTHESIA ESOPHAGUS	No	No	Not Cov	No		
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Not Cov	Not Cov	Not Cov	Not Cov		
0051U	RX MNTR DRUGS PRESENT LC-MS MS UR 31 DRUG PANEL	Not Cov	Not Cov	Not Cov	Not Cov		
00520	ANESTHESIA CLOSED CHEST W BRONCHOSCOPY NOS	No	No	Not Cov	No		
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	No	No	Not Cov	No		
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	No	No	Not Cov	No		
00528	ANES MEDIASTINOSCOPY AND THORACSCOPY W O 1 LUNG VNTJ	No	No	Not Cov	No		
00529	ANES MEDIASTINOSCOPY AND THORACOSCOPY W 1 LUNG VNT	No	No	Not Cov	No		
0052U	LPOPRTN BLD W 5 MAJ CLASS AUTO PRFL UCENTRFUGTN	Not Cov	Not Cov	Not Cov	Not Cov		
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	No	No	Not Cov	No		
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	No	No	Not Cov	No		
00534	ANES TRANSVENOUS INSJ REPLACEMENT PACING CVDFB	No	No	Not Cov	No		
00537	ANES CARDIAC ELECTROPHYSIOL STDY W RF ABLATION	No	No	Not Cov	No		
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	No	No	Not Cov	No		
0053U	ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC ALG	Not Cov	Not Cov	Not Cov	Not Cov		
00540	ANES THORACOTOMY AND THORACOSCOPY NOS	No	No	Not Cov	No		
00541	ANES THORACOTOMY AND THORACOSCOPY W 1 LUNG VNTJ	No	No	Not Cov	No		
00542	ANES THORACOTOMY AND THORACOSCOPY DECORTICATION	No	No	Not Cov	No		
00546	ANES THORACOTOMY AND THORACOSCOPY PULMONARY RESC	No	No	Not Cov	No		

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00548	ANES THORACOTOMY AND THORACSCOPY TRACHEA AND BRONCHI	No	No	Not Cov	No		
0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES	Not Cov	Not Cov	Not Cov	Not Cov		
0054U	RX MNTR 14 PLUS CLASS DRUGS AND SBSTS CAPILLARY BLOOD	Not Cov	Not Cov	Not Cov	Not Cov		
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	No	No	Not Cov	No		
0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT MRI	Not Cov	Not Cov	Not Cov	Not Cov		
0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Not Cov	Not Cov	Not Cov	Not Cov		
00560	ANES HRT PERICARDIAL SAC AND GRT VESLS W O PMP OXT	No	No	Not Cov	No		
00561	ANES HRT PERICARD SAC AND GREAT VSLS W PMP OXTJ UNDER 1YR	No	No	Not Cov	No		
00562	ANES HRT PERICRD SAC AND GRT VSLS W PMP OXTJ OVER 1MO PO	No	No	Not Cov	No		
00563	ANES HRT PRCRD SAC AND GREAT VSL W PUMP OXTJ HYPTH	No	No	Not Cov	No		
00566	ANES DIRECT CABG W O PUMP OXYGENATOR	No	No	Not Cov	No		
00567	ANES DIRECT CABG W PUMP OXYGENATOR	No	No	Not Cov	No		
0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Not Cov	Not Cov	Not Cov	Not Cov		
0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Not Cov	Not Cov	Not Cov	Not Cov		
00580	ANES HEART TRANSPLANT HEART LUNG TRANSPLANT	No	No	Not Cov	No		
0058T	CRYOPRESERVATION REPRODUCTIVE TISSUE OVARIAN	Not Cov	Not Cov	Not Cov	Not Cov		
0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Not Cov	Not Cov	Not Cov	Not Cov		
0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Not Cov	Not Cov	Not Cov	Not Cov		
00600	ANESTHESIA CERVICAL SPINE AND CORD NOS	No	No	Not Cov	No		
00604	ANES CERVICAL SPINE AND CORD W PATIENT SITTING	No	No	Not Cov	No		
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Not Cov	Not Cov	Not Cov	Not Cov		
0061U	TC MEAS 5 BIOMARKERS W SFDI MULTI-SPECTRAL ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
00620	ANESTHESIA THORACIC SPINE AND CORD NOS	No	No	Not Cov	No		
00625	ANES THRC SPINE AND CORD ANT APPR W O 1 LUNG VENTJ	No	No	Not Cov	No		
00626	ANES THORACIC SPINE AND CORD ANT APPR W 1 LNG VENT	No	No	Not Cov	No		
0062U	AI SLE IGG AND IGM ALYS 80 BMRK SRM ALG RSK SCORE	Not Cov	Not Cov	Not Cov	Not Cov		
00630	ANESTHESIA LUMBAR REGION NOS	No	No	Not Cov	No		
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	No	No	Not Cov	No		
00635	ANES DIAGNOSTIC THERAPEUTIC LUMBAR PUNCTURE	No	No	Not Cov	No		
0063U	NEURO AUTISM 32 AMINES PLSM ALG METAB SIGNATURE	Not Cov	Not Cov	Not Cov	Not Cov		
00640	ANES MANIPULATE SPINE CLSD CRV THORC LUMBR SPINE	No	No	Not Cov	No		
0064U	ANTIBODY TREPONEMA PALLIDUM TOTAL AND RPR IA QUAL	Not Cov	Not Cov	Not Cov	Not Cov		
0065U	SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAL RPR	Not Cov	Not Cov	Not Cov	Not Cov		
0066U	PAMG-1 IA W DIR OPT OBS CERVICO-VAG FLU EA SPEC	Not Cov	Not Cov	Not Cov	Not Cov		

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00670	ANESTHESIA EXTENSIVE SPINE AND SPINAL CORD	No	No	Not Cov	No		
0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	Not Cov	Not Cov	Not Cov	Not Cov		
0068U	CANDIDA SPECIES PANEL AMP PRB TQ W QUAL REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	Not Cov	Not Cov	Not Cov	Not Cov		
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	No	No	Not Cov	No		
00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	No	No	Not Cov	No		
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Not Cov	Not Cov	Not Cov	Not Cov		
0071T	US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Not Cov	Not Cov	Not Cov	Not Cov		
0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	Not Cov	Not Cov	Not Cov	Not Cov		
0072T	US ABLATJ UTERINE LEIOMYOMAT OR MOREEQUAL 200 CC TISS	Not Cov	Not Cov	Not Cov	Not Cov		
0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE	Not Cov	Not Cov	Not Cov	Not Cov		
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	No	No	Not Cov	No		
00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	No	No	Not Cov	No		
00732	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	No	No	Not Cov	No		
0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE	Not Cov	Not Cov	Not Cov	Not Cov		
0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS	Not Cov	Not Cov	Not Cov	Not Cov		
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	No	No	Not Cov	No		
00752	ANES HRNA RPR UPR ABD LMBR AND VENTRAL HERNIA AND DEHISC	No	No	Not Cov	No		
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	No	No	Not Cov	No		
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	No	No	Not Cov	No		
0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT	Not Cov	Not Cov	Not Cov	Not Cov		
0076T	TCAT PLMT XTRC VRT CRTD STENT RS AND IPRQ EA VSL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT	Not Cov	Not Cov	Not Cov	Not Cov		
00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	No	No	Not Cov	No		
0077U	IG PARAPROTEIN QUAL IMPRCIP AND MS BLD UR W ISOTYPE	Not Cov	Not Cov	Not Cov	Not Cov		
0078U	PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS	Not Cov	Not Cov	Not Cov	Not Cov		
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W LAPS NOS	No	No	Not Cov	No		

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00792	ANES LAPS PARTIAL HEPATECTOMY W MGMT LIVER HEMOR	No	No	Not Cov	No		
00794	ANES LAPAROSCOPIC PARTIAL TOTAL PANCREATECTOMY	No	No	Not Cov	No		
00796	ANES LAPAROSCOPIC LIVER TRANSPLANT	No	No	Not Cov	No		
00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO	No	No	Not Cov	No		
0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF	Not Cov	Not Cov	Not Cov	Not Cov		
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	No	No	Not Cov	No		
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	No	No	Not Cov	No		
0080U	ONC LUNG 5 CLINICAL RISK FACTORS ALG PRBLTY MAL	Not Cov	Not Cov	Not Cov	Not Cov		
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	No	No	Not Cov	No		
00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	No	No	Not Cov	No		
00813	ANESTHESIA COMBINED UPPER AND LOWER GI ENDOSCOPIC PX	No	No	Not Cov	No		
0081U	ONC UVEAL MLNMA MRNA GEN XPRS PRFL 15 GENE ALG	Not Cov	Not Cov	Not Cov	Not Cov		
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	No	No	Not Cov	No		
0082U	RX TST DEF 90 PLUS RX SBSTS UR REPRT PRES ABS EA RX	Not Cov	Not Cov	Not Cov	Not Cov		
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	No	No	Not Cov	No		
00832	ANES LWR ABD VENTRAL AND INCISIONAL HERNIA REPAIR	No	No	Not Cov	No		
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS AND 1YR AGE	No	No	Not Cov	No		
00836	ANES HRNA RPR LWR ABD NOS INFTS UNDER 37WK BRTH 50WK	No	No	Not Cov	No		
0083U	ONC RSPSE CHEMOTX RX MOTILITY CNTRST TOMOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W LAPS NOS	No	No	Not Cov	No		
00842	ANES IPER LOWER ABDOMEN W LAPS AMNIOCENTESIS	No	No	Not Cov	No		
00844	ANES IPER LOWER ABD W LAPS ABDOMINOPRNL RESCJ	No	No	Not Cov	No		
00846	ANES IPER LOWER ABD W LAPS RAD HYSTERECTOMY	No	No	Not Cov	No		
00848	ANES IPER LOWER ABD W LAPS PELVIC EXENTERATION	No	No	Not Cov	No		
0084U	RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG	Not Cov	Not Cov	Not Cov	Not Cov		
00851	ANES IPER LWR ABD W LAPS TUBAL LIGATION TRANSECT	No	No	Not Cov	No		
0085T	BREATH TEST HEART TRANSPLANT REJECTION	Not Cov	Not Cov	Not Cov	Not Cov		
0085U	CDTB AND VINCULIN IGG ANTIBODIES BY IMMUNOASSAY	Not Cov	Not Cov	Not Cov	Not Cov		
00860	ANES EXTRAPERITONEAL LWR ABD W URINARY TRACT NOS	No	No	Not Cov	No		
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	No	No	Not Cov	No		
00864	ANES XTRPRTL LWER ABD W URINARY TRACT TOT CYSTEC	No	No	Not Cov	No		
00865	ANES XTRPRTL LWR ABD W URINARY TRACT RAD PRSTECT	No	No	Not Cov	No		
00866	ANES XTRPRTL LOWER ABD W URIN TRACT ADRENLECTOMY	No	No	Not Cov	No		
00868	ANES XTRPRTL LWR ABD W URIN TRACT RENAL TRANSPL	No	No	Not Cov	No		

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0086U	NFCT DS BACT AND FNG ORG ID BLD CUL RRNA FISH 6 PLUS TRGT	Not Cov	Not Cov	Not Cov	Not Cov		
00870	ANES XTRPRTL LWR ABD W URIN TRACT CSTOLITHOTOMY	No	No	Not Cov	No		
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W WATER BATH	No	No	Not Cov	No		
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W O WATER BATH	No	No	Not Cov	No		
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG	Not Cov	Not Cov	Not Cov	Not Cov		
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	No	No	Not Cov	No		
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	No	No	Not Cov	No		
0088U	TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG	Not Cov	Not Cov	Not Cov	Not Cov		
0089U	ONC MLNMA GEN XPRS PRFL RTQPCR PRAME AND LINC00518	Not Cov	Not Cov	Not Cov	Not Cov		
00902	ANESTHESIA ANORECTAL PROCEDURE	No	No	Not Cov	No		
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	No	No	Not Cov	No		
00906	ANESTHESIA VULVECTOMY	No	No	Not Cov	No		
00908	ANESTHESIA PERINEAL PROSTATECTOMY	No	No	Not Cov	No		
0090U	ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG	Not Cov	Not Cov	Not Cov	Not Cov		
00910	ANES TRANSURETHRAL W URETHROCYSTOSCOPY NOS	No	No	Not Cov	No		
00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	No	No	Not Cov	No		
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	No	No	Not Cov	No		
00916	ANES TRURL POST-TRURL RESECTION BLEEDING	No	No	Not Cov	No		
00918	ANES TRURL FRAGMNTJ MANJ AND RMVL URETERAL CALCULUS	No	No	Not Cov	No		
0091U	ONC CLRCT SCR CLL ENUM CRCG TUM CLL WHL BLD ALG	Not Cov	Not Cov	Not Cov	Not Cov		
00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	No	No	Not Cov	No		
00921	ANES VASECTOMY UNI BI INCL OPEN URETHRAL PX	No	No	Not Cov	No		
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	No	No	Not Cov	No		
00924	ANES UNDSCND TESTIS UNI BI INCL OPEN URTL PX	No	No	Not Cov	No		
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX	No	No	Not Cov	No		
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL	No	No	Not Cov	No		
0092U	ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG	Not Cov	Not Cov	Not Cov	Not Cov		
00930	ANES ORCHIOPEXY UNI BI INCL OPEN URETHRAL PX	No	No	Not Cov	No		
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL	No	No	Not Cov	No		
00934	ANES RAD AMP PENIS W BI INGUINAL LYMPH NODE RMVL	No	No	Not Cov	No		
00936	ANES RAD AMP PENIS W BI INGUNL AND ILIAC LYMPH RMOVL	No	No	Not Cov	No		
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	No	No	Not Cov	No		
0093U	RX MNTR 65 COM DRUGS LC-MS MS UR DETC NOT DETC	Not Cov	Not Cov	Not Cov	Not Cov		
00940	ANESTHESIA VAGINAL PROCEDURE W BIOPSY NOS	No	No	Not Cov	No		

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00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W OPN URTL	No	No	Not Cov	No		
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	No	No	Not Cov	No		
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	No	No	Not Cov	No		
0094U	GENOME RAPID SEQUENCE ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	No	No	Not Cov	No		
00952	ANES HYSTEROSCOPY AND HYSTEROSALPINGOGRAPHY W BX	No	No	Not Cov	No		
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Not Cov	Not Cov	Not Cov	Not Cov		
0095U	INFLAMMATION EE ELISA ALYS ALG PREDICT PROB IDX	Not Cov	Not Cov	Not Cov	Not Cov		
0096U	HPV HIGH RISK TYPES MALE URINE	Not Cov	Not Cov	Not Cov	Not Cov		
0097U	GI PTHGN MULT REV TRANS AND AMP PRB TECH 22 TRGT	Not Cov	Not Cov	Not Cov	Not Cov		
0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Not Cov	Not Cov	Not Cov	Not Cov		
0098U	RESPIR PTHGN MULT REV TRANS AND AMP PRB TECH 14 TRGT	Not Cov	Not Cov	Not Cov	Not Cov		
0099U	RESPIR PTHGN MULT REV TRANS AND AMP PRB TECH 20 TRGT	Not Cov	Not Cov	Not Cov	Not Cov		
0100T	PLMT SCJNCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA	Not Cov	Not Cov	Not Cov	Not Cov		
0100U	RESPIR PTHGN MULT REV TRANS AND AMP PRB TECH 21 TRGT	Not Cov	Not Cov	Not Cov	Not Cov		
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Not Cov	Not Cov	Not Cov	Not Cov		
0101U	HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
0102T	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Not Cov	Not Cov	Not Cov	Not Cov		
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
0103U	HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
0104U	HERED PAN CANCER GEN SEQ ALYS PANEL 32 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
0106T	QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI	Not Cov	Not Cov	Not Cov	Not Cov		
0107T	QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI	Not Cov	Not Cov	Not Cov	Not Cov		
0108T	QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI	Not Cov	Not Cov	Not Cov	Not Cov		
0109T	QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI	Not Cov	Not Cov	Not Cov	Not Cov		
0110T	QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI	Not Cov	Not Cov	Not Cov	Not Cov		
01112	ANES BONE MARROW ASPIR AND BX ANT PST ILIAC CREST	No	No	Not Cov	No		
0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS	Not Cov	Not Cov	Not Cov	Not Cov		
01120	ANESTHESIA ON BONY PELVIS	No	No	Not Cov	No		
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	No	No	Not Cov	No		
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	No	No	Not Cov	No		
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	No	No	Not Cov	No		
01160	ANES CLOSED SYMPHYSIS PUBIS SACROILIAC JOINT	No	No	Not Cov	No		
01170	ANES OPEN SYMPHYSIS PUBIS SACROILIAC JOINT	No	No	Not Cov	No		

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01173	ANES OPN RPR DISRPJ PELVIS COLUMN FX ACETABULUM	No	No	Not Cov	No		
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	No	No	Not Cov	No		
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	No	No	Not Cov	No		
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	No	No	Not Cov	No		
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	No	No	Not Cov	No		
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	No	No	Not Cov	No		
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	No	No	Not Cov	No		
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2 3 FEMUR	No	No	Not Cov	No		
01230	ANESTHESIA OPEN PROCEDURES UPPER 2 3 FEMUR NOS	No	No	Not Cov	No		
01232	ANESTHESIA UPPER 2 3 FEMUR AMPUTATION	No	No	Not Cov	No		
01234	ANES UPPER 2 3 FEMUR RADICAL RESCECTION	No	No	Not Cov	No		
01250	ANES NERVE MUSC TENDON FASCIA AND BURSAE UPPER LEG	No	No	Not Cov	No		
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	No	No	Not Cov	No		
0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	No	No	Not Cov	No		
01272	ANES ART UPPER LEG W BYPASS GRAFT FEM ART LIG	No	No	Not Cov	No		
01274	ANES UPPER LEG W BYPASS GRFT FEM ART EMBOLECTOMY	No	No	Not Cov	No		
01320	ANES NERVE MUSC TENDON FASCIA AND BURSA KNEE AND POPLT	No	No	Not Cov	No		
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1 3 FEMUR	No	No	Not Cov	No		
01360	ANESTHESIA OPEN PROCEDURES LOWER 1 3 FEMUR	No	No	Not Cov	No		
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	No	No	Not Cov	No		
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	No	No	Not Cov	No		
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA PATELLA	No	No	Not Cov	No		
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA AND PATELLA	No	No	Not Cov	No		
01400	ANES OPEN SURG ARTHROSCOPIC PROC KNEE JOINT NOS	No	No	Not Cov	No		
01402	ANESTH OPEN SURG ARTHRS TOTAL KNEE ARTHROPLASTY	No	No	Not Cov	No		
01404	ANESTH OPEN SURG ARTHRS KNEE DISARTICULATION	No	No	Not Cov	No		
01420	ANES CAST APPLICATION REMOVAL REPAIR KNEE JOINT	No	No	Not Cov	No		
01430	ANESTHESIA VEINS KNEE AND POPLITEAL AREA NOS	No	No	Not Cov	No		
01432	ANES KNEE AND POPLITEAL ARTERY VEIN FISTULA NOS	No	No	Not Cov	No		
01440	ANES ARTERIES OF KNEE AND POPLITEAL AREA NOS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
01442	ANES ART KNEE POPLITEAL TEAEC W WO PATCH GRAFT	No	No	Not Cov	No		
01444	ANES ART KNEE POPLITEAL EXC AND GRF RPR OCCLS ARYS	No	No	Not Cov	No		
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE AND FOOT	No	No	Not Cov	No		
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE AND FOOT	No	No	Not Cov	No		
01470	ANES NRV MUS TND FASC LOWER LEG ANKLE FOOT NOS	No	No	Not Cov	No		
01472	ANES RPR RUPTURED ACHILLES TENDON W WO GRAFT	No	No	Not Cov	No		
01474	ANESTHESIA GASTROCNEMIUS RECESSION	No	No	Not Cov	No		
01480	ANES OPEN PROC BONES LOWER LEG ANKLE FOOT NOS	No	No	Not Cov	No		
01482	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	No	No	Not Cov	No		
01484	ANES OPEN OSTEOTOMY OSTEOPLASTY TIBIA AND FIBULA	No	No	Not Cov	No		
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	No	No	Not Cov	No		
01490	ANES LOWER LEG CAST APPLICATION REMOVAL REPAIR	No	No	Not Cov	No		
01500	ANESTHESIA ARTERIES LOWER LEG W BYPASS GRAFT NOS	No	No	Not Cov	No		
01502	ANES ART LOWER LEG W BYP GRAFT EMBLC DIR W CATH	No	No	Not Cov	No		
01520	ANESTHESIA VEINS OF LOWER LEG NOS	No	No	Not Cov	No		
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR W CATH	No	No	Not Cov	No		
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER AND AXILLA	No	No	Not Cov	No		
01620	ANES CLOSED HUMRL H N STRNCLAV JOINT AND SHO JOINT	No	No	Not Cov	No		
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	No	No	Not Cov	No		
01630	ANES ARTHRS HUMERAL H N STRNCLAV AND SHOULDER NOS	No	No	Not Cov	No		
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	No	No	Not Cov	No		
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	No	No	Not Cov	No		
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	No	No	Not Cov	No		
0163T	TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA	Not Cov	Not Cov	Not Cov	Not Cov		
0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	Not Cov	Not Cov	Not Cov	Not Cov		
01650	ANESTHESIA ARTERIES SHOULDER AND AXILLA NOS	No	No	Not Cov	No		
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	No	No	Not Cov	No		
01654	ANES ARTERIES SHOULDER AND AXILLA BYPASS GRAFT	No	No	Not Cov	No		
01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	No	No	Not Cov	No		
0165T	REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	Not Cov	Not Cov	Not Cov	Not Cov		
01670	ANESTHESIA VEINS SHOULDER AND AXILLA	No	No	Not Cov	No		
01680	ANES SHOULDER CAST APPL REMOVAL REPAIR NOS	No	No	Not Cov	No		
01710	ANES NRV MUSC TDN FSCA AND BRS UPR ARM ELBOW NOS	No	No	Not Cov	No		
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	No	No	Not Cov	No		

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01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	No	No	Not Cov	No		
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	No	No	Not Cov	No		
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS AND ELBOW	No	No	Not Cov	No		
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	No	No	Not Cov	No		
01740	ANES OPEN SURG ARTHROSCOPIC ELBOW PROC NOS	No	No	Not Cov	No		
01742	ANESTHESIA OPEN SURG ARTHRS OSTEOTOMY HUMERUS	No	No	Not Cov	No		
01744	ANES OPEN SURG ARTHRS REPRS NON MALUNION HUMERUS	No	No	Not Cov	No		
0174T	CAD CHEST RADIOGRAPH CONCURRENT W INTERPRETATION	Not Cov	Not Cov	Not Cov	Not Cov		
01756	ANESTHESIA OPEN SURG ARTHRS RADICAL PROC ELBOW	No	No	Not Cov	No		
01758	ANESTH OPEN SURG ARTHRS EXC CYST TUMOR HUMERUS	No	No	Not Cov	No		
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ	Not Cov	Not Cov	Not Cov	Not Cov		
01760	ANESTH OPEN SURG ARTHRS TOTAL ELBOW REPLACEMENT	No	No	Not Cov	No		
01770	ANESTHESIA ARTERIES UPPER ARM AND ELBOW NOS	No	No	Not Cov	No		
01772	ANESTHESIA ARTERIES UPPER ARM AND ELBOW EMBOLECTOM	No	No	Not Cov	No		
01780	ANESTHESIA VEINS UPPER ARM AND ELBOW NOS	No	No	Not Cov	No		
01782	ANESTHESIA VEINS UPPER ARM AND ELBOW PHLEBORRHAPHY	No	No	Not Cov	No		
01810	ANES NERVE MUSCLE TDN FASCIA AND BURSA FOREARM WRIST	No	No	Not Cov	No		
01820	ANES RADIUS ULNA WRIST HAND BONES CLOSED PX	No	No	Not Cov	No		
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	No	No	Not Cov	No		
01830	ANES ARTHRS ENDSCPY DSTL RADIUS ULNA WRIST HAND	No	No	Not Cov	No		
01832	ANESTHESIA ARTHRS ENDOSCPIC TOTAL WRIST REPLCMT	No	No	Not Cov	No		
01840	ANESTHESIA ARTERIES FOREARM WRIST AND HAND NOS	No	No	Not Cov	No		
01842	ANES ARTERIES FOREARM WRIST AND HAND EMBOLECTOMY	No	No	Not Cov	No		
01844	ANESTHESIA VASCULAR SHUNT SHUNT REVISION	No	No	Not Cov	No		
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
01850	ANESTHESIA VEINS FOREARM WRIST AND HAND NOS	No	No	Not Cov	No		
01852	ANES VEINS FOREARM WRIST AND HAND PHLEBORRHAPHY	No	No	Not Cov	No		
01860	ANES FOREARM WRIST HAND CAST APPL RMVL REPAIR	No	No	Not Cov	No		
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY VENOGRAPH	No	No	Not Cov	No		
0191T	ANT SEGMENT INSERTION DRAINAGE W O RESERVOIR INT	Not Cov	Not Cov	Not Cov	Not Cov		
01920	ANES C-CATHJ W C ANGIOGRAPHY AND VENTRICULOGRAPHY	No	No	Not Cov	No		

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01922	ANES NON-INVASIVE IMAGING RADIATION THERAPY	No	No	Not Cov	No		
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	No	No	Not Cov	No		
01925	ANESTHESIA CAROTID CORONARY THER IVNTL RAD	No	No	Not Cov	No		
01926	ANES ICRA ICAR AORTIC THER IVNTL RAD ARTL	No	No	Not Cov	No		
01930	ANES VENOUS LYMPHATIC NOS THER IVNTL RAD NOS	No	No	Not Cov	No		
01931	ANESTHESIA INTRAHEPATIC PORTAL THER IVNTL RAD	No	No	Not Cov	No		
01932	ANESTHESIA INTRATHORACIC JUGULAR THER IVNTL RAD	No	No	Not Cov	No		
01933	ANES INTRACRANIAL THER IVNTL RAD VENS LYMPHTC	No	No	Not Cov	No		
01935	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC	No	No	Not Cov	No		
01936	ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC	No	No	Not Cov	No		
01951	ANES 2 3 DGR BRN EXC DBRDMT W WO GRFT 4 PCT TBSA	No	No	Not Cov	No		
01952	ANES 2 3 DGR BRN EXC DBRDMT W WO GRFT 4-9 PCT TBSA	No	No	Not Cov	No		
01953	ANES 2 3 DGR BRN EXC DBRDMT W WO GRF EA 9PCT TBS	No	No	Not Cov	No		
01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	No	No	Not Cov	No		
01960	ANESTHESIA VAGINAL DELIVERY ONLY	No	No	Not Cov	No		
01961	ANESTHESIA CESAREAN DELIVERY ONLY	No	No	Not Cov	No		
01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	No	No	Not Cov	No		
01963	ANESTHESIA C HYST W O ANY LABOR ANALG ANES CARE	No	No	Not Cov	No		
01965	ANESTHESIA INCOMPLETE MISSED ABORTION	No	No	Not Cov	No		
01966	ANESTHESIA INDUCED ABORTION	No	No	Not Cov	No		
01967	NEURAXIAL LABOR ANALG ANES PLND VAGINAL DELIVERY	No	No	Not Cov	No		
01968	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG ANES	No	No	Not Cov	No		
01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG ANES	No	No	Not Cov	No		
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	Not Cov	No	Not Cov	No		
01991	ANES DX THER NRV BLK NJX OTH THN PRONE POS	No	No	Not Cov	No		
01992	ANES DX THER NERVE BLOCK INJECTION PRONE POS	No	No	Not Cov	No		
01996	DAILY HOSP MGMT EDRL SARACH CONT DRUG ADMN	No	No	Not Cov	No		
01999	UNLISTED ANESTHESIA PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Not Cov	Not Cov	Not Cov	Not Cov		
0201T	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Not Cov	Not Cov	Not Cov	Not Cov		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
0202T	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Not Cov	Not Cov	Not Cov	Not Cov		
0205T	IV CATH CORONARY VESSEL GRAFT SPECTROSCPY EA VSL	Not Cov	Not Cov	Not Cov	Not Cov		
0206T	CPTR DBS ALYS MLT CYCLS CAR ELEC DTA 2 OR GRT ECG LDS	Not Cov	Not Cov	Not Cov	Not Cov		
0207T	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Not Cov	Not Cov	Not Cov	Not Cov		
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Not Cov	Not Cov	Not Cov	Not Cov		
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Not Cov	Not Cov	Not Cov	Not Cov		
0211T	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Not Cov	Not Cov	Not Cov	Not Cov		
0212T	COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Not Cov	Not Cov	Not Cov	Not Cov		
0213T	NJX DX THER PARAVER FCT JT W US CER THOR 1 LVL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes

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0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0219T	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Not Cov	Not Cov	Not Cov	Not Cov		
0220T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Not Cov	Not Cov	Not Cov	Not Cov		
0221T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Not Cov	Not Cov	Not Cov	Not Cov		
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	Not Cov	Not Cov	Not Cov	Not Cov		
0228T	NJX ANES STEROID TFRML EDRL W US CER THOR 1 LVL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0229T	NJX ANES STERD TFRML EDRL W US CER THOR EA ADDL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0230T	NJX ANES STEROID TFRML EDRL W US LUM SAC 1 LVL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0231T	NJX ANES STEROID TFRML EDRL W US LUM SAC EA ADDL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Therapy notes/progress notes
0232T	NJX PLTLT PLASMA W IMG HARVEST PREPARATION	Not Cov	Not Cov	Not Cov	Not Cov		
0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes

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0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
0249T	LIGATION HEMORRHOID BUNDLE W US	Not Cov	Not Cov	Not Cov	Not Cov		
0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR	Not Cov	Not Cov	Not Cov	Not Cov		
0254T	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	Not Cov	Not Cov	Not Cov	Not Cov		
0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Not Cov	Not Cov	Not Cov	Not Cov		
0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Not Cov	Not Cov	Not Cov	Not Cov		
0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Not Cov	Not Cov	Not Cov	Not Cov		
0266T	IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Not Cov	Not Cov	Not Cov	Not Cov		
0267T	IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0268T	IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0269T	REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
0270T	REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0271T	REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Not Cov	Not Cov	Not Cov	Not Cov		
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Not Cov	Not Cov	Not Cov	Not Cov		
0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Not Cov	Not Cov	Not Cov	Not Cov		
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Not Cov	Not Cov	Not Cov	Not Cov		
0290T	CORNEA INCISNS RECIPIENT CORNEA W LASR KERTPLSTY	Not Cov	Not Cov	Not Cov	Not Cov		
0295T	EXT ECG OVER 48HR TO 21 DAY RCRD SCAN ANLYS REP R AND I	Not Cov	Not Cov	Not Cov	Not Cov		
0296T	EXT ECG OVER 48HR TO 21 DAY RCRD W CONECT INTL RCRD	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
0297T	EXT ECG OVER 48HR TO 21 DAY SCAN ANALYSIS W REPORT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0298T	EXT ECG OVER 48HR TO 21 DAY REVIEW AND INTERPRETATN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0308T	INSJ OC TLSCP PROSTH RMVL CRYSTALLINE IO LENS	Not Cov	Not Cov	Not Cov	Not Cov		
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Not Cov	Not Cov	Not Cov	Not Cov		
0313T	LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Not Cov	Not Cov	Not Cov	Not Cov		
0314T	LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Not Cov	Not Cov	Not Cov	Not Cov		
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	Not Cov	Not Cov	Not Cov	Not Cov		
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	Not Cov	Not Cov	Not Cov	Not Cov		
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG	Not Cov	Not Cov	Not Cov	Not Cov		
0329T	MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Not Cov	Not Cov	Not Cov	Not Cov		
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Not Cov	Not Cov	Not Cov	Not Cov		
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Not Cov	Not Cov	Not Cov	Not Cov		
0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
0335T	EXTRA-OSSEOUS JOINT IMPLANT TALOTARSAL STABILIZE	Not Cov	Not Cov	Not Cov	Not Cov		
0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Not Cov	Not Cov	Not Cov	Not Cov		
0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Not Cov	Not Cov	Not Cov	Not Cov		
0341T	QUANT PUPILLOMETRY W INTERP AND REPORT UNILAT BILAT	Not Cov	Not Cov	Not Cov	Not Cov		
0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Not Cov	Not Cov	Not Cov	Not Cov		
0345T	TRANSCATH MITRAL VALVE REPAIR VIA CORONARY SINUS	Not Cov	Not Cov	Not Cov	Not Cov		
0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Not Cov	Not Cov	Not Cov	Not Cov		
0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Not Cov	Not Cov	Not Cov	Not Cov		
0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Not Cov	Not Cov	Not Cov	Not Cov		
0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Not Cov	Not Cov	Not Cov	Not Cov		
0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Not Cov	Not Cov	Not Cov	Not Cov		
0352T	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Not Cov	Not Cov	Not Cov	Not Cov		
0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Not Cov	Not Cov	Not Cov	Not Cov		

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0355T	GI TRACT IMAGING INTRALUMINAL COLON WITH I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0356T	INSERT DRUG IMPLANT INTO LACRIMAL CANAL FOR IOP	Not Cov	Not Cov	Not Cov	Not Cov		
0357T	CRYOPRESERVATION IMMATURE OOCYTE(S)	Not Cov	Not Cov	Not Cov	Not Cov		
0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0362T	EXPOSURE BEHAV ASSESSMENT FIRST 30 MIN	Not Cov	No	Not Cov	No		
0373T	EXPOSURE BEHAVIOR TREATMENT FIRST 60 MIN	No	No	Not Cov	No		
0375T	TOTAL DISC ARTHRP ANT APPR W DISCECTOMY CRV 3 PLUS	Not Cov	Not Cov	Not Cov	Not Cov		
0376T	ANT SEGMENT INSERT DRAIN W O RESERVOIR EA ADDL	Not Cov	Not Cov	Not Cov	Not Cov		
0377T	ANOSCOPY W BULKING AGENT INJ FOR FECAL INCONT	Not Cov	Not Cov	Not Cov	Not Cov		
0378T	VISUAL FIELD ASSESSMENT PHYS REVIEW AND REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
0379T	VISUAL FIELD ASSESSMENT TECH SUPPORT W INSTRUCT	Not Cov	Not Cov	Not Cov	Not Cov		
0380T	COMP ANIMATION RETINA IMAGE TIME SERIES ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
0381T	XTRNL HRT RATE EPI SEIZ UP TO 14 DAYS COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
0382T	XTRNL HRT RATE EPI SEIZ UP TO 14 DAYS R AND I ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0383T	XTRNL HRT RATE EPI SEIZ 15 TO 30 DAYS COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
0384T	XTRNL HRT RATE EPI SEIZ 15 TO 30 DAYS R AND I ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0385T	XTRNL HRT RATE EPI SEIZ OVER 30 DAYS COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
0386T	XTRNL HRT RATE EPI SEIZ OVER 30 DAYS R AND I ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Not Cov	Not Cov	Not Cov	Not Cov		
0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Not Cov	Not Cov	Not Cov	Not Cov		
0396T	INTRAOP KINETIC BALANCE SENSR KNEE RPLCMT ARTHRP	Not Cov	Not Cov	Not Cov	Not Cov		
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Not Cov	Not Cov	Not Cov	Not Cov		
0398T	MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Not Cov	Not Cov	Not Cov	Not Cov		
0399T	MYOCARDIAL STRAIN IMAGING QUAN ASSMT	Not Cov	Not Cov	Not Cov	Not Cov		
0400T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 1-5 LES	Not Cov	Not Cov	Not Cov	Not Cov		
0401T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 6 PLUS LES	Not Cov	Not Cov	Not Cov	Not Cov		
0402T	COLLAGEN CROSS-LINKING OF CORNEA	Not Cov	Not Cov	Not Cov	Not Cov		
0403T	DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	Not Cov	Not Cov	Not Cov	Not Cov		
0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF	Not Cov	Not Cov	Not Cov	Not Cov		
0405T	OVERSIGHT CARE OF XTRCORP LIVER ASSIST SYS PAT	Not Cov	Not Cov	Not Cov	Not Cov		
0408T	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Not Cov	Not Cov	Not Cov	Not Cov		
0409T	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0410T	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0411T	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
0414T	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Not Cov	Not Cov	Not Cov	Not Cov		
0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Not Cov	Not Cov	Not Cov	Not Cov		
0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Not Cov	Not Cov	Not Cov	Not Cov		
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Not Cov	Not Cov	Not Cov	Not Cov		
0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Not Cov	Not Cov	Not Cov	Not Cov		
0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)	Not Cov	Not Cov	Not Cov	Not Cov		
0424T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
0425T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Not Cov	Not Cov	Not Cov	Not Cov		
0426T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Not Cov	Not Cov	Not Cov	Not Cov		
0427T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Not Cov	Not Cov	Not Cov	Not Cov		
0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Not Cov	Not Cov	Not Cov	Not Cov		
0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Not Cov	Not Cov	Not Cov	Not Cov		
0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Not Cov	Not Cov	Not Cov	Not Cov		
0431T	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Not Cov	Not Cov	Not Cov	Not Cov		
0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Not Cov	Not Cov	Not Cov	Not Cov		
0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Not Cov	Not Cov	Not Cov	Not Cov		
0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Not Cov	Not Cov	Not Cov	Not Cov		
0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Not Cov	Not Cov	Not Cov	Not Cov		
0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Not Cov	Not Cov	Not Cov	Not Cov		
0437T	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL	Not Cov	Not Cov	Not Cov	Not Cov		
0439T	MYOCARDIAL PERFUSION ECHO ISCHM VIABILITY ASSMT	Not Cov	Not Cov	Not Cov	Not Cov		
0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE	Not Cov	Not Cov	Not Cov	Not Cov		
0441T	ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE	Not Cov	Not Cov	Not Cov	Not Cov		
0442T	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Not Cov	Not Cov	Not Cov	Not Cov		
0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Not Cov	Not Cov	Not Cov	Not Cov		
0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Not Cov	Not Cov	Not Cov	Not Cov		
0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Not Cov	Not Cov	Not Cov	Not Cov		
0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Not Cov	Not Cov	Not Cov	Not Cov		

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0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Not Cov	Not Cov	Not Cov	Not Cov		
0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Not Cov	Not Cov	Not Cov	Not Cov		
0449T	INSJ AQUEOUS DRAIN DEV W O EO RSVR INITIAL DEV	Not Cov	Not Cov	Not Cov	Not Cov		
0450T	INSJ AQUEOUS DRAIN DEV W O EO RSVR EACH ADDL DEV	Not Cov	Not Cov	Not Cov	Not Cov		
0451T	INSJ RPLCMT IMPLTBL AORTIC VENTR COMPLETE SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
0452T	INSJ RPLCMT IMPLTBL AORTIC VENTR VASC HEMO SEAL	Not Cov	Not Cov	Not Cov	Not Cov		
0453T	INSJ RPLCMT IMPLTBL AORTIC VENTR MECHANO-ELEC	Not Cov	Not Cov	Not Cov	Not Cov		
0454T	INSJ RPLCMT IMPLTBL AORTIC VENTR SUBQ ELECTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
0455T	REMVL PERM IMPLT AORTIC VENTR COMPLETE SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
0456T	REMVL PERM IMPLT AORTIC VENTR VASC HEMO SEAL	Not Cov	Not Cov	Not Cov	Not Cov		
0457T	REMVL PERM IMPLT AORTIC VENTR MECHANO-ELEC	Not Cov	Not Cov	Not Cov	Not Cov		
0458T	REMVL PERM IMPLT AORTIC VENTR SUBQ ELECTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
0459T	RELOCAJ RPLCMT AORTIC VENTR MECHANO-ELECTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
0460T	REPOS AORTIC VENTR DEV SUBCUTANEOUS ELECTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
0461T	REPOS AORTIC VENTR DEV SUBQ ELECT CONTRPULSJ DEV	Not Cov	Not Cov	Not Cov	Not Cov		
0462T	PRGRMG EVAL MECH-ELEC AORTIC VENTR SYS PER DAY	Not Cov	Not Cov	Not Cov	Not Cov		
0463T	INTERROG EVAL IMPLT AORTIC VENTR SYS PER DAY	Not Cov	Not Cov	Not Cov	Not Cov		
0464T	VISUAL EP TESTING FOR GLAUCOMA W INTERPJ AND REPRT	Not Cov	Not Cov	Not Cov	Not Cov		
0465T	SUPCHRDL NJX OF RX AGT W O SUPPLY OF MEDICATION	Not Cov	Not Cov	Not Cov	Not Cov		
0466T	INSRT CH WALL RESPIR ELTRD AND CONJ PULSE GEN	Not Cov	Not Cov	Not Cov	Not Cov		
0467T	REVJ RPLMNT CH WAL RESPIR ELTRD AND CONJ PULSE GEN	Not Cov	Not Cov	Not Cov	Not Cov		
0468T	REMOVAL CHEST WALL RESPIRATORY ELTRODE ARRAY	Not Cov	Not Cov	Not Cov	Not Cov		
0469T	RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI	Not Cov	Not Cov	Not Cov	Not Cov		
0470T	OCT SKN IMG ACQUISJ I AND R 1ST LES	Not Cov	Not Cov	Not Cov	Not Cov		
0471T	OCT SKN IMG ACQUISJ I AND R EA ADDL LES	Not Cov	Not Cov	Not Cov	Not Cov		
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPRT	Not Cov	Not Cov	Not Cov	Not Cov		
0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Not Cov	Not Cov	Not Cov	Not Cov		
0474T	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Not Cov	Not Cov	Not Cov	Not Cov		
0475T	REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0476T	REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA	Not Cov	Not Cov	Not Cov	Not Cov		
0477T	REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
0478T	REC FTL CAR SGL 3 CH REVIEW I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Not Cov	Not Cov	Not Cov	Not Cov		
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Not Cov	Not Cov	Not Cov	Not Cov		
0482T	ABSOLUTE QUAN MYOCARD BLD FLO PET STRESS AND REST	Not Cov	Not Cov	Not Cov	Not Cov		
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Not Cov	Not Cov	Not Cov	Not Cov		
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Not Cov	Not Cov	Not Cov	Not Cov		
0485T	OCT MIDDLE EAR WITH I AND R UNILATERAL	Not Cov	Not Cov	Not Cov	Not Cov		
0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Not Cov	Not Cov	Not Cov	Not Cov		
0487T	TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Not Cov	Not Cov	Not Cov	Not Cov		
0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Not Cov	Not Cov	Not Cov	Not Cov		
0491T	ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM OR LESS	Not Cov	Not Cov	Not Cov	Not Cov		
0492T	ABL LASER TX OPEN WND PR DAY ADDL 20 SQCM	Not Cov	Not Cov	Not Cov	Not Cov		
0493T	NEAR INFRARED SPECTROSCPY STUDIES LOW EXT WOUNDS	Not Cov	Not Cov	Not Cov	Not Cov		
0494T	PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS	Not Cov	Not Cov	Not Cov	Not Cov		
0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Not Cov	Not Cov	Not Cov	Not Cov		
0496T	MNTR CDVR DON LNG ORGN PRFUJ SYS EA ADDL HR	Not Cov	Not Cov	Not Cov	Not Cov		
0497T	XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN	Not Cov	Not Cov	Not Cov	Not Cov		
0498T	XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
0499T	CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
0500F	INITIAL PRENATAL CARE VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
0500T	IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Not Cov	Not Cov	Not Cov	Not Cov		
0501F	PRENATAL FLOW SHEET	Not Cov	Not Cov	Not Cov	Not Cov		
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	Not Cov	Not Cov	Not Cov	Not Cov		
0502F	SUBSEQUENT PRENATAL CARE VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
0502T	COR FFR DERIVED CTA DATA PREP AND TRANSMIS	Not Cov	Not Cov	Not Cov	Not Cov		
0503F	POSTPARTUM CARE VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
0503T	COR FFR CTA DATA ALYS AND GNRJ ESTIMATED FFR MODEL	Not Cov	Not Cov	Not Cov	Not Cov		
0504T	COR FFR CTA DATA REVIEW W INTERPJ AND FINAL REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Not Cov	Not Cov	Not Cov	Not Cov		
0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0507F	PERITONEAL DIALYSIS PLAN DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Not Cov	Not Cov	Not Cov	Not Cov		

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0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0509T	PATTERN ELECTRORETINOGRAPHY W I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0510T	REMOVAL OF SINUS TARSI IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Not Cov	Not Cov	Not Cov	Not Cov		
0513F	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0513T	ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND	Not Cov	Not Cov	Not Cov	Not Cov		
0514F	PLAN CARE INCRSD HGB LVL DOCD PT ON ESA THXPY	Not Cov	Not Cov	Not Cov	Not Cov		
0514T	INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION	Not Cov	Not Cov	Not Cov	Not Cov		
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Not Cov	Not Cov	Not Cov	Not Cov		
0516F	ANEMIA PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0517F	GLAUCOMA PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Not Cov	Not Cov	Not Cov	Not Cov		
0518F	FALLS PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Not Cov	Not Cov	Not Cov	Not Cov		
0519F	PLANNED CHEMO REGIMEN DOCD PRIOR START NEW TX	Not Cov	Not Cov	Not Cov	Not Cov		
0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Not Cov	Not Cov	Not Cov	Not Cov		
0520F	RAD DOSE LIMTS EST PRIOR3D RAD FOR MIN 2 TIS ORG	Not Cov	Not Cov	Not Cov	Not Cov		
0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Not Cov	Not Cov	Not Cov	Not Cov		
0521F	PLAN OF CARE TO ADDRESS PAIN DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Not Cov	Not Cov	Not Cov	Not Cov		
0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Not Cov	Not Cov	Not Cov	Not Cov		
0523T	INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING	Not Cov	Not Cov	Not Cov	Not Cov		
0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Not Cov	Not Cov	Not Cov	Not Cov		
0525F	INITIAL VISIT FOR EPISODE	Not Cov	Not Cov	Not Cov	Not Cov		
0525T	INSERTION REPLACEMENT COMPLETE IIMS	Not Cov	Not Cov	Not Cov	Not Cov		
0526F	SUBSEQUENT VISIT FOR EPISODE	Not Cov	Not Cov	Not Cov	Not Cov		
0526T	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0527T	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
0528F	RCMND FLLW-UP 2ND CLNSCPY 10 OR GRT YRS DOCD RPRT	Not Cov	Not Cov	Not Cov	Not Cov		
0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Not Cov	Not Cov	Not Cov	Not Cov		
0529F	INTRVL 3 OR GRT YRS PTS LAST COLONOSCOPY DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Not Cov	Not Cov	Not Cov	Not Cov		

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0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Not Cov	Not Cov	Not Cov	Not Cov		
0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Not Cov	Not Cov	Not Cov	Not Cov		
0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Not Cov	Not Cov	Not Cov	Not Cov		
0533T	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Not Cov	Not Cov	Not Cov	Not Cov		
0534T	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Not Cov	Not Cov	Not Cov	Not Cov		
0535F	DYSPNEA MANAGEMENT PLAN DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0535T	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Not Cov	Not Cov	Not Cov	Not Cov		
0536T	CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Not Cov	Not Cov	Not Cov	Not Cov		
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Not Cov	Not Cov	Not Cov	Not Cov		
0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Not Cov	Not Cov	Not Cov	Not Cov		
0540F	GLUCORTICOID MANAGEMENT PLAN DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Not Cov	Not Cov	Not Cov	Not Cov		
0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Not Cov	Not Cov	Not Cov	Not Cov		
0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0543T	TRANSAPICAL MV RPR W TTE PLMT ARTIF CHORDAE TEND	Not Cov	Not Cov	Not Cov	Not Cov		
0544T	TCAT MV ANN RCNSTJ W IMPL ADJST ANN RCNSTJ DEV	Not Cov	Not Cov	Not Cov	Not Cov		
0545F	PLAN FOR FOLLOW-UP CARE FOR MDD DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
0545T	TCAT TV ANN RCNSTJ W IMPL ADJST ANN RCNSTJ DEV	Not Cov	Not Cov	Not Cov	Not Cov		
0546T	RF SPECTRSC R-T INTRAOP MRGN ASSMT AT PRTL MAST	Not Cov	Not Cov	Not Cov	Not Cov		
0547T	BONE MATRL QUALITY TST BY MICROINDENTATION TIBIA	Not Cov	Not Cov	Not Cov	Not Cov		
0548T	TPRNL BALO CNTNC DEV BI PLMT W CSTSC AND FLUOR	Not Cov	Not Cov	Not Cov	Not Cov		
0549T	TPRNL BALO CNTNC DEV UNI PLMT W CSTSC AND FLUOR	Not Cov	Not Cov	Not Cov	Not Cov		
0550F	CYTOPATH REPORT ON NONGYN SPECIMEN 2 WKNG DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
0550T	TPRNL BALO CNTNC DEV REMOVAL EACH BALLOON	Not Cov	Not Cov	Not Cov	Not Cov		
0551F	CYTOPATH REPORT NONGYN SPCMN DOCD NON-ROUTINE	Not Cov	Not Cov	Not Cov	Not Cov		
0551T	TPRNL BALO CNTNC DEV ADJUSTMENT BALO FLU VOLUME	Not Cov	Not Cov	Not Cov	Not Cov		
0552T	LOW-LVL LASER THER DYN PHOTONIC AND THERMOKIN NRG	Not Cov	Not Cov	Not Cov	Not Cov		
0553T	PERQ TCAT PLMT ILIAC ARVEN ANASTOMOSIS IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
0554T	BONE STRENGTH AND FRACTURE RISK ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
0555F	SYMPTOM MANAGEMENT PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0555T	BONE STRENGTH AND FRACTURE RSK RETRV AND TRANSMIS DATA	Not Cov	Not Cov	Not Cov	Not Cov		
0556F	PLAN OF CARE TO ACHIEVE LIPID CONTROL DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
0556T	BONE STRENGTH AND FRACTURE RISK ASSESSMENT	Not Cov	Not Cov	Not Cov	Not Cov		

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0557F	PLAN OF CARE TO MANAGE ANGINAL SYMPTOMS DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
0557T	BONE STRENGTH AND FRACTURE RISK I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
0558T	CT SCAN FOR PURPOSE BIOMECHANICAL CT ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
0559T	ANATOMIC MODEL 3D PRINTED 1ST COMPNT ANTMC STRUX	Not Cov	Not Cov	Not Cov	Not Cov		
0560T	ANATOMIC MODEL 3D PRINTED EA ADDL COMPONENT	Not Cov	Not Cov	Not Cov	Not Cov		
0561T	ANATOMIC GUIDE 3D PRINTED 1ST ANATOMIC GUIDE	Not Cov	Not Cov	Not Cov	Not Cov		
0562T	ANATOMIC GUIDE 3D PRINTED EA ADDL ANATOMIC GUIDE	Not Cov	Not Cov	Not Cov	Not Cov		
0575F	HIV RNA CONTROL PLAN OF CARE DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
0580F	MULTIDISCIPLINARY CARE PLAN DEVELOPED UPDATED	Not Cov	Not Cov	Not Cov	Not Cov		
0581F	PT TRANSFERRED FROM ANESTHETIZING TO CC UNIT	Not Cov	Not Cov	Not Cov	Not Cov		
0582F	PT NOT TRANSFERRED FROM ANESTHETIZING TO CC UNIT	Not Cov	Not Cov	Not Cov	Not Cov		
0583F	TRANSFER OF CARE CHECKLIST USED	Not Cov	Not Cov	Not Cov	Not Cov		
0584F	TRANSFER OF CARE CHECKLIST NOT USED	Not Cov	Not Cov	Not Cov	Not Cov		
10004	FINE NEEDLE ASPIRATION BX W O IMG GDN EA ADDL	No	No	Not Cov	No		
10005	FINE NEEDLE ASPIRATION BX W US GDN 1ST LESION	No	No	Not Cov	No		
10006	FINE NEEDLE ASPIRATION BX W US GDN EA ADDL	No	No	Not Cov	No		
10007	FINE NEEDLE ASPIRATION BX W FLUOR GDN 1ST LESION	No	No	Not Cov	No		
10008	FINE NEEDLE ASPIRATION BX W FLUOR GDN EA ADDL	No	No	Not Cov	No		
10009	FINE NEEDLE ASPIRATION BX W CT GDN 1ST LESION	No	No	Not Cov	No		
1000F	TOBACCO USE ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
10010	FINE NEEDLE ASPIRATION BX W CT GDN EA ADDL	No	No	Not Cov	No		
10011	FINE NEEDLE ASPIRATION BX W MR GDN 1ST LESION	No	No	Not Cov	No		
10012	FINE NEEDLE ASPIRATION BX W MR GDN EA ADDL	No	No	Not Cov	No		
10021	FINE NEEDLE ASPIRATION W O IMAGING GUIDANCE	No	No	Not Cov	No		
1002F	ANGINAL SYMPTOMS AND LEVEL ACTIVITY ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
10030	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	No	No	Not Cov	No		
10035	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W GDNCE	No	No	Not Cov	No		
10036	PERQ SFT TISS LOC DEVICE PLMT ADD LES W GDNCE	No	No	Not Cov	No		
1003F	LEVEL ACTIVITY ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
10040	ACNE SURGERY	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
1004F	CLINICAL SYMPTOMS VOL OVERLOAD ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1005F	ASTHMA SYMPTOMS EVALUATED	Not Cov	Not Cov	Not Cov	Not Cov		

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10060	INCISION AND DRAINAGE ABSCESS SIMPLE SINGLE	No	No	Not Cov	No		
10061	INCISION AND DRAINAGE ABSCESS COMPLICATED MULTIPLE	No	No	Not Cov	No		
1006F	OSTEOARTHRITIS SYMPTOMS AND FUNCJAL STATUS ASSES	Not Cov	Not Cov	Not Cov	Not Cov		
1007F	ANTI-INFLAMMATORY ANALGESIC SYMPTOM RELIEF ASSES	Not Cov	Not Cov	Not Cov	Not Cov		
10080	INCISION AND DRAINAGE PILONIDAL CYST SIMPLE	No	No	Not Cov	No		
10081	INCISION AND DRAINAGE PILONIDAL CYST COMPLICATED	No	No	Not Cov	No		
1008F	GI AND RENAL PRESCRIBED OTC NSAID RISK FACTORS ASSES	Not Cov	Not Cov	Not Cov	Not Cov		
1010F	SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY	Not Cov	Not Cov	Not Cov	Not Cov		
1011F	ANGINA PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
10120	INCISION AND REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	No	No	Not Cov	No		
10121	INCISION AND REMOVAL FOREIGN BODY SUBQ TISS COMPL	No	No	No	No		
1012F	ANGINA ABSENT	Not Cov	Not Cov	Not Cov	Not Cov		
10140	I AND D HEMATOMA SEROMA FLUID COLLECTION	No	No	Not Cov	No		
1015F	COPD SYMPTOMS ASSESSED TOOL COMPLETED	Not Cov	Not Cov	Not Cov	Not Cov		
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA CYST	No	No	Not Cov	No		
10180	INCISION AND DRAINAGE COMPLEX PO WOUND INFECTION	No	No	No	No		
1018F	DYSPNEA ASSESSED NOT PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
1019F	DYSPNEA ASSESSED PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
1022F	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1026F	CO-MORBID CONDITIONS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1030F	INFLUENZA IMMUNIZATION STATUS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1031F	SMOKING AND 2ND HAND SMOKE IN THE HOME ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1032F	CURRENT SMOKER EXPOSED TO SECONDHAND SMOKE	Not Cov	Not Cov	Not Cov	Not Cov		
1033F	TOBACCO NON-SMOKER AND NO 2NDHAND SMOKE EXPOSURE	Not Cov	Not Cov	Not Cov	Not Cov		
1034F	CURRENT TOBACCO SMOKER	Not Cov	Not Cov	Not Cov	Not Cov		
1035F	CURRENT SMOKELESS TOBACCO USER	Not Cov	Not Cov	Not Cov	Not Cov		
1036F	CURRENT TOBACCO NON-USER CAD CAP COPD PV DM	Not Cov	Not Cov	Not Cov	Not Cov		
1038F	PERSISTENT ASTHMA MILD MODERATE OR SEVERE ASTHMA	Not Cov	Not Cov	Not Cov	Not Cov		
1039F	INTERMITTENT ASTHMA	Not Cov	Not Cov	Not Cov	Not Cov		
1040F	DSM-5 CRITERIA MDD DOCD AT THE INITIAL EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
1050F	HISTORY NEW OR CHANGING MOLES	Not Cov	Not Cov	Not Cov	Not Cov		
1052F	TYPE ANATOMIC LOCATION AND ACTIVITY ALL ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1055F	VISUAL FUNCTIONAL STATUS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1060F	DOC PERM PERSISTENT PAROXYSMAL ATRIAL FIB	Not Cov	Not Cov	Not Cov	Not Cov		

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1061F	DOC ABSENCE PERM AND PERSISTENT AND PAROXYSM ATRIAL FIB	Not Cov	Not Cov	Not Cov	Not Cov		
1065F	ISCHEMIC STROKE SYMP ONSET UNDER 3 HRS PRIOR ARRIVAL	Not Cov	Not Cov	Not Cov	Not Cov		
1066F	ISCHEMIC STROKE SYMP ONSET GRT THN EQ3 HRS PRIOR ARRIVA	Not Cov	Not Cov	Not Cov	Not Cov		
1070F	ALARM SYMPTOMS ASSESSED NONE PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
1071F	ALARM SYMPTOMS ASSESSED 1 OR GRT PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
1090F	PRESENCE ABSENCE URINARY INCONTINENCE ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1091F	URINE INCONTINENCE CHARACTERIZED	Not Cov	Not Cov	Not Cov	Not Cov		
11000	DBRDMT EXTENSV ECZEMA INFECT SKN UP 10PCT BDY SURF	No	No	Not Cov	No		
11001	DBRDMT EXTNSVE ECZEMA INFECT SKN EA 10PCT BDY SURF	No	No	Not Cov	No		
11004	DBRDMT SKN SUBQ T M F NECRO INFCTJ GENT AND PR	No	No	Not Cov	No		
11005	DBRDMT SKN SUBQ T M F NECRO INFCTJ ABDL WALL	No	No	Not Cov	No		
11006	DBRDMT SKN SUBQ T M F NECRO INFCTJ GENT ABDL	No	No	Not Cov	No		
11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	No	No	Not Cov	No		
1100F	PT FALLS ASSESS DOCD 2 OR GRT FALLS FALL W INJURY YR	Not Cov	Not Cov	Not Cov	Not Cov		
11010	DBRDMT W RMVL FM FX AND DISLC SKIN AND SUBQ TISSUS	No	No	No	No		
11011	DBRDMT W RMVL FM FX AND DISLC SKN SUBQ T M F MUSC	No	No	No	No		
11012	DBRDMT FX AND DISLC SUBQ T M F BONE	No	No	No	No		
1101F	PT FALLS ASSESS DOCD W O FALL INJURY PAST YEAR	Not Cov	Not Cov	Not Cov	Not Cov		
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM OR LESS	No	No	No	No		
11043	DEBRIDEMENT MUSCLE AND FASCIA 20 SQ CM OR LESS	No	No	No	No		
11044	DEBRIDEMENT BONE MUSCLE AND FASCIA 20 SQ CM OR LESS	No	No	No	No		
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	No	No	No	No		
11046	DEBRIDEMENT MUSCLE AND FASCIA EA ADDL 20 SQ CM	No	No	No	No		
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	No	No	No	No		
11055	PARING CUTTING BENIGN HYPERKERATOTIC LESION 1	No	No	Not Cov	No		
11056	PARING CUTTING BENIGN HYPERKERATOTIC LESION 2-4	No	No	Not Cov	No		
11057	PARING CUTTING BENIGN HYPERKERATOTIC LESION OVER 4	No	No	Not Cov	No		
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	No	No	Not Cov	No		
11103	TANGENTIAL BIOPSY SKIN EA SEP ADDITIONAL LESION	No	No	Not Cov	No		
11104	PUNCH BIOPSY SKIN SINGLE LESION	No	No	Not Cov	No		
11105	PUNCH BIOPSY SKIN EA SEP ADDITIONAL LESION	No	No	Not Cov	No		
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	No	No	Not Cov	No		
11107	INCISIONAL BIOPSY SKIN EA SEP ADDITIONAL LESION	No	No	Not Cov	No		
1110F	PT DISCHARGE INPT FACILITY WITHIN LAST 60 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
1111F	DISCHRG MEDS RECONCILED W CURRENT MED LIST	Not Cov	Not Cov	Not Cov	Not Cov		
1116F	AURICULAR PERIAURICULAR PAIN ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1118F	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
1119F	INITIAL EVALUATION FOR CONDITION	Not Cov	Not Cov	Not Cov	Not Cov		
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW 15	Not Cov	Not Cov	Not Cov	Not Cov		
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	Not Cov	Not Cov	Not Cov	Not Cov		
1121F	SUBSEQUENT EVALUATION CONDITION	Not Cov	Not Cov	Not Cov	Not Cov		
1123F	ADV CARE PLN TLKD AND ALT DCSN MAKER DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
1124F	ADV CARE PLN NO ALT DCSN MKR DOCD OR REFUSAL	Not Cov	Not Cov	Not Cov	Not Cov		
1125F	PAIN SEVERITY QUANTIFIED PAIN PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
1126F	PAIN SEVERITY QUANTIFIED NO PAIN PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
1127F	NEW EPISODE FOR CONDITION	Not Cov	Not Cov	Not Cov	Not Cov		
1128F	SUBS EPISODE FOR CONDITION	Not Cov	Not Cov	Not Cov	Not Cov		
11300	SHAVING SKIN LESION 1 TRUNK ARM LEG DIAM 0.5CM OR LESS	No	No	Not Cov	No		
11301	SHVG SKIN LESION 1 TRUNK ARM LEG DIAM 0.6-1.0 CM	No	No	Not Cov	No		
11302	SHVG SKN LESION 1 TRUNK ARM LEG DIAM 1.1-2.0 CM	No	No	Not Cov	No		
11303	SHVG SKIN LESION 1 TRUNK ARM LEG DIAM OVER 2.0 CM	No	No	Not Cov	No		
11305	SHAVING SKIN LESION 1 S N H F G DIAM 0.5 CM OR LESS	No	No	Not Cov	No		
11306	SHAVING SKIN LESION 1 S N H F G DIAM 0.6-1.0 CM	No	No	Not Cov	No		
11307	SHAVING SKIN LESION 1 S N H F G DIAM 1.1-2.0 CM	No	No	Not Cov	No		
11308	SHAVING SKIN LESION 1 S N H F G DIAM OVER 2.0 CM	No	No	Not Cov	No		
1130F	BK PAIN AND FXN ASSESSED CERTAIN ASPECTS OF CARE	Not Cov	Not Cov	Not Cov	Not Cov		
11310	SHAVING SKIN LESION 1 F E E N L M DIAM 0.5 CM OR LESS	No	No	Not Cov	No		
11311	SHVG SKIN LESION 1 F E E N L M DIAM 0.6-1.0 CM	No	No	Not Cov	No		
11312	SHVG SKIN LESION 1 F E E N L M DIAM 1.1-2.0 CM	No	No	Not Cov	No		
11313	SHAVING SKIN LESION 1 F E E N L M DIAM OVER 2.0 CM	No	No	Not Cov	No		
1134F	EPISODE BACK PAIN LASTING SIX WEEKS OR LESS	Not Cov	Not Cov	Not Cov	Not Cov		
1135F	EPISODE BACK PAIN LASTING OVER SIX WEEKS	Not Cov	Not Cov	Not Cov	Not Cov		
1136F	EPISODE BACK PAIN LASTING 12 WEEKS OR LESS	Not Cov	Not Cov	Not Cov	Not Cov		
1137F	EPISODE BACK PAIN LASTING OVER 12 WKS	Not Cov	Not Cov	Not Cov	Not Cov		
11400	EXC B9 LESION MRGN XCP SK TG T A L 0.5 CM OR LESS	No	No	Not Cov	No		
11401	EXC B9 LESION MRGN XCP SK TG T A L 0.6-1.0 CM	No	No	Not Cov	No		
11402	EXC B9 LESION MRGN XCP SK TG T A L 1.1-2.0 CM	No	No	Not Cov	No		
11403	EXC B9 LESION MRGN XCP SK TG T A L 2.1-3.0 CM	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
11404	EXC B9 LESION MRGN XCP SK TG T A L 3.1-4.0 CM	No	No	No	No		
11406	EXC B9 LESION MRGN XCP SK TG T A L OVER 4.0 CM	No	No	No	No		
11420	EXC B9 LESION MRGN XCP SK TG S N H F G 0.5 CM OR LESS	No	No	Not Cov	No		
11421	EXC B9 LESION MRGN XCP SK TG S N H F G 0.6-1.0CM	No	No	Not Cov	No		
11422	EXC B9 LESION MRGN XCP SK TG S N H F G 1.1-2.0CM	No	No	Not Cov	No		
11423	EXC B9 LESION MRGN XCP SK TG S N H F G 2.1-3.0CM	No	No	Not Cov	No		
11424	EXC B9 LESION MRGN XCP SK TG S N H F G 3.1-4.0CM	No	No	No	No		
11426	EXC B9 LESION MRGN XCP SK TG S N H F G OVER 4.0CM	No	No	No	No		
11440	EXC B9 LESION MRGN XCP SK TG F E E N L M 0.5CM OR LESS	No	No	Not Cov	No		
11441	EXC B9 LES MRGN XCP SK TG F E E N L M 0.6-1.0CM	No	No	Not Cov	No		
11442	EXC B9 LES MRGN XCP SK TG F E E N L M 1.1-2.0CM	No	No	Not Cov	No		
11443	EXC B9 LES MRGN XCP SK TG F E E N L M 2.1-3.0CM	No	No	Not Cov	No		
11444	EXC B9 LES MRGN XCP SK TG F E E N L M 3.1-4.0CM	No	No	No	No		
11446	EXC B9 LESION MRGN XCP SK TG F E E N L M OVER 4.0CM	No	No	No	No		
11450	EXCISION HIDRADENITIS AXILLARY SMPL INTRM RPR	No	No	No	No		
11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	No	No	No	No		
11462	EXCISION HIDRADENITIS INGUINAL SMPL INTRM RPR	No	No	No	No		
11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	No	No	No	No		
11470	EXCISION H P P U SIMPLE INTERMEDIATE REPAIR	No	No	No	No		
11471	EXCISION H P P U COMPLEX REPAIR	No	No	No	No		
1150F	DOC PT W SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	Not Cov	Not Cov	Not Cov	Not Cov		
1151F	DOC PT W O SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	Not Cov	Not Cov	Not Cov	Not Cov		
1152F	DOC ADVANCED DISEASE DX CARE GOALS COMFORT	Not Cov	Not Cov	Not Cov	Not Cov		
1153F	DOC ADVANCED DISEASE DX CARE GOALS W O COMFORT	Not Cov	Not Cov	Not Cov	Not Cov		
1157F	ADVNC CARE PLAN OR EQV LGL DOC IN MED RCRD	Not Cov	Not Cov	Not Cov	Not Cov		
1158F	ADVNC CARE PLANNING TLK DOCD IN MED RCRD	Not Cov	Not Cov	Not Cov	Not Cov		
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	Not Cov	Not Cov	Not Cov	Not Cov		
11600	EXCISION MAL LESION TRUNK ARM LEG 0.5 CM OR LESS	No	No	Not Cov	No		
11601	EXCISION MAL LESION TRUNK ARM LEG 0.6-1.0 CM	No	No	Not Cov	No		
11602	EXCISION MAL LESION TRUNK ARM LEG 1.1-2.0 CM	No	No	Not Cov	No		
11603	EXCISION MAL LESION TRUNK ARM LEG 2.1-3.0 CM	No	No	Not Cov	No		
11604	EXCISION MAL LESION TRUNK ARM LEG 3.1-4.0 CM	No	No	No	No		
11606	EXCISION MALIGNANT LESION TRUNK ARM LEG OVER 4.0 CM	No	No	No	No		
1160F	RVW ALL MEDS BY RXNG PRCTIONR OR CLIN RPH DOCD	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
11620	EXCISION MALIGNANT LESION S N H F G 0.5 CM OR LESS	No	No	Not Cov	No		
11621	EXCISION MALIGNANT LESION S N H F G 0.6-1.0 CM	No	No	Not Cov	No		
11622	EXCISION MALIGNANT LESION S N H F G 1.1-2.0 CM	No	No	Not Cov	No		
11623	EXCISION MALIGNANT LESION S N H F G 2.1-3.0 CM	No	No	Not Cov	No		
11624	EXCISION MALIGNANT LESION S N H F G 3.1-4.0 CM	No	No	No	No		
11626	EXCISION MALIGNANT LESION S N H F G OVER 4.0 CM	No	No	No	No		
11640	EXCISION MALIGNANT LESION F E E N L 0.5 CM OR LESS	No	No	Not Cov	No		
11641	EXCISION MALIGNANT LESION F E E N L 0.6-1.0 CM	No	No	Not Cov	No		
11642	EXCISION MALIGNANT LESION F E E N L 1.1-2.0 CM	No	No	Not Cov	No		
11643	EXCISION MALIGNANT LESION F E E N L 2.1-3.0 CM	No	No	Not Cov	No		
11644	EXCISION MALIGNANT LESION F E E N L 3.1-4.0 CM	No	No	No	No		
11646	EXCISION MALIGNANT LESION F E E N L OVER 4.0 CM	No	No	No	No		
1170F	FUNCTIONAL STATUS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	No	No	Not Cov	No		
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	No	No	Not Cov	No		
11721	DEBRIDEMENT NAIL ANY METHOD 6 OR GRT	No	No	Not Cov	No		
11730	AVULSION NAIL PLATE PARTIAL COMPLETE SIMPLE 1	No	No	Not Cov	No		
11732	AVULSION NAIL PLATE PARTIAL COMP SIMPLE EA ADDL	No	No	Not Cov	No		
11740	EVACUATION SUBUNGUAL HEMATOMA	No	No	Not Cov	No		
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	No	No	Not Cov	No		
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	No	No	Not Cov	No		
1175F	FUNCTIONAL STATUS DEMENTIA ASSESS RESULTS RVWD	Not Cov	Not Cov	Not Cov	Not Cov		
11760	REPAIR NAIL BED	No	No	No	No		
11762	RECONSTRUCTION NAIL BED W GRAFT	No	No	Not Cov	No		
11765	WEDGE EXCISION SKIN NAIL FOLD	No	No	Not Cov	No		
11770	EXCISION PILONIDAL CYST SINUS SIMPLE	No	No	No	No		
11771	EXCISION PILONIDAL CYST SINUS EXTENSIVE	No	No	No	No		
11772	EXCISION PILONIDAL CYST SINUS COMPLICATED	No	No	No	No		
1180F	THROMBOEMBOLIC RISK ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
1181F	NEUROPSYCHIATRIC SYMPTS ASSESSED RESULTS REVIEWD	Not Cov	Not Cov	Not Cov	Not Cov		
1182F	NEUROPSYCHIATRIC SYMPTOMS ONE OR MORE PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
1183F	NEUROPSYCHIATRIC SYMPTOMS ABSENT	Not Cov	Not Cov	Not Cov	Not Cov		
11900	INJECTION INTRALESIONAL UP TO AND INCLUD 7 LESIONS	No	No	Not Cov	No		
11901	INJECTION INTRALESIONAL OVER 7 LESIONS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM OR LESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	No	No	Not Cov	No		
11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	Not Cov	Not Cov	Not Cov	Not Cov		
11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC OR LESS	Not Cov	Not Cov	Not Cov	Not Cov		
11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	Not Cov	Not Cov	Not Cov	Not Cov		
11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	Not Cov	Not Cov	Not Cov	Not Cov		
11954	SUBCUTANEOUS INJECTION FILLING MATRL OVER 10.0 CC	Not Cov	Not Cov	Not Cov	Not Cov		
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	No	No	No	No		
11970	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS	No	No	No	No		
11971	REMOVAL TISS EXPANDER W O INSERTION PROSTHESIS	No	No	No	No		
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	No	No	Not Cov	No		
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	No	No	Not Cov	No		
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	No	No	Not Cov	No		
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	No	No	Not Cov	No		
11983	RMVL W RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	No	No	Not Cov	No		
12001	SIMPLE REPAIR SCALP NECK AX GENIT TRUNK 2.5CM OR LESS	No	No	Not Cov	No		
12002	SMPL REPAIR SCALP NECK AX GENIT TRUNK 2.6-7.5CM	No	No	Not Cov	No		
12004	SIMPLE RPR SCALP NECK AX GENIT TRUNK 7.6-12.5CM	No	No	Not Cov	No		
12005	SMPL RPR SCALP NECK AX GENIT TRUNK 12.6-20.0CM	No	No	No	No		
12006	SMPL RPR SCALP NECK AX GENIT TRUNK 20.1-30.0CM	No	No	No	No		
12007	SIMPLE REPAIR SCALP NECK AX GENIT TRUNK OVER 30.0CM	No	No	No	No		
1200F	SEIZURE TYPE FREQUENCY DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
12011	SIMPLE REPAIR F E E N L M 2.5CM OR LESS	No	No	Not Cov	No		
12013	SIMPLE REPAIR F E E N L M 2.6CM-5.0 CM	No	No	Not Cov	No		
12014	SIMPLE REPAIR F E E N L M 5.1CM-7.5 CM	No	No	Not Cov	No		
12015	SIMPLE REPAIR F E E N L M 7.6CM-12.5 CM	No	No	No	No		
12016	SIMPLE REPAIR F E E N L M 12.6CM-20.0 CM	No	No	No	No		
12017	SIMPLE REPAIR F E E N L M 20.1CM-30.0 CM	No	No	No	No		
12018	SIMPLE REPAIR F E E N L M OVER 30.0 CM	No	No	No	No		
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	No	No	No	No		
12021	TX SUPERFICIAL WOUND DEHISCENCE W PACKING	No	No	No	No		
12031	REPAIR INTERMEDIATE S A T E 2.5 CM OR LESS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
12032	REPAIR INTERMEDIATE S A T E 2.6-7.5 CM	No	No	Not Cov	No		
12034	REPAIR INTERMEDIATE S A T E 7.6-12.5 CM	No	No	No	No		
12035	REPAIR INTERMEDIATE S A T E 12.6-20.0CM	No	No	No	No		
12036	REPAIR INTERMEDIATE S A T E 20.1-30.0 CM	No	No	No	No		
12037	REPAIR INTERMEDIATE S A T E OVER 30.0 CM	No	No	No	No		
12041	REPAIR INTERMEDIATE N H F XTRNL GENT 2.5CM OR LESS	No	No	Not Cov	No		
12042	REPAIR INTERMEDIATE N H F XTRNL GENT 2.6-7.5 CM	No	No	Not Cov	No		
12044	REPAIR INTERMEDIATE N H F XTRNL GENT 7.6-12.5CM	No	No	No	No		
12045	REPAIR INTERMEDIATE N H F XTRNL GENT 12.6-20 CM	No	No	No	No		
12046	RPR INTERMEDIATE N H F XTRNL GENT 20.1-30.0 CM	No	No	No	No		
12047	REPAIR INTERMEDIATE N H F XTRNL GENT OVER 30.0 CM	No	No	No	No		
12051	REPAIR INTERMEDIATE F E E N L AND MUC 2.5 CM OR LESS	No	No	Not Cov	No		
12052	REPAIR INTERMEDIATE F E E N L AND MUC 2.6-5.0 CM	No	No	Not Cov	No		
12053	REPAIR INTERMEDIATE F E E N L AND MUC 5.1-7.5 CM	No	No	Not Cov	No		
12054	REPAIR INTERMEDIATE F E E N L AND MUC 7.6-12.5 CM	No	No	No	No		
12055	REPAIR INTERMEDIATE F E E N L AND MUC 12.6-20.0CM	No	No	No	No		
12056	REPAIR INTERMEDIATE F E E N L AND MUC 20.1-30.0CM	No	No	No	No		
12057	REPAIR INTERMEDIATE F E E N L AND MUC OVER 30.0 CM	No	No	No	No		
1205F	ETIOLOGY OF EPILEPSY SYNDROME RVWD AND DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
1220F	PATIENT SCREENED DEPRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM	No	No	No	No		
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	No	No	No	No		
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM OR LESS	No	No	No	No		
13120	REPAIR COMPLEX SCALP ARM LEG 1.1-2.5 CM	No	No	No	No		
13121	REPAIR COMPLEX SCALP ARM LEG 2.6-7.5 CM	No	No	No	No		
13122	REPAIR COMPLEX SCALP ARM LEG EA ADDL 5 CM OR LESS	No	No	No	No		
13131	REPAIR COMPLEX F C C M N AX G H F 1.1-2.5 CM	No	No	No	No		
13132	REPAIR COMPLEX F C C M N AX G H F 2.6-7.5 CM	No	No	No	No		
13133	REPAIR COMPLEX F C C M N AX G H F EA ADDL 5 CM OR LESS	No	No	No	No		
13151	REPAIR COMPLEX EYELID NOSE EAR LIP 1.1-2.5 CM	No	No	No	No		
13152	REPAIR COMPLEX EYELID NOSE EAR LIP 2.6-7.5 CM	No	No	No	No		
13153	REPAIR COMPLX EYELID NOSE EAR LIP EA ADDL 5 CM OR LESS	No	No	No	No		
13160	SECONDARY CLOSURE SURG WOUND DEHSN EXTSV COMPLIC	No	No	No	No		
14000	ADJACENT TISSUE TRANSFER REARGMT TRUNK 10 SQCM OR LESS	No	No	No	No		

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14001	ADJNT TIS TRANSFR REARRANGE TRUNK 10.1-30.0 SQCM	No	No	No	No		
1400F	PARKINSON DISEASE DIAGNOSIS REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
14020	ADJT TIS TRNSFR REARGMT SCALP ARM LEG 10 SQ CM OR LESS	No	No	No	No		
14021	ADJT REARRGMT SCALP ARM LEG 10.1-30.0 SQ CM	No	No	No	No		
14040	ADJT TIS TRNS REARGMT F C C M N A G H F 10SQCM OR LESS	No	No	No	No		
14041	ADJT REARGMT F C C M N AX G H F 10.1-30.0 SQ CM	No	No	No	No		
14060	ADJT TIS TRNSFR REARRGMT E N E L DFCT 10 SQ CM OR LESS	No	No	No	No		
14061	ADJT TIS REARGMT EYE NOSE EAR LIP 10.1-30.0 SQCM	No	No	No	No		
14301	ADJNT TIS TRNSFR REARGMT ANY AREA 30.1-60 SQ CM	No	No	No	No		
14302	ADJT TIS TRNSFR REARGMT DEFEC EA ADDL 30 SQCM	No	No	No	No		
14350	FILLETED FINGER TOE FLAP W PREPJ RECIPIENT SITE	No	No	No	No		
1450F	SYMPTOMS IMPROVED CONSIST W TXMNT GOAL ASSESSMNT	Not Cov	Not Cov	Not Cov	Not Cov		
1451F	SYMPTOMS SHOW CLIN IMPRTNT DROP SINCE ASSESSMENT	Not Cov	Not Cov	Not Cov	Not Cov		
1460F	QUALIFYING CARD EVENT DIAGNOSIS PRIOR 12 MONTHS	Not Cov	Not Cov	Not Cov	Not Cov		
1461F	NO QUAL CARD EVENT DIAG IN PREVIOUS 12 MONTHS	Not Cov	Not Cov	Not Cov	Not Cov		
1490F	DEMENTIA SEVERITY CLASSIFIED MILD	Not Cov	Not Cov	Not Cov	Not Cov		
1491F	DEMENTIA SEVERITY CLASSIFIED MODERATE	Not Cov	Not Cov	Not Cov	Not Cov		
1493F	DEMENTIA SEVERITY CLASSIFIED SEVERE	Not Cov	Not Cov	Not Cov	Not Cov		
1494F	COGNITION ASSESSED AND REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
15002	PREP SITE TRUNK ARM LEG 1ST 100 SQ CM 1PCT	No	No	No	No		
15003	PREP SITE TRUNK ARM LEG ADDL 100 SQ CM 1PCT	No	No	No	No		
15004	PREP SITE F S N H F G M D GT 1ST 100 SQ CM 1PCT	No	No	No	No		
15005	PREP SITE F S N H F G M D GT ADDL 100 SQ CM 1PCT	No	No	No	No		
1500F	SYMP AND SIGN DISTAL SYMM POLYNEUROPATHY REVWD AND DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
1501F	NOT INITIAL EVALUATION FOR CONDITION	Not Cov	Not Cov	Not Cov	Not Cov		
1502F	PT QUERIED RE PAIN W FUNC USING RELIABLE INSTRM	Not Cov	Not Cov	Not Cov	Not Cov		
1503F	PT QUERIED RE SYMP RESPIRATORY INSUFFICIENCY	Not Cov	Not Cov	Not Cov	Not Cov		
15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM OR LESS	No	No	No	No		
1504F	PATIENT HAS RESPIRATORY INSUFFICIENCY	Not Cov	Not Cov	Not Cov	Not Cov		
15050	PINCH GRAFT 1 MLT SM ULCER TIP OTH AREA 2CM	No	No	No	No		
1505F	PATIENT DOES NOT HAVE RESPIRATORY INSUFFICIENCY	Not Cov	Not Cov	Not Cov	Not Cov		
15100	SPLIT AGRFT T A L 1ST 100 CM AND 1PCT BDY INFT CHLD	No	No	No	No		
15101	SPLIT AGRFT T A L EA 100 CM EA 1PCT BDY INFT CHLD	No	No	No	No		
15110	EPIDRM AGRFT T A L 1ST 100 CM AND 1PCT BDY INFT CHLD	No	No	No	No		

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15111	EPIDRM AGRFT T A L EA 100 CM EA 1PCT BDY INFT CHLD	No	No	No	No		
15115	EPIDERMAL AGRFT F S N H F G M D GT 1ST 100 CM OR LESS	No	No	No	No		
15116	EPIDERMAL AGRFT F S N H F G M D GT EA 100 CM	No	No	No	No		
15120	SPLIT AGRFT F S N H F G M D GT 1ST 100 CM OR LESS 1 PCT	No	No	No	No		
15121	SPLIT AGRFT F S N H F G M D GT EA 100 CM EA 1 PCT	No	No	No	No		
15130	DERMAL AUTOGRAFT TRUNK ARM LEG 1ST 100 CM	No	No	No	No		
15131	DERMAL AUTOGRAFT TRUNK ARM LEG EA 100 CM EA	No	No	No	No		
15135	DERMAL AUTOGRAFT F S N H F G M D GT 1ST 100	No	No	No	No		
15136	DERMAL AGRFT F S N H F G M D GT EA 100 CM EA	No	No	No	No		
15150	CLTR SKIN AUTOGRAFT T A L 1ST 25 CM OR LESS	No	No	No	No		
15151	CLTR SKIN AGRFT T A L ADDL 1 CM-75 CM	No	No	No	No		
15152	CLTR SKIN AGRFT T A L EA 100 CM EA 1PCT BODY AREA	No	No	No	No		
15155	CLTR SKIN AGRFT F S N H F G M D GT 1ST 25CM OR LESS	No	No	No	No		
15156	CLTR SKIN AGRFT F S N H F G M D GT ADDL 1-75CM	No	No	No	No		
15157	CLTR SKIN AGRFT F S N H F G M D GT EA 100 EA	No	No	No	No		
15200	FTH GFT FREE W DIRECT CLOSURE TRUNK 20 CM OR LESS	No	No	No	No		
15201	FTH GFT FR W DIR CLSR TRNK EA ADDL 20 CM OR LESS	No	No	No	No		
15220	FTH GFT FREE W DIRECT CLOSURE S A L 20 CM OR LESS	No	No	No	No		
15221	FTH GFT FR W DIR CLSR S A L EA ADDL 20 CM OR LESS	No	No	No	No		
15240	FTH GFT FR W DIR CLSR F C C M N AX G H F 20 CM OR LESS	No	No	No	No		
15241	FTH GT FR W DIR CLSR F C C M N AX G H F EA20CM OR LESS	No	No	No	No		
15260	FTH GFT FREE W DIRECT CLOSURE N E E L 20 SQ CM OR LESS	No	No	No	No		
15261	FTH GFT FREE W DIR CLSR N E E L EA 20 SQ CM OR LESS	No	No	No	No		
15271	APP SKN SUB GRFT T A L AREA 100SQ CM OR LESS 1ST 25	No	No	No	No		
15272	APP SKN SUB GRFT T A L AREA 100SQ CM EA ADL 25SC	No	No	No	No		
15273	APP SKN SUBGRFT T A L AREA 100SQ CM 1ST 100SQ CM	No	No	No	No		
15274	APP SKN SUB GRFT T A L AREAGRT THN EQ100SCM ADL 100SQCM	No	No	No	No		
15275	SUB GRFT F S N H F G M D UNDER 100SQ CM 1ST 25 SQ CM	No	No	No	No		
15276	SUB GRFT F S N H F G M D UNDER 100SQ CM EA ADDL25SQ CM	No	No	No	No		
15277	SUB GRFT F S N H F G M D GRT THN EQ 100SCM 1ST 100SQ CM	No	No	No	No		
15278	SUB GRFT F S N H F G M D GRT THN EQ 100SCM ADL 100SQ CM	No	No	No	No		
15570	FRMJ DIRECT TUBED PEDICLE W WO TRANSFER TRUNK	No	No	No	No		
15572	FRMJ DIRECT TUBE PEDICLE W WO TR SCALP ARMS LEGS	No	No	No	No		
15574	FRMJ DIR TUBE PEDCL W WOTR FH CH CH M N AX G H F	No	No	No	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
15576	FRMJ DIRECT TUBED PEDICLE W WOTR E N E L NTRORAL	No	No	No	No		
15600	DELAY FLAP SECTIONING FLAP TRUNK	No	No	No	No		
15610	DELAY FLAP SECTIONING FLAP SCALP ARMS LEGS	No	No	No	No		
15620	DELAY FLAP SECTIONING FLAP F C C N AX G H F	No	No	No	No		
15630	DELAY FLAP SCTJ FLAP EYELIDS NOSE EARS LIPS	No	No	No	No		
15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION	No	No	No	No		
15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	No	No	Not Cov	No		
15731	FOREHEAD FLAP W PRESERVATION VASCULAR PEDICLE	No	No	No	No		
15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	No	No	Not Cov	No		
15734	MUSC MYOCUTANEOUS FASCIOCUTANEOUS FLAP TRUNK	No	No	No	No		
15736	MUSC MYOCUTANEOUS FASCIOCUTANEOUS FLAP UXTR	No	No	No	No		
15738	MUSC MYOCUTANEOUS FASCIOCUTANEOUS FLAP LXTR	No	No	No	No		
15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	No	No	No	No		
15750	FLAP NEUROVASCULAR PEDICLE	No	No	No	No		
15756	FREE MUSCLE MYOCUTANEOUS FLAP W MVASC ANAST	No	No	Not Cov	No		
15757	FREE SKIN FLAP W MICROVASCULAR ANASTOMOSIS	No	No	Not Cov	No		
15758	FREE FASCIAL FLAP W MICROVASCULAR ANASTOMOSIS	No	No	Not Cov	No		
15760	GRAFT COMPOSITE W PRIMARY CLOSURE DONOR AREA	No	No	No	No		
15770	GRAFT DERMA-FAT-FASCIA	No	No	No	No		
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Not Cov	Not Cov	Not Cov	Not Cov		
15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Not Cov	Not Cov	Not Cov	Not Cov		
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	No	No	Not Cov	No		
15780	DERMABRASION TOTAL FACE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
15781	DERMABRASION SEGMENTAL FACE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
15782	DERMABRASION REGIONAL OTHER THAN FACE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
15783	DERMABRASION SUPERFICIAL ANY SITE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes

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15786	ABRASION 1 LESION	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
15789	CHEMICAL PEEL FACIAL DERMAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
15793	CHEMICAL PEEL NONFACIAL DERMAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
15819	CERVICOPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
15820	BLEPHAROPLASTY LOWER EYELID	Not Cov	Not Cov	Not Cov	Not Cov		
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Not Cov	Not Cov	Not Cov	Not Cov		
15822	BLEPHAROPLASTY UPPER EYELID	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
15824	RHYTIDECTOMY FOREHEAD	Not Cov	Not Cov	Not Cov	Not Cov		
15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Not Cov	Not Cov	Not Cov	Not Cov		
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Not Cov	Not Cov	Not Cov	Not Cov		
15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Not Cov	Not Cov	Not Cov	Not Cov		
15829	RHYTIDECTOMY SMAS FLAP	Not Cov	Not Cov	Not Cov	Not Cov		

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15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Not Cov	Not Cov	Not Cov	Not Cov		
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Not Cov	Not Cov	Not Cov	Not Cov		
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Not Cov	Not Cov	Not Cov	Not Cov		
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Not Cov	Not Cov	Not Cov	Not Cov		
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Not Cov	Not Cov	Not Cov	Not Cov		
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Not Cov	Not Cov	Not Cov	Not Cov		
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Not Cov	Not Cov	Not Cov	Not Cov		
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Not Cov	Not Cov	Not Cov	Not Cov		
15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	No	No	No	No		
15841	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	No	No	No	No		
15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	No	No	No	No		
15845	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	No	No	No	No		
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Not Cov	Not Cov	Not Cov	Not Cov		
15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	No	No	No	No		
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	No	No	Not Cov	No		
15852	DRESSING CHANGE UNDER ANESTHESIA	No	No	Not Cov	No		
15860	IV INJECTION TEST VASCULAR FLOW FLAP GRAFT	No	No	No	No		
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Not Cov	Not Cov	Not Cov	Not Cov		
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Not Cov	Not Cov	Not Cov	Not Cov		
15920	EXC COCCYGEAL PR ULC W COCCYGECTOMY W PRIM SUTR	No	No	No	No		
15922	EXC COCCYGEAL PR ULC W COCCYGECTOMY W FLAP CLSR	No	No	No	No		
15931	EXCISION SACRAL PRESSURE ULCER W PRIMARY SUTURE	No	No	No	No		
15933	EXC SACRAL PRESSURE ULC W PRIM SUTR W OSTECTOMY	No	No	No	No		
15934	EXCISION SACRAL PRESSURE ULCER W SKIN FLAP CLSR	No	No	No	No		
15935	EXC SACRAL PR ULCER W SKN FLAP CLSR W OSTECTOMY	No	No	No	No		
15936	EXC SAC PR ULC PREPJ MUSC MYOQ FLAP SKN GRF CLSR	No	No	No	No		
15937	EXC SAC PR ULC PREPJ MUSC MYOQ FLAP SKN GRF OSTC	No	No	No	No		
15940	EXC ISCHIAL PRESSURE ULCER W PRIMARY SUTURE	No	No	No	No		
15941	EXC ISCHIAL PR ULC W PRIM SUTR W OSTC ISCHIECT	No	No	No	No		

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
15944	EXC ISCHIAL PRESSURE ULCER W SKIN FLAP CLOSURE	No	No	No	No		
15945	EXC ISCHIAL PR ULC W SKN FLAP CLSR W OSTECTOMY	No	No	No	No		
15946	EXC ISCHIAL PR ULCER W OSTC MUSC MYOQ FLAP SKIN	No	No	No	No		
15950	EXC TROCHANTERIC PRESSURE ULCER W PRIMARY SUTR	No	No	No	No		
15951	EXC TRCHNTRIC PR ULCER W PRIM SUTR W OSTECTOMY	No	No	No	No		
15952	EXC TROCHANTERIC PR ULCER W SKIN FLAP CLOSURE	No	No	No	No		
15953	EXC TRCHNTRIC PR ULC W SKN FLAP CLSR W OSTECTOMY	No	No	No	No		
15956	EXC TROCHANTERIC PR ULCER MUSC MYOQ FLAP SKIN	No	No	No	No		
15958	EXC TRCHNTRIC PR ULC MUSC MYOQ FLAP SKIN W OSTC	No	No	No	No		
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	No	No	Not Cov	No		
16020	DRS AND DBRDMT PRTL-THKNS BURNS 1ST SBSQ SMALL	No	No	Not Cov	No		
16025	DRS AND DBRDMT PRTL-THKNS BURNS 1ST SBSQ MEDIUM	No	No	No	No		
16030	DRS AND DBRDMT PRTL-THKNS BURNS 1ST SBSQ LARGE	No	No	No	No		
16035	ESCHAROTOMY FIRST INCISION	No	No	No	No		
16036	ESCHAROTOMY EACH ADDITIONAL INCISION	No	No	Not Cov	No		
17000	DESTRUCTION PREMALIGNANT LESION 1ST	No	No	Not Cov	No		
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	No	No	Not Cov	No		
17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE UNDER 10CM	No	No	Not Cov	No		
17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	No	No	Not Cov	No		
17108	DSTRJ CUTANEOUS VASCULAR LESIONS OVER 50.0 SQ CM	No	No	Not Cov	No		
17110	DESTRUCTION BENIGN LESIONS UP TO 14	No	No	Not Cov	No		
17111	DESTRUCTION BENIGN LESIONS 15 OR GRT	No	No	Not Cov	No		
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	No	No	Not Cov	No		
17260	DESTRUCTION MALIGNANT LESION T A L 0.5 CM OR LESS	No	No	Not Cov	No		
17261	DESTRUCTION MAL LESION TRUNK ARM LEG 0.6-1.0 CM	No	No	Not Cov	No		
17262	DESTRUCTION MAL LESION TRUNK ARM LEG 1.1-2.0CM	No	No	Not Cov	No		
17263	DESTRUCTION MAL LESION TRUNK ARM LEG 2.1-3.0CM	No	No	Not Cov	No		
17264	DESTRUCTION MAL LESION TRUNK ARM LEG 3.1-4.0CM	No	No	Not Cov	No		

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17266	DESTRUCTION MAL LESION TRUNK ARM LEG OVER 4.0 CM	No	No	Not Cov	No		
17270	DESTRUCTION MALIGNANT LESION S N H F G 0.5 CM OR GRT	No	No	Not Cov	No		
17271	DESTRUCTION MALIGNANT LESION S N H F G 0.6-1.0CM	No	No	Not Cov	No		
17272	DESTRUCTION MALIGNANT LESION S N H F G 1.1-2.0CM	No	No	Not Cov	No		
17273	DESTRUCTION MALIGNANT LESION S N H F G 2.1-3.0CM	No	No	Not Cov	No		
17274	DESTRUCTION MALIGNANT LESION S N H F G 3.1-4.0CM	No	No	Not Cov	No		
17276	DSTRJ MAL LESION S N H F G LESION DIAM OVER 4.0 CM	No	No	Not Cov	No		
17280	DESTRUCTION MALIGNANT LESION F E E N L M 0.5CM OR LESS	No	No	Not Cov	No		
17281	DESTRUCTION MAL LESION F E E N L M 0.6-1.0CM	No	No	Not Cov	No		
17282	DESTRUCTION MAL LESION F E E N L M 1.1-2.0CM	No	No	Not Cov	No		
17283	DESTRUCTION MAL LESION F E E N L M 2.1-3.0CM	No	No	Not Cov	No		
17284	DESTRUCTION MAL LESION F E E N L M 3.1-4.0CM	No	No	Not Cov	No		
17286	DESTRUCTION MAL LESION F E E N L M OVER 4.0 CM	No	No	Not Cov	No		
17311	MOHS MICROGRAPHIC H N H F G 1ST STAGE 5 BLOCKS	No	No	Not Cov	No		
17312	MOHS MICROGRAPHIC H N H F G EACH ADDL STAGE	No	No	Not Cov	No		
17313	MOHS TRUNK ARM LEG 1ST STAGE 5 BLOCKS	No	No	Not Cov	No		
17314	MOHS TRUNK ARM LEG EA STAGE AFTER 1ST STAGE	No	No	Not Cov	No		
17315	MOHS TRUNK ARM LEG EA ADDL BLOCK ANY STAGE	No	No	Not Cov	No		
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	No	No	Not Cov	No		
17360	CHEMICAL EXFOLIATION ACNE	Not Cov	Not Cov	Not Cov	Not Cov		
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
19000	PUNCTURE ASPIRATION CYST BREAST	No	No	Not Cov	No		
19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST	No	No	Not Cov	No		
19020	MASTOTOMY W EXPLORATION DRAINAGE ABSCESS DEEP	No	No	No	No		
19030	INJECTION MAMMARY DUCTOGRAM GALACTOGRAM	No	No	Not Cov	No		
19081	BX BREAST W DEVICE 1ST LESION STEREOTACTIC GUID	No	No	No	No		
19082	BX BREAST W DEVICE ADDL LESION STEREOTACT GUID	No	No	Not Cov	No		
19083	BX BREAST W DEVICE 1ST LESION ULTRASOUND GUID	No	No	No	No		
19084	BX BREAST W DEVICE ADDL LESION ULTRASOUND GUID	No	No	Not Cov	No		
19085	BX BREAST W DEVICE 1ST LESION MAGNETIC RES GUID	No	No	No	No		
19086	BX BREAST W DEVICE ADDL LESION MAGNET RES GUID	No	No	Not Cov	No		

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19100	BX BREAST NEEDLE CORE W O IMAGING GUIDANCE SPX	No	No	No	No		
19101	BIOPSY BREAST OPEN INCISIONAL	No	No	No	No		
19105	ABLTJ CRYOSURGICAL W US GID EA FIBROADENOMA	Not Cov	Not Cov	Not Cov	Not Cov		
19110	NIPPLE EXPLORATION	No	No	No	No		
19112	EXCISION LACTIFEROUS DUCT FISTULA	No	No	No	No		
19120	EXC CYST ABERRANT BREAST TISSUE OPEN 1 OR GRT LESION	No	No	No	No		
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	No	No	No	No		
19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	No	No	No	No		
19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS	No	No	Not Cov	No		
19271	EXC CHEST TUMOR W RCNSTJ W O MEDSTNL LMPHADEC	No	No	Not Cov	No		
19272	EXC CHEST TUMOR W RCNSTJ W MEDSTNL LMPHADEC	No	No	Not Cov	No		
19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W GDNCE	No	No	Not Cov	No		
19282	PERQ DEVICE PLACEMT BREAST LOC EA LESION W GDNCE	No	No	Not Cov	No		
19283	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	No	No	Not Cov	No		
19284	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	No	No	Not Cov	No		
19285	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	No	No	Not Cov	No		
19286	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	No	No	Not Cov	No		
19287	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	No	No	Not Cov	No		
19288	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	No	No	Not Cov	No		
19294	PREP TUMOR CAVITY IORT W PARTIAL MASTECTOMY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	No	No	No	No		
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	No	No	No	No		
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	No	No	No	No		
19300	MASTECTOMY GYNECOMASTIA	Yes	Yes	Yes	Yes		
19301	MASTECTOMY PARTIAL	No	No	No	No		
19302	MASTECTOMY PARTIAL W AXILLARY LYMPHADENECTOMY	No	No	No	No		
19303	MASTECTOMY SIMPLE COMPLETE	No	No	No	No		
19304	MASTECTOMY SUBCUTANEOUS	No	No	No	No		
19305	MAST RAD W PECTORAL MUSCLES AXILLARY LYMPH NODES	Not Cov	No	Not Cov	No		
19306	MAST RAD W PECTORAL MUSC AX INT MAM LYMPH NODES	Not Cov	No	Not Cov	No		
19307	MAST MODF RAD W AX LYMPH NOD W WO PECT ALIS MIN	No	No	Not Cov	No		

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19316	MASTOPEXY	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19318	REDUCTION MAMMAPLASTY	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19324	MAMMAPLASTY AUGMENTATION W O PROSTHETIC IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
19328	REMOVAL INTACT MAMMARY IMPLANT	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19350	NIPPLE AREOLA RECONSTRUCTION	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19355	CORRECTION INVERTED NIPPLES	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
19357	BRST RCNSTJ IMMT DLYD W TISS EXPANDER SBSQ XPNSJ	No	No	No	No		
19361	BRST RCNSTJ W LATSMS D SI FLAP WO PRSTHC IMPL	Not Cov	No	Not Cov	No		
19364	BREAST RECONSTRUCTION FREE FLAP	No	No	Not Cov	No		
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	No	No	No	No		
19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE	No	No	Not Cov	No		
19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST	Not Cov	No	Not Cov	No		
19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE	No	No	Not Cov	No		
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	No	No	No	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

*****All Inpatient services require prior authorization*****

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
19371	PERIPROSTHETIC CAPSULECTOMY BREAST	No	No	No	No		
19380	REVISION RECONSTRUCTED BREAST	No	No	No	No		
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Yes	Yes	Yes	Yes		
19499	UNLISTED PROCEDURE BREAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
2000F	BLOOD PRESSURE MEASURED	Not Cov	Not Cov	Not Cov	Not Cov		
2001F	WEIGHT RECORDED	Not Cov	Not Cov	Not Cov	Not Cov		
2002F	CLINICAL SIGNS VOLUME OVERLOAD ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
2004F	INITIAL EXAMINATION INVOLVED JOINTS	Not Cov	Not Cov	Not Cov	Not Cov		
20100	EXPLORATION PENETRATING WOUND SPX NECK	No	No	Not Cov	No		
20101	EXPLORATION PENETRATING WOUND SPX CHEST	No	No	Not Cov	No		
20102	EXPL PENETRATING WOUND SPX ABDOMEN FLANK BACK	No	No	Not Cov	No		
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	No	No	No	No		
2010F	VITAL SIGNS RECORDED	Not Cov	Not Cov	Not Cov	Not Cov		
2014F	MENTAL STATUS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
20150	EXCISION EPIPHYSEAL BAR	No	No	No	No		
2015F	ASTHMA IMPAIRMENT ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
2016F	ASTHMA RISK ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
2018F	HYDRATION STATUS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
2019F	DILATED MACULAR EXAM PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
20200	BIOPSY MUSCLE SUPERFICIAL	No	No	No	No		
20205	BIOPSY MUSCLE DEEP	No	No	No	No		
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	No	No	No	No		
2020F	DILATED FUNDUS EVALUATION PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
2021F	DILATED MACULAR OR FUNDUS EXAM PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
20220	BIOPSY BONE TROCAR NEEDLE SUPERFICIAL	No	No	No	No		
20225	BIOPSY BONE TROCAR NEEDLE DEEP	No	No	No	No		
2022F	DILAT RETINAL EYE EXAM W INTERP OPHTHAL OPTOM	Not Cov	Not Cov	Not Cov	Not Cov		
20240	BIOPSY BONE OPEN SUPERFICIAL	No	No	No	No		
20245	BIOPSY BONE OPEN DEEP	No	No	No	No		
2024F	7 STANDARD FIELD STEREOSCOPIC PHOTOS W INTERPJ	Not Cov	Not Cov	Not Cov	Not Cov		
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	No	No	No	No		
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR CERVICAL	No	No	No	No		

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2026F	EYE IMAGING VALIDATED MATCH PHOTOS DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
2027F	OPTIC NERVE HEAD EVALUATION PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
2028F	FOOT EXAMINATION PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
2029F	COMPLETE PHYSICAL SKIN EXAM PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
2030F	HYDRATION STATUS DOCD NORMALLY HYDRATED	Not Cov	Not Cov	Not Cov	Not Cov		
2031F	HYDRATION STATUS DOCUMENTED DEHYDRATED	Not Cov	Not Cov	Not Cov	Not Cov		
2035F	TYMPANIC MEMBRANE MOBILITY ASSESS	Not Cov	Not Cov	Not Cov	Not Cov		
2040F	PHYS EXAM ON DATE OF INIT VST FOR LBP DONE	Not Cov	Not Cov	Not Cov	Not Cov		
2044F	DOC MNTL HLTH ASSES PRIOR INTVN BACK PAIN 6WKS	Not Cov	Not Cov	Not Cov	Not Cov		
20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	No	No	Not Cov	No		
20501	INJECTION SINUS TRACT DIAGNOSTIC	No	No	Not Cov	No		
2050F	WOUND CHARACTERISTICS DOCD PRIOR DEBRIDEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
20520	REMOVAL FOREIGN BODY MUSCLE TENDON SHEATH SIMPLE	No	No	Not Cov	No		
20525	RMVL FOREIGN BODY MUSCLE TENDON SHEATH DEEP COMP	No	No	No	No		
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	No	No	Not Cov	No		
20527	INJECTION ENZYME PALMAR FASCIAL CORD	No	No	Not Cov	No		
20550	INJECTION 1 TENDON SHEATH LIGAMENT APONEUROSIS	No	No	Not Cov	No		
20551	INJECTION SINGLE TENDON ORIGIN INSERTION	No	No	Not Cov	No		
20552	INJECTION SINGLE MLT TRIGGER POINT 1 2 MUSCLES	No	No	Not Cov	No		
20553	INJECTION SINGLE MLT TRIGGER POINT 3 OR GRT MUSCLES	No	No	Not Cov	No		
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	No	No	Not Cov	No		
20600	ARTHROCENTESIS ASPIR AND INJ SMALL JT BURSA W O US	No	No	Not Cov	No		
20604	ARTHROCNT ASPIR AND INJ SMALL JT BURSAW US REC RPRT	No	No	Not Cov	No		
20605	ARTHROCENTESIS ASPIR AND INJ INTERM JT BURS W O US	No	No	Not Cov	No		
20606	ARTHROCENTESIS ASPIR AND INJ INTERM JT BURS W US	No	No	Not Cov	No		
2060F	PT INTRVWD BY EVAL CLINICIAN UNDER DATE DIAG MDD	Not Cov	Not Cov	Not Cov	Not Cov		
20610	ARTHROCENTESIS ASPIR AND INJ MAJOR JT BURSA W O US	No	No	Not Cov	No		
20611	ARTHROCENTESIS ASPIR AND INJ MAJOR JT BURSA W US	No	No	Not Cov	No		
20612	ASPIRATION AND INJECTION GANGLION CYST ANY LOCATJ	No	No	Not Cov	No		
20615	ASPIRATION AND INJECTION TREATMENT BONE CYST	No	No	Not Cov	No		
20650	INSERTION WIRE PIN W APPL SKELETAL TRACTION SPX	No	No	No	No		
20660	APPL CRANIAL TONG STRTCTC FRAME W REMOVAL SPX	No	No	Not Cov	No		
20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL	Not Cov	No	Not Cov	No		
20662	APPLICATION HALO PELVIC INCLUDING REMOVAL	No	No	Not Cov	No		

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20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL	No	No	Not Cov	No		
20664	APPL HALO 6 OR GRT PINS THIN SKULL OSTEOLOGY	No	No	Not Cov	No		
20665	REMOVAL TONG HALO APPLIED BY ANOTHER INDIVIDUAL	No	No	No	No		
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	No	No	No	No		
20680	REMOVAL IMPLANT DEEP	No	No	No	No		
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	No	No	No	No		
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	No	No	No	No		
20693	ADJUSTMENT REVJ XTRNL FIXATION SYSTEM REQ ANES	No	No	No	No		
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	No	No	No	No		
20696	XTRNL FIXJ W STEREOTACTIC ADJUSTMENT 1ST AND SUBQ	No	No	No	No		
20697	XTRNL FIXJ W STRTCTC ADJUSTMENT EXCHANGE STRUT	No	No	No	No		
20802	REPLANTATION ARM COMPLETE AMPUTATION	Not Cov	No	Not Cov	No		
20805	REPLANTATION FOREARM COMPLETE AMPUTATION	Not Cov	No	Not Cov	No		
20808	REPLANTATION HAND COMPLETE AMPUTATION	Not Cov	No	Not Cov	No		
20816	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	Not Cov	No	Not Cov	No		
20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	No	No	No	No		
20824	RPLJ THMB CARP MTCRPL JT MP JT COMPL AMPUTATION	Not Cov	No	Not Cov	No		
20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	No	No	Not Cov	No		
20838	REPLANTATION FOOT COMPLETE AMPUTATION	Not Cov	No	Not Cov	No		
20900	BONE GRAFT ANY DONOR AREA MINOR SMALL	No	No	No	No		
20902	BONE GRAFT ANY DONOR AREA MAJOR LARGE	No	No	No	No		
20910	CARTILAGE GRAFT COSTOCHONDRAL	No	No	No	No		
20912	CARTILAGE GRAFT NASAL SEPTUM	No	No	No	No		
20920	FASCIA LATA GRAFT BY STRIPPER	No	No	No	No		
20922	FASCIA LATA GRAFT INCISION AND AREA EXPOSURE	No	No	No	No		
20924	TENDON GRAFT FROM A DISTANCE	No	No	No	No		
20926	TISSUE GRAFTS OTHER	No	No	No	No		
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	No	No	Not Cov	No		

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
20932	OSTEOARTICULAR ALLOGRAFT W ARTICULAR SURF AND BONE	No	No	Not Cov	No		
20933	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	No	No	Not Cov	No		
20934	INTERCALARY ALLOGRAFT COMPLETE	No	No	Not Cov	No		
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	No	No	Not Cov	No		
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	No	No	Not Cov	No		
20938	AUTOGRAFT SPINE SURGERY BICORT TRICORT SEP INC	No	No	Not Cov	No		
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	No	No	No	No		
20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	Not Cov	No	Not Cov	No		
20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	Not Cov	No	Not Cov	No		
20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL	No	No	Not Cov	No		
20962	BONE GRF W MVASC ANAST OTH THN ILIAC CREST METAR	Not Cov	No	Not Cov	No		
20969	FREE OSTQ FLAP W MVASC ANAST METAR GREAT TOE	Not Cov	No	Not Cov	No		
20970	FREE OSTQ FLAP W MVASC ANASTOMOSIS ILIAC CREST	Not Cov	No	Not Cov	No		
20972	FREE OSTQ FLAP W MVASC ANASTOMOSIS METATARSAL	No	No	No	No		
20973	FR OSTQ FLAP W MVASC ANAST GRT TOE W WEB SPACE	No	No	Not Cov	No		
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	No	No	Not Cov	No		
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE	No	No	Not Cov	No		
20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	No	No	Not Cov	No		
20982	ABLATION BONE TUMOR RF PERQ W IMG GDN WHEN DONE	No	No	No	No		
20983	ABLATJ BONE TUMOR CRYO PERQ W IMG GDN WHEN PRFMD	No	No	No	No		
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Not Cov	Not Cov	Not Cov	Not Cov		
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	No	No	No	No		
21011	EXCISION TUMOR SOFT TISS FACE SCALP SUBQ UNDER 2CM	No	No	Not Cov	No		
21012	EXCISION TUMOR SOFT TISS FACE SCALP SUBQ 2 CM OR GRT	No	No	Not Cov	No		
21013	EXC TUMOR SOFT TISS FACE AND SCALP SUBFASCIAL UNDER 2CM	No	No	Not Cov	No		
21014	EXC TUMOR SOFT TISS FACE AND SCALP SUBFASCIAL 2 CM OR GRT	No	No	Not Cov	No		
21015	RAD RESECTION TUMOR SOFT TISS FACE SCALP UNDER 2CM	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
21016	RAD RESECTION TUMOR SOFT TISS FACE SCALP 2 CM OR GRT	No	No	No	No		
21025	EXCISION BONE MANDIBLE	No	No	No	No		
21026	EXCISION FACIAL BONE	No	No	No	No		
21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	No	No	No	No		
21030	EXC BENIGN TUMOR CYST MAXL ZYGOMA ENCL AND CURTG	No	No	Not Cov	No		
21031	EXCISION TORUS MANDIBULARIS	No	No	Not Cov	No		
21032	EXCISION MAXILLARY TORUS PALATINUS	No	No	Not Cov	No		
21034	EXCISION MALIGNANT TUMOR MAXILLA ZYGOMA	No	No	No	No		
21040	EXCISION BENIGN TUMOR CYST MANDIBLE ENCL AND CURT	No	No	No	No		
21044	EXCISION MALIGNANT TUMOR MANDIBLE	No	No	No	No		
21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	No	No	Not Cov	No		
21046	EXC BENIGN TUMOR CYST MNDBL INTRA-ORAL OSTEOT	No	No	No	No		
21047	EXC B9 TUM CST MNDBL XTR-ORAL OSTEOT AND PRTL MNDB	No	No	No	No		
21048	EXC BENIGN TUMOR CYST MAXL INTRA-ORAL OSTEOT	No	No	Not Cov	No		
21049	EXC B9 TUM CST MAXL XTR-ORAL OSTEOT AND PRTL MAXLC	No	No	Not Cov	No		
21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	No	No	No	No		
21060	MENISCECTOMY PRTL COMPL TEMPOROMANDIBULAR JT SPX	No	No	No	No		
21070	CORONOIDECTOMY SEPARATE PROCEDURE	No	No	No	No		
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21076	IMPRESSION AND PREPARATION SURG OBTURATOR PROSTHES	No	No	Not Cov	No		
21077	IMPRESSION AND PREPARATION ORBITAL PROSTHESIS	No	No	Not Cov	No		
21079	IMPRESSION AND PREPARATION INTERIM OBTURATOR PROST	No	No	Not Cov	No		
21080	IMPRESSION AND PREPJ DEFINITIVE OBTURATOR PROSTHES	No	No	Not Cov	No		
21081	IMPRESSION AND PREPJ MANDIBULAR RESECTION PROSTHES	No	No	Not Cov	No		
21082	IMPRESSION AND PREPJ PALATAL AUGMENTATION PROSTHES	No	No	Not Cov	No		
21083	IMPRESSION AND PREPARATION PALATAL LIFT PROSTHESIS	No	No	Not Cov	No		
21084	IMPRESSION AND PREPARATION SPEECH AID PROSTHESIS	No	No	Not Cov	No		
21085	IMPRESSION AND PREPARATION ORAL SURGICAL SPLINT	No	No	Not Cov	No		
21086	IMPRESSION AND PREPARATION AURICULAR PROSTHESIS	No	No	Not Cov	No		

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21087	IMPRESSION AND PREPARATION NASAL PROSTHESIS	No	No	Not Cov	No		
21088	IMPRESSION AND PREPARATION FACIAL PROSTHESIS	No	No	Not Cov	No		
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	No	No	No	No		
21110	APPL INTERDENTAL FIXATION DEVICE NON-FX DISLC	No	No	Not Cov	No		
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	No	No	Not Cov	No		
21120	GENIOPLASTY AUGMENTATION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21137	REDUCTION FOREHEAD CONTOURING ONLY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21179	RCNSTJ FOREHEAD AND SUPRAORB RIMS W ALGRF PROSTC	Not Cov	No	Not Cov	No		
21180	RCNSTJ FOREHEAD AND SUPRAORBITAL RIMS W AUTOGRAFT	Not Cov	No	Not Cov	No		
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	No	No	No	No		
21182	RCNSTJ ORBIT FHD NASETHMD EXCBONE TUM GRF UNDER 40SQCM	Not Cov	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
21183	RCNSTJ ORBIT FHD NASETHMD EXC BONE GRF OVER 40 UNDER 80	Not Cov	No	Not Cov	No		
21184	RCNSTJ ORBIT FHD NASETHMD EXC BONE TUM GRF OVER 80SQ	Not Cov	No	Not Cov	No		
21188	RCNSTJ MDFC OTH THN LEFORT OSTEOT AND BONE GRAFTS	Not Cov	No	Not Cov	No		
21193	RCNSTJ MNDBLR RAMI HRZNTL VER C L OSTEOT W O GRF	No	No	Not Cov	No		
21194	RCNSTJ MNDBLR RAMI HRZNTL VER C L OSTEOT W GRAFT	Not Cov	No	Not Cov	No		
21195	RCNSTJ MNDBLR RAMI AND BODY SGTL SPLT W O INT RGD	No	No	Not Cov	No		
21196	RCNSTJ MNDBLR RAMI AND BDY SGTL SPLT W INT RGD FI	Not Cov	No	Not Cov	No		
21198	OSTEOTOMY MANDIBLE SEGMENTAL	No	No	No	No		
21199	OSTEOTOMY MANDIBLE SGMTL W GENIOGLOSSUS ADVMNT	No	No	No	No		
21206	OSTEOTOMY MAXILLA SEGMENTAL	No	No	No	No		
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	No	No	No	No		
21209	OSTEOPLASTY FACIAL BONES REDUCTION	No	No	No	No		
21210	GRAFT BONE NASAL MAXILLARY MALAR AREAS	No	No	No	No		
21215	GRAFT BONE MANDIBLE	No	No	No	No		
21230	GRAFT RIB CRTLG AUTOGENOUS FACE CHIN NOSE EAR	No	No	No	No		
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE EAR	No	No	No	No		
21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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21244	RCNSTJ MNDBL XTRORAL W TRANSOSTEAL BONE PLATE	No	No	No	No		
21245	RCNSTJ MNDBL MAXL SUBPRIOSTEAL IMPLANT PARTIAL	No	No	No	No		
21246	RCNSTJ MNDBL MAXL SUBPRIOSTEAL IMPLANT COMPLETE	No	No	No	No		
21247	RCNSTJ MNDBLR CONDYLE W BONE CARTLG AUTOGRAFTS	Not Cov	No	Not Cov	No		
21248	RCNSTJ MANDIBLE MAXL ENDOSTEAL IMPLANT PARTIAL	No	No	No	No		
21249	RCNSTJ MANDIBLE MAXL ENDOSTEAL IMPLANT COMPLETE	No	No	No	No		
21255	RCNSTJ ZYGMTC ARCH GLENOID FOSSA W BONE CARTLG	No	No	Not Cov	No		
21256	RECONSTRUCTION ORBIT W OSTEOTOMIES AND BONE GRAFTS	No	No	Not Cov	No		
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	No	No	No	No		
21261	PERIORBITAL OSTEOTOMIES W BONE GRAFTS ICRA AND XTR	No	No	Not Cov	No		
21263	PERIORBITAL OSTEOTOMIES W BONE GRAFTS W FOREHEAD	No	No	Not Cov	No		
21267	ORBITAL REPOSITIONING W BONE GRAFTS EXTRACRANIAL	No	No	No	No		
21268	ORBITAL REPOSITIONING W BONE GRAFTS ICRA AND XTRC	Not Cov	No	Not Cov	No		
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	No	No	No	No		
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21282	LATERAL CANTHOPEXY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21310	CLOSED TREATMENT NASAL FRACTURE W O MANIPULATION	No	No	No	No		
21315	CLOSED TX NASAL FRACTURE W O STABILIZATION	No	No	No	No		
21320	CLOSED TREATMENT NASAL FRACTURE W STABILIZATION	No	No	No	No		
21325	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	No	No	No	No		
21330	OPEN TX NASAL FX COMP W INT AND XTRNL SKELETAL FI	No	No	No	No		
21335	OPEN TX NASAL FX W CONCOMITANT OPTX FXD SEPTUM	No	No	No	No		
21336	OPEN TX NASAL SEPTAL FRACTURE W WO STABILIZATION	No	No	No	No		
21337	CLOSED TX NASAL SEPTAL FRACT W WO STABILIZATION	No	No	No	No		
21338	OPEN TX NASOETHMOID FX W O EXTERNAL FIXATION	No	No	No	No		
21339	OPEN TX NASOETHMOID FX W EXTERNAL FIXATION	No	No	No	No		
21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	No	No	No	No		
21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	No	No	Not Cov	No		
21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	Not Cov	No	Not Cov	No		
21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	No	No	No	No		
21346	OPTX NASOMAX CPLX FX LEFT II TYPE W WIRG AND FXJ	No	No	Not Cov	No		
21347	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	Not Cov	No	Not Cov	No		

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21348	OPTX NASOMAX CPLX FX LEFT II TYPE W BONE GRAFT	Not Cov	No	Not Cov	No		
21355	PERCUTANEOUS TX MALAR AREA FRACTURE	No	No	No	No		
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	No	No	No	No		
21360	OPEN TX DEPRESSED MALAR FRACTURE	No	No	No	No		
21365	OPEN TX COMP FX MALAR W INTERNAL FX AND MULT SURG	No	No	Not Cov	No		
21366	OPEN TX COMP FRACTURE MALAR AREA W BONE GRAFT	Not Cov	No	Not Cov	No		
21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	No	No	Not Cov	No		
21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	No	No	Not Cov	No		
21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	No	No	Not Cov	No		
21390	OPTX ORB FLOOR BLWT FX PRI BITAL APPR W ALLPLSTC	No	No	No	No		
21395	OPTX ORB FLOOR BLWT FX PRI BITAL APPR W BONE GRF	No	No	Not Cov	No		
21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W O MANIPULATION	No	No	No	No		
21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W MANIPULATION	No	No	No	No		
21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W O IMPLANT	No	No	No	No		
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W IMPLANT	No	No	No	No		
21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W BONE GRAFT	No	No	Not Cov	No		
21421	CLOSED TX PALATAL MAXILLARY FX W FIXATION SPLINT	No	No	No	No		
21422	OPEN TREATMENT PALATAL MAXILLARY FRACTURE	No	No	Not Cov	No		
21423	OPEN TX PALATAL MAXILLARY FX COMP MULTIPLE APPR	Not Cov	No	Not Cov	No		
21431	CLOSED TX CRANIOFACIAL SEPARATION	Not Cov	No	Not Cov	No		
21432	OPEN TX CRANIOFACIAL SEP W WIRING AND INT FIXJ	Not Cov	No	Not Cov	No		
21433	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	Not Cov	No	Not Cov	No		
21435	OPEN TX CRANIOFACIAL SEP COMP W INT AND XTRNL FIX	Not Cov	No	Not Cov	No		
21436	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W BONE	Not Cov	No	Not Cov	No		
21440	CLTX MANDIBULAR MAXILLARY ALVEOLAR RIDGE FX SPX	No	No	Not Cov	No		
21445	OPTX MANDIBULAR MAXILLARY ALVEOLAR RIDGE FX SPX	No	No	No	No		
21450	CLOSED TX MANDIBULAR FRACTURE W O MANIPULATION	No	No	No	No		
21451	CLOSED TX MANDIBULAR FRACTURE W MANIPULATION	No	No	No	No		
21452	PERCUTANEOUS TX MANDIBULAR FX W EXTERNAL FIXJ	No	No	No	No		
21453	CLOSED TX MANDIBULAR FX W INTERDENTAL FIXATION	No	No	No	No		
21454	OPEN TX MANDIBULAR FX W EXTERNAL FIXATION	No	No	No	No		
21461	OPEN TX MANDIBULAR FX W O INTERDENTAL FIXATION	No	No	No	No		
21462	OPEN TX MANDIBULAR FX W INTERDENTAL FIXATION	No	No	No	No		
21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	No	No	No	No		

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21470	OPTX COMP MANDIBULAR FX MLT APPR W INT FIXATION	No	No	Not Cov	No		
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST SBSQ	No	No	No	No		
21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST SBSQ	No	No	No	No		
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	No	No	No	No		
21497	INTERDENTAL WIRING OTHER THAN FRACTURE	No	No	No	No		
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21501	I AND D DEEP ABSC HMTMA SOFT TISSUE NECK THORAX	No	No	No	No		
21502	I AND D DP ABSC HMTMA SOFT TISS NCK THORAX PRTL RI	No	No	No	No		
21510	INCISION DEEP OPENING BONE CORTEX THORAX	Not Cov	No	Not Cov	No		
21550	BIOPSY SOFT TISSUE NECK THORAX	No	No	No	No		
21552	EXC TUMOR SOFT TIS NECK ANT THORAX SUBQ 3 CM OR GRT	No	No	No	No		
21554	EXC TUMOR SOFT TISSUE NECK THORAX SUBFASC 5 CM OR GRT	No	No	No	No		
21555	EXC TUMOR SOFT TISSUE NECK ANT THORAX SUBQ UNDER 3CM	No	No	No	No		
21556	EXC TUMOR SOFT TISS NECK THORAX SUBFASCIAL UNDER 5CM	No	No	No	No		
21557	RAD RESECT TUMOR SOFT TISS NECK ANT THORAX UNDER 5CM	No	No	No	No		
21558	RAD RESECT TUMOR SOFT TISS NECK ANT THORAX 5CM OR GRT	No	No	No	No		
21600	EXCISION RIB PARTIAL	No	No	No	No		
21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	No	No	No	No		
21615	EXCISION 1ST AND CERVICAL RIB	Not Cov	No	Not Cov	No		
21616	EXCISION 1ST AND CERVICAL RIB W SYMPATHECTOMY	Not Cov	No	Not Cov	No		
21620	OSTECTOMY STERNUM PARTIAL	Not Cov	No	Not Cov	No		
21627	STERNAL DEBRIDEMENT	No	No	Not Cov	No		
21630	RADICAL RESECTION STERNUM	Not Cov	No	Not Cov	No		
21632	RADICAL RESECTION STERNUM W MEDSTNL LMPHADEC	Not Cov	No	Not Cov	No		
21685	HYOID MYOTOMY AND SUSPENSION	No	No	No	No		
21700	DIVISION SCALENUS ANTICUS W O RESCJ CERVICAL RIB	No	No	No	No		
21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	Not Cov	No	Not Cov	No		
21720	DIVISION STERNOCLEIDOMASTOID OPEN W O CAST	No	No	No	No		
21725	DIVISION STERNOCLEIDOMASTOID OPEN W CAST	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
21740	REPAIR PECTUS EXCAVATUM CARINATUM OPEN	Not Cov	No	Not Cov	No		
21742	REPAIR PECTUS EXCAVATM CARINATM MINLY W O THRSC	No	No	Not Cov	No		
21743	REPAIR PECTUS EXCAVATM CARINATM MINLY W THRSC	No	No	Not Cov	No		
21750	CLOSE MEDIAN STERNOTOMY SEP W WO DEBRIDEMENT SPX	Not Cov	No	Not Cov	No		
21811	OPEN TX RIB FX W FIXJ THORACOSCOPIC VIS 1-3 RIBS	No	No	Not Cov	No		
21812	OPEN TX RIB FX W FIXJ THORACOSCOPIC VIS 4-6 RIBS	No	No	Not Cov	No		
21813	OPEN TX RIB FX W FIXJ THORACOSCOPIC VIS 7 PLUS RIBS	No	No	Not Cov	No		
21820	CLOSED TREATMENT STERNUM FRACTURE	No	No	No	No		
21825	OPEN TX STERNUM FRACTURE W WO SKELETAL FIXATION	No	No	Not Cov	No		
21899	UNLISTED PROCEDURE NECK THORAX	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
21920	BIOPSY SOFT TISSUE BACK FLANK SUPERFICIAL	No	No	Not Cov	No		
21925	BIOPSY SOFT TISSUE BACK FLANK DEEP	No	No	No	No		
21930	EXCISION TUMOR SOFT TISSUE BACK FLANK SUBQ UNDER 3CM	No	No	No	No		
21931	EXCISION TUMOR SOFT TIS BACK FLANK SUBQ 3 CM OR GRT	No	No	No	No		
21932	EXC TUMOR SOFT TISS BACK FLANK SUBFASCIAL UNDER 5CM	No	No	No	No		
21933	EXC TUMOR SOFT TISS BACK FLANK SUBFASCIAL 5 CM OR GRT	No	No	No	No		
21935	RAD RESECTION TUMOR SOFT TISSUE BACK FLANK UNDER 5CM	No	No	No	No		
21936	RAD RESECTION TUMOR SOFT TISSUE BACK FLANK 5CM OR GRT	No	No	No	No		
22010	I AND D DEEP ABSCESS PST SPINE CRV THRC CERVICOTHR	Not Cov	No	Not Cov	No		
22015	I AND D DEEP ABSCESS PST SPINE LUMBAR SAC LUMBOSAC	Not Cov	No	Not Cov	No		
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
22116	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM EA	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22216	OSTEOT SPI PST PSTLAT APPR 1 VRT SGM EA VRT SGM	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22226	OSTEOT SPI W DSKC ANT APPR 1 VRT SGM EA VRT SGM	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22310	CLTX VRT BDY FX W O MANJ REQ AND W CSTING BRACING	No	No	No	No		
22315	CLTX VRT FX AND DISLC CSTING BRACING MANJ TRCJ	No	No	No	No		
22318	OPTX AND RDCTJ ODNTD FX AND DISLC ANT FIXJ W O GRAFT	Not Cov	No	Not Cov	No		
22319	OPTX AND RDCTJ ODNTD FX AND DISLC ANT W INT FIXJ	Not Cov	No	Not Cov	No		
22325	OPTX AND RDCTJ VRT FX AND DISLC PST 1 VRT SGM LM	Not Cov	No	Not Cov	No		
22326	OPTX AND RDCTJ VRT FX AND DISLC PST 1 VRT SGM CR	Not Cov	No	Not Cov	No		
22327	OPTX AND RDCTJ VRT FX AND DISLC PST 1 VRT SGM TH	Not Cov	No	Not Cov	No		
22328	OPTX AND RDCTJ VRT FX AND DISLC PST 1 VRT SGM EA	Not Cov	No	Not Cov	No		
22505	MANIPULATION SPINE REQUIRING ANESTHESIA	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22510	PERQ VERTEBROPLASTY UNI BI INJX CERVICOTHORACIC	Not Cov	Not Cov	Not Cov	Not Cov		
22511	PERQ VERTEBROPLASTY UNI BI INJECTION LUMBOSACRAL	Not Cov	Not Cov	Not Cov	Not Cov		
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR LUMBOSACRAL	Not Cov	Not Cov	Not Cov	Not Cov		
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI BI CANNULATION	Not Cov	Not Cov	Not Cov	Not Cov		
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI BI CANNULJ LMBR	Not Cov	Not Cov	Not Cov	Not Cov		
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI BI CANNULJ EACH	Not Cov	Not Cov	Not Cov	Not Cov		
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC LMBR	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22614	ARTHRODESIS POSTERIOR POSTEROLATERAL EA ADDL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22634	ARTHDSIS POST POSTERLATRL POSTINTRBDYADL SPC SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22819	KYPHECTOMY 3 OR MORE SEGMENTS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22830	EXPLORATION SPINAL FUSION	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13 OR GRT VRT SE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22847	ANTERIOR INSTRUMENTATION 8 OR GRT VERTEBRAL SEGMENTS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22848	PELVIC FIXATION OTHER THAN SACRUM	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22849	REINSERTION SPINAL FIXATION DEVICE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W ARTHRD	No	No	Not Cov	No		
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W ARTHRD	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
22855	REMOVAL ANTERIOR INSTRUMENTATION	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Not Cov	Not Cov	Not Cov	Not Cov		
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	No	No	Not Cov	No		
22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W O ARTHRD	No	No	Not Cov	No		
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Not Cov	Not Cov	Not Cov	Not Cov		
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Not Cov	Not Cov	Not Cov	Not Cov		
22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22899	UNLISTED PROCEDURE SPINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL UNDER 5CM	No	No	No	No		
22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM OR GRT	No	No	No	No		
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ UNDER 3CM	No	No	No	No		
22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM OR GRT	No	No	No	No		
22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL UNDER 5CM	No	No	No	No		
22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM OR GRT	No	No	No	No		
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	No	No	No	No		
23020	CAPSULAR CONTRACTURE RELEASE	No	No	No	No		
23030	I AND D SHOULDER DEEP ABSCESS HEMATOMA	No	No	No	No		

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23031	I AND D SHOULDER INFECTED BURSA	No	No	No	No		
23035	INCISION BONE CORTEX SHOULDER AREA	No	No	No	No		
23040	ARTHROTOMY GLENOHUMERAL JT EXPL DRG RMVL FB	No	No	No	No		
23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL DRG RMVL FB	No	No	No	No		
23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	No	No	Not Cov	No		
23066	BIOPSY SOFT TISSUE SHOULDER DEEP	No	No	No	No		
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM OR GRT	No	No	No	No		
23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM OR GRT	No	No	No	No		
23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ UNDER 3CM	No	No	No	No		
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC UNDER 5CM	No	No	No	No		
23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER UNDER 5CM	No	No	No	No		
23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM OR GRT	No	No	No	No		
23100	ARTHROTOMY GLENOHUMERAL JOINT W BIOPSY	No	No	No	No		
23101	ARTHRT ACROMCLAV STRNCLAV JT W BX AND EXC CRTLG	No	No	No	No		
23105	ARTHRT GLENOHUMRL JT W SYNOVECTOMY W WO BIOPSY	No	No	No	No		
23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W SYNVCT W WOBX	No	No	No	No		
23107	ARTHRT GLENOHMRL JT W JT EXPL W WO RMVL LOOSE FB	No	No	No	No		
23120	CLAVICULECTOMY PARTIAL	No	No	No	No		
23125	CLAVICULECTOMY TOTAL	No	No	No	No		
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	No	No	No	No		
23140	EXC CURTG BONE CYST BENIGN TUMOR CLAV SCAPULA	No	No	No	No		
23145	EXC CURTG BONE CST B9 TUM CLAV SCAPULA W AGRFT	No	No	No	No		
23146	EXC CURTG BONE CST B9 TUM CLAV SCAPULA W ALGRFT	No	No	No	No		
23150	EXC CURTG BONE CYST BENIGN TUMOR PROX HUMERUS	No	No	No	No		
23155	EXC CURTG BONE CYST BENIGN TUM PROX HUM W AGRFT	No	No	No	No		
23156	EXC CURTG BONE CYST BENIGN TUM PROX HUM W ALGRFT	No	No	No	No		
23170	SEQUESTRECTOMY CLAVICLE	No	No	No	No		
23172	SEQUESTRECTOMY SCAPULA	No	No	No	No		
23174	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	No	No	No	No		
23180	PARTIAL EXCISION BONE CLAVICLE	No	No	No	No		
23182	PARTIAL EXCISION BONE SCAPULA	No	No	No	No		
23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS	No	No	No	No		
23190	OSTECTOMY SCAPULA PARTIAL	No	No	No	No		
23195	RESECTION HUMERAL HEAD	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
23200	RADICAL RESECTION TUMOR CLAVICLE	Not Cov	No	Not Cov	No		
23210	RADICAL RESECTION TUMOR SCAPULA	Not Cov	No	Not Cov	No		
23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	Not Cov	No	Not Cov	No		
23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	No	No	No	No		
23333	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL IM	No	No	No	No		
23334	PROSTHESIS REMOVAL HUMERAL GLENOID COMPONENT	No	No	Not Cov	No		
23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	No	No	Not Cov	No		
23350	INJECTION SHOULDER ARTHROGRAPHY CT MRI ARTHG	No	No	Not Cov	No		
23395	MUSCLE TRANSFER SHOULDER UPPER ARM SINGLE	No	No	No	No		
23397	MUSCLE TRANSFER SHOULDER UPPER ARM MULTIPLE	No	No	No	No		
23400	SCAPULOPEXY	No	No	No	No		
23405	TENOTOMY SHOULDER AREA 1 TENDON	No	No	No	No		
23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	No	No	No	No		
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	No	No	No	No		
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
23415	CORACOACROMIAL LIGAMENT RELEAS W WOACROMIOPLASTY	No	No	No	No		
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	No	No	No	No		
23430	TENODESIS LONG TENDON BICEPS	No	No	No	No		
23440	RESECTION TRANSPLANTATION LONG TENDON BICEPS	No	No	No	No		
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT MAGNUSON	No	No	No	No		
23455	CAPSULORRHAPHY ANTERIOR W LABRAL REPAIR	No	No	No	No		
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	No	No	No	No		
23462	CAPSULORRHAPHY ANTERIOR W CORACOID PROCESS TR	No	No	No	No		
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W WO BONE BLK	No	No	No	No		
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	No	No	No	No		
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	No	No	Not Cov	No		
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL GLENOID COMPNT	No	No	Not Cov	No		
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	No	No	Not Cov	No		
23480	OSTEOTOMY CLAVICLE W WO INTERNAL FIXATION	No	No	No	No		
23485	OSTEOTOMY CLAV W WO INT FIXJ W BONE GRF NON MAL	No	No	No	No		
23490	PROPH TX W WO METHYLMETHACRYLATE CLAVICLE	No	No	No	No		
23491	PROPH TX W WO METHYLMETHACRYLATE PROX HUMERUS	No	No	No	No		
23500	CLSD TX CLAVICULAR FRACTURE W O MANIPULATION	No	No	No	No		
23505	CLSD TX CLAVICULAR FRACTURE W MANIPULATION	No	No	No	No		
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	No	No	No	No		
23520	CLSD TX STERNOCLAVICULAR DISLC W O MANIPULATION	No	No	No	No		
23525	CLOSED TX STERNOCLAVICULAR DISLC W MANIPULATION	No	No	No	No		
23530	OPEN TX STERNOCLAVICULAR DISLC ACUTE CHRONIC	No	No	No	No		
23532	OPTX STRNCLAV DISLC ACUTE CHRONIC W FASCIAL GRF	No	No	No	No		
23540	CLSD TX ACROMIOCLAVICULAR DISLC W O MANIPULATION	No	No	No	No		
23545	CLSD TX ACROMIOCLAVICULAR DISLC W MANIPULATION	No	No	No	No		
23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE CHRONIC	No	No	No	No		
23552	OPTX ACROMCLAV DISLC ACUTE CHRONIC W FASCIAL GRF	No	No	No	No		
23570	CLOSED TX SCAPULAR FRACTURE W O MANIPULATION	No	No	No	No		
23575	CLTX SCAPULAR FX W MANJ W WO SKELETAL TRACTION	No	No	No	No		
23585	OPEN TX SCAPULAR FX W INTERNAL FIXATION IF PFRMD	No	No	No	No		
23600	CLTX PROXIMAL HUMERAL FRACTURE W O MANIPULATION	No	No	Not Cov	No		
23605	CLTX PROX HUMRL FX W MANJ W WO SKELETAL TRACJ	No	No	No	No		
23615	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	No	No	No	No		
23616	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT	No	No	No	No		
23620	CLTX GREATER HUMERAL TUBEROSITY FX W O MANJ	No	No	Not Cov	No		
23625	CLTX GRTER HUMERAL TUBEROSITY FX W MANIPULATION	No	No	No	No		
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	No	No	No	No		
23650	CLSD TX SHOULDER DISLC W MANIPULATION W O ANES	No	No	No	No		
23655	CLSD TX SHOULDER DISLC W MANIPULATION REQ ANES	No	No	No	No		
23660	OPEN TX ACUTE SHOULDER DISLOCATION	No	No	No	No		
23665	CLTX SHOULDER DISLC W FX HUMERAL TUBRST W MANJ	No	No	No	No		
23670	OPEN TX SHOULDER DISLC W HUMERAL TUBEROSITY FX	No	No	No	No		
23675	CLTX SHOULDER DISLC W SURG ANTMCL NECK FX W MANJ	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
23680	OPEN TX SHOULDER DISLOCATION W NECK FRACTURE	No	No	No	No		
23700	MANJ W ANES SHOULDER JOINT W FIXATION APPARATUS	No	No	No	No		
23800	ARTHRODESIS GLENOHUMERAL JOINT	No	No	No	No		
23802	ARTHRODESIS GLENOHUMERAL JT W AUTOGENOUS GRAFT	No	No	No	No		
23900	INTERTHORACOSCAPULAR AMPUTATION	Not Cov	No	Not Cov	No		
23920	DISARTICULATION SHOULDER	Not Cov	No	Not Cov	No		
23921	DISRTCJ SHOULDER SECONDARY CLSR SCAR REVISION	No	No	No	No		
23929	UNLISTED PROCEDURE SHOULDER	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
23930	I AND D UPPER ARM ELBOW DEEP ABSCESS HEMATOMA	No	No	No	No		
23931	INCISION AND DRAINAGE UPPER ARM ELBOW BURSA	No	No	No	No		
23935	INC DEEP W OPENING BONE CORTEX HUMERUS ELBOW	No	No	No	No		
24000	ARTHRT ELBOW W EXPLORATION DRAINAGE REMOVAL FB	No	No	No	No		
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	No	No	No	No		
24065	BIOPSY SOFT TISSUE UPPER ARM ELBOW SUPERFICIAL	No	No	Not Cov	No		
24066	BIOPSY SOFT TISSUE UPPER ARM ELBOW AREA DEEP	No	No	No	No		
24071	EXC TUMOR SOFT TISSUE UPPER ARM ELBOW SUBQ 3CM OR GRT	No	No	No	No		
24073	EXC TUMOR SOFT TISS UPPER ARM ELBW SUBFASC 5CM OR GRT	No	No	No	No		
24075	EXC TUMOR SOFT TISS UPPER ARM ELBOW SUBQ UNDER 3CM	No	No	No	No		
24076	EXC TUMOR SOFT TISS UPR ARM ELBOW SUBFASC UNDER 5CM	No	No	No	No		
24077	RAD RESECT TUMOR SOFT TISS UPPER ARM ELBOW UNDER 5CM	No	No	No	No		
24079	RAD RESECT TUMOR SOFT TISS UPPER ARM ELBOW 5CM OR GRT	No	No	No	No		
24100	ARTHROTOMY ELBOW W SYNOVIAL BIOPSY ONLY	No	No	No	No		
24101	ARTHRT ELBOW W JNT EXPL W WOBX W WORMVL LOOSE FB	No	No	No	No		
24102	ARTHROTOMY ELBOW W SYNOVECTOMY	No	No	No	No		
24105	EXCISION OLECRANON BURSA	No	No	No	No		
24110	EXCISION CURTG BONE CYST BENIGN TUMOR HUMERUS	No	No	No	No		
24115	EXC CURTG BONE CYST BENIGN TUMOR HUMERUS W AGRFT	No	No	No	No		
24116	EXC CURTG BONE CYST BENIGN TUM HUMERUS W ALGRFT	No	No	No	No		
24120	EXC CURTG BONE CYST BENIGN TUMOR H N RDS OLECRN	No	No	No	No		
24125	EXC CURTG BONE CST B9 TUM H N RDS OLECRN W AGRFT	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
24126	EXC CURTG BONE CST B9 TUM H N RDS OLECRN W ALGRT	No	No	No	No		
24130	EXCISION RADIAL HEAD	No	No	No	No		
24134	SEQUESTRECTOMY SHAFT DISTAL HUMERUS	No	No	No	No		
24136	SEQUESTRECTOMY RADIAL HEAD OR NECK	No	No	No	No		
24138	SEQUESTRECTOMY OLECRANON PROCESS	No	No	No	No		
24140	PARTIAL EXCISION BONE HUMERUS	No	No	No	No		
24145	PARTIAL EXCISION BONE RADIAL HEAD NECK	No	No	No	No		
24147	PARTIAL EXCISION BONE OLECRANON PROCESS	No	No	No	No		
24149	RAD RESCJ CAPSL TISS AND HTRTPC BONE ELBW CONTRCT	No	No	No	No		
24150	RADICAL RESECTION TUMOR SHAFT DISTAL HUMERUS	No	No	Not Cov	No		
24152	RADICAL RESECTION TUMOR RADIAL HEAD NECK	No	No	No	No		
24155	RESECTION ELBOW JOINT ARTHRECTOMY	No	No	No	No		
24160	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	No	No	No	No		
24164	PROSTHESIS REMOVAL RADIAL HEAD	No	No	No	No		
24200	RMVL FOREIGN BODY UPPER ARM ELBOW SUBCUTANEOUS	No	No	Not Cov	No		
24201	REMOVAL FOREIGN BODY UPPER ARM ELBOW DEEP	No	No	No	No		
24220	INJECTION ELBOW ARTHROGRAPHY	No	No	Not Cov	No		
24300	MANIPULATION ELBOW UNDER ANESTHESIA	No	No	No	No		
24301	MUSCLE TENDON TRANSFER UPPER ARM ELBOW SINGLE	No	No	No	No		
24305	TENDON LENGTHENING UPPER ARM ELBOW EA TENDON	No	No	No	No		
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	No	No	No	No		
24320	TENOPLASTY ELBOW TO SHOULDER SINGLE	No	No	No	No		
24330	FLEXOR-PLASTY ELBOW	No	No	No	No		
24331	FLEXOR-PLASTY ELBOW W EXTENSOR ADVANCEMENT	No	No	No	No		
24332	TENOLYSIS TRICEPS	No	No	No	No		
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	No	No	No	No		
24341	REPAIR TENDON MUSCLE UPPER ARM ELBOW EA	No	No	No	No		
24342	RINSJ RPTD BICEPS TRICEPS TDN DSTL W WO TDN GRF	No	No	No	No		
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	No	No	No	No		
24344	RCNSTJ LAT COLTRL LIGM ELBOW W TENDON GRAFT	No	No	No	No		
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	No	No	No	No		
24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W TDN GRF	No	No	No	No		
24357	TENOTOMY ELBOW LATERAL MEDIAL PERCUTANEOUS	No	No	No	No		
24358	TNOT ELBOW LATERAL MEDIAL DEBRIDE OPEN	No	No	No	No		

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24359	TNOT ELBOW LATERAL MEDIAL DEBRIDE OPEN TDN RPR	No	No	No	No		
24360	ARTHROPLASTY ELBOW W MEMBRANE	No	No	No	No		
24361	ARTHROPLASTY ELBOW W DISTAL HUMRL PROSTC RPLCMT	No	No	No	No		
24362	ARTHRP ELBOW W IMPLT AND FSCA LATA LIGAMENT RCNSTJ	No	No	No	No		
24363	ARTHRP ELBOW W DISTAL HUM AND PROX UR PROSTC RPLCM	No	No	No	No		
24365	ARTHROPLASTY RADIAL HEAD	No	No	No	No		
24366	ARTHROPLASTY RADIAL HEAD W IMPLANT	No	No	No	No		
24370	REVIS ELBOW ARTHRPLSTY HUMERAL ULNA COMPNT	No	No	Not Cov	No		
24371	REVIS ELBOW ARTHRPLSTY HUMERAL AND ULNA COMPNT	No	No	Not Cov	No		
24400	OSTEOTOMY HUMERUS W WO INTERNAL FIXATION	No	No	No	No		
24410	MLT OSTEOT W RELIGNMT IMED ROD HUMERAL SHAFT	No	No	No	No		
24420	OSTEOPLASTY HUMERUS	No	No	No	No		
24430	REPAIR NON MALUNION HUMERUS W O GRAFT	No	No	No	No		
24435	REPAIR NON MALUNION HUMERUS W ILIAC OTH AGRFT	No	No	No	No		
24470	HEMIEPIPHYSEAL ARREST	No	No	No	No		
24495	DECOMPRESSION FASCT F ARM W BRACH ART EXPL	No	No	No	No		
24498	PROPH TX W WO METHYLMETHACRYLATE HUMERAL SHAFT	No	No	No	No		
24500	CLSD TX HUMERAL SHAFT FRACTURE W O MANIPULATION	No	No	No	No		
24505	CLTX HUMERAL SHFT FX W MANJ W WO SKELETAL TRACJ	No	No	No	No		
24515	OPTX HUMERAL SHFT FX W PLATE SCREWS W WOCERCLAGE	No	No	No	No		
24516	TX HUMRAL SHAFT FX W INSJ IMED IMPLT W W CERCLGE	No	No	No	No		
24530	CLTX SPRCNDYLR TRANSCNDYLR HUMERAL FX W WO MANJ	No	No	No	No		
24535	CLTX SPRCNDYLR TRANSCNDYLR HUMERAL FX W MANJ	No	No	No	No		
24538	PRQ SKEL FIXJ SPRCNDYLR TRANSCNDYLR HUMERAL FX	No	No	No	No		
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W O XTN	No	No	No	No		
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W XTN	No	No	No	No		
24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL LAT W O MANJ	No	No	No	No		
24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL LAT W MANJ	No	No	No	No		
24566	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL LAT MANJ	No	No	No	No		
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	No	No	No	No		
24576	CLTX HUMERAL CONDYLAR FX MEDIAL LAT W O MANJ	No	No	No	No		
24577	CLTX HUMERAL CONDYLAR FX MEDIAL LATERAL W MANJ	No	No	No	No		
24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	No	No	No	No		
24582	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL LAT W MANJ	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
24586	OPTX PERIARTICULAR FRACTURE AND DISLOCATION ELBO	No	No	No	No		
24587	OPTX PRIARTICULAR FX AND DISLC ELBW W IMPLT ARTHR	No	No	No	No		
24600	TREATMENT CLOSED ELBOW DISLOCATION W O ANES	No	No	No	No		
24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	No	No	No	No		
24615	OPEN TX ACUTE CHRONIC ELBOW DISLOCATION	No	No	No	No		
24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W MANJ	No	No	No	No		
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	No	No	No	No		
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W MANJ	No	No	Not Cov	No		
24650	CLOSED TX RADIAL HEAD NECK FX W O MANIPULATION	No	No	Not Cov	No		
24655	CLOSED TX RADIAL HEAD NECK FX W MANIPULATION	No	No	No	No		
24665	OPEN TX RADIAL HEAD NECK FRACTURE	No	No	No	No		
24666	OPEN TX RADIAL HEAD NECK FRACTURE PROSTHETIC	No	No	No	No		
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W O MANJ	No	No	No	No		
24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W MANJ	No	No	No	No		
24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	No	No	No	No		
24800	ARTHRODESIS ELBOW JOINT LOCAL	No	No	No	No		
24802	ARTHRODESIS ELBOW JOINT W AUTOGENOUS GRAFT	No	No	No	No		
24900	AMPUTATION ARM THRU HUMERUS W PRIMARY CLOSURE	Not Cov	No	Not Cov	No		
24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	Not Cov	No	Not Cov	No		
24925	AMP ARM THRU HUMERUS SECONDARY CLSR SCAR REVJ	No	No	No	No		
24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	Not Cov	No	Not Cov	No		
24931	AMPUTATION ARM THRU HUMERUS W IMPLANT	Not Cov	No	Not Cov	No		
24935	STUMP ELONGATION UPPER EXTREMITY	No	No	Not Cov	No		
24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	Not Cov	No	Not Cov	No		
24999	UNLISTED PROCEDURE HUMERUS ELBOW	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
25000	INCISION EXTENSOR TENDON SHEATH WRIST	No	No	No	No		
25001	INCISION FLEXOR TENDON SHEATH WRIST	No	No	No	No		
25020	DCMPRN FASCT F ARM AND WRST FLXR XTNSR W O DBRDMT	No	No	No	No		
25023	DCMPRN FASCT F ARM AND WRST FLXR XTNSR W DBRDMT	No	No	No	No		
25024	DCMPRN FASCT F ARM AND WRST FLXR AND XTNSR W O DB	No	No	No	No		

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25025	DCMPRN FASCT F ARM AND WRST FLXR AND XTNSR DBRDMT	No	No	No	No		
25028	I AND D FOREARM AND WRIST DEEP ABSCESS HEMATOMA	No	No	No	No		
25031	INCISION AND DRAINAGE FOREARM AND WRIST BURSA	No	No	No	No		
25035	INCISION DEEP BONE CORTEX FOREARM AND WRIST	No	No	No	No		
25040	ARTHRT RDCRPL MIDCARPL JT W EXPL DRG RMVL FB	No	No	No	No		
25065	BIOPSY SOFT TISSUE FOREARM AND WRIST SUPERFICIAL	No	No	Not Cov	No		
25066	BIOPSY SOFT TISSUE FOREARM AND WRIST DEEP	No	No	No	No		
25071	EXC TUMOR SOFT TISS FOREARM AND WRIST SUBQ 3CM OR GRT	No	No	No	No		
25073	EXC TUMOR SFT TISS FOREARM AND WRIST SUBFASC 3CM OR GRT	No	No	No	No		
25075	EXC TUMOR SOFT TISSUE FOREARM AND WRIST SUBQ UNDER 3CM	No	No	No	No		
25076	EXC TUMOR SOFT TISS FOREARM AND WRIST SUBFASC UNDER 3CM	No	No	No	No		
25077	RAD RESECT TUMOR SOFT TISS FOREARM AND WRIST UNDER 3 CM	No	No	No	No		
25078	RAD RESCJ TUM SOFT TISSUE FOREARM AND WRIST 3 CM OR GRT	No	No	No	No		
25085	CAPSULOTOMY WRIST	No	No	No	No		
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	No	No	No	No		
25101	ARTHRT WRST W JT EXPL W WO BX W WO RMVL LOOSE FB	No	No	No	No		
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	No	No	No	No		
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	No	No	No	No		
25109	EXC TENDON FOREARM AND WRIST FLEXOR EXTENSOR EA	No	No	No	No		
25110	EXCISION LESION TENDON SHEATH FOREARM AND WRIST	No	No	No	No		
25111	EXCISION GANGLION WRIST DORSAL VOLAR PRIMARY	No	No	No	No		
25112	EXCISION GANGLION WRIST DORSAL VOLAR RECURRENT	No	No	No	No		
25115	RAD EXC BURSA SYNVA WRST F ARM TDN SHTHS FLXRS	No	No	No	No		
25116	RAD EXC BURSA SYNVA WRST F ARM TDN SHTHS XTNSRS	No	No	No	No		
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	No	No	No	No		
25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	No	No	No	No		
25120	EXCISION CURETTAGE CYST TUMOR RADIUS ULNA	No	No	No	No		
25125	EXC CURTG CYST TUMOR RADIUS ULNA W AUTOGRAFT	No	No	No	No		
25126	EXC CURTG CYST TUMOR RADIUS ULNA W ALLOGRAFT	No	No	No	No		
25130	EXCISION CURETTAGE CYST TUMOR CARPAL BONES	No	No	No	No		
25135	EXC CURTG CYST TUMOR CARPAL BONES W AUTOGRAFT	No	No	No	No		
25136	EXC CURTG CYST TUMOR CARPAL BONES W ALLOGRAFT	No	No	No	No		
25145	SEQUESTRECTOMY FOREARM AND WRIST	No	No	No	No		
25150	PARTIAL EXCISION BONE ULNA	No	No	No	No		

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25151	PARTIAL EXCISION BONE RADIUS	No	No	No	No		
25170	RADICAL RESECTION TUMOR RADIUS OR ULNA	No	No	Not Cov	No		
25210	CARPECTOMY 1 BONE	No	No	No	No		
25215	CARPECTOMY ALL BONES PROXIMAL ROW	No	No	No	No		
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	No	No	No	No		
25240	EXCISION DISTAL ULNA PARTIAL COMPLETE	No	No	No	No		
25246	INJECTION WRIST ARTHROGRAPHY	No	No	Not Cov	No		
25248	EXPL W REMOVAL DEEP FOREIGN BODY FOREARM WRIST	No	No	No	No		
25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	No	No	No	No		
25251	REMOVAL WRIST PROSTH COMPLICATED W TOTAL WRIST	No	No	No	No		
25259	MANIPULATION WRIST UNDER ANESTHESIA	No	No	No	No		
25260	RPR TDN MUSC FLXR F ARM AND WRST PRIM 1 EA TDN MU	No	No	No	No		
25263	RPR TDN MUSC FLXR F ARM AND WRIST SEC 1 EA TDN MUS	No	No	No	No		
25265	RPR TDN MUSC FLXR F ARM AND WRISTSEC FR GRF EA	No	No	No	No		
25270	RPR TDN MUSC XTNSR F ARM AND WRIST PRIM 1 EA TDN	No	No	No	No		
25272	RPR TDN MUSC XTNSR F ARM AND WRIST SEC 1 EA TDN MU	No	No	No	No		
25274	RPR TDN MUSC XTNSR F ARM AND WRST SEC FR GRF EA TDN	No	No	No	No		
25275	RPR TENDON SHEATH EXTENSOR F ARM AND WRIST W GRAFT	No	No	No	No		
25280	LNGTH SHRT FLXR XTNSR TDN F ARM AND WRIST 1 EA TDN	No	No	No	No		
25290	TNOT FLXR XTNSR TENDON FOREARM AND WRIST 1 EA	No	No	No	No		
25295	TNOLS FLXR XTNSR TENDON FOREARM AND WRIST 1 EA	No	No	No	No		
25300	TENODESIS WRIST FLEXORS FINGERS	No	No	No	No		
25301	TENODESIS WRIST EXTENSORS FINGERS	No	No	No	No		
25310	TDN TRNSPLJ TR FLXR XTNSR F ARM AND WRST 1 EA TDN	No	No	No	No		
25312	TDN TRNSPLJ TR FLXR XTNSR F ARM AND WRST 1 TDN GR	No	No	No	No		
25315	FLEXOR ORIGIN SLIDE FOREARM AND WRIST	No	No	No	No		
25316	FLEXOR ORIGIN SLIDE F ARM AND WRST TENDON TRANSFE	No	No	No	No		
25320	CAPSL-RHPHY RCNSTJ WRST OPN CARPL INS	No	No	No	No		
25332	ARTHRP WRST W WO INTERPOS W WO XTRNL INT FIXJ	No	No	No	No		
25335	CENTRALIZATION WRST ULNA	No	No	No	No		
25337	RCNSTJ STABLJ DSTL U DSTL JT 2 SOFT TISS STABLJ	No	No	No	No		
25350	OSTEOTOMY RADIUS DISTAL THIRD	No	No	No	No		
25355	OSTEOTOMY RADIUS MIDDLE PROXIMAL THIRD	No	No	No	No		
25360	OSTEOTOMY ULNA	No	No	No	No		

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25365	OSTEOTOMY RADIUS AND ULNA	No	No	No	No		
25370	MLT OSTEOTOMIES W RELIGNMT IMED ROD RADIUS ULNA	No	No	No	No		
25375	MLT OSTEOTOMIES W RELIGNMT IMED ROD RADIUS AND ULNA	No	No	No	No		
25390	OSTEOPLASTY RADIUS ULNA SHORTENING	No	No	No	No		
25391	OSTEOPLASTY RADIUS ULNA LENGTHENING W AUTOGRAFT	No	No	No	No		
25392	OSTEOPLASTY RADIUS AND ULNA SHORTENING	No	No	No	No		
25393	OSTEOPLASTY RADIUS AND ULNA LENGTHENING W AUTOGRAF	No	No	No	No		
25394	OSTEOPLASTY CARPAL BONE SHORTENING	No	No	No	No		
25400	RPR NONUNION MALUNION RADIUS ULNA W O AUTOGRAFT	No	No	No	No		
25405	RPR NONUNION MALUNION RADIUS ULNA W AUTOGRAFT	No	No	No	No		
25415	RPR NONUNION MALUNION RADIUS AND ULNA W O AUTOGRAF	No	No	No	No		
25420	RPR NONUNION MALUNION RADIUS AND ULNA W AUTOGRAFT	No	No	No	No		
25425	REPAIR DEFECT W AUTOGRAFT RADIUS ULNA	No	No	No	No		
25426	REPAIR DEFECT W AUTOGRAFT RADIUS AND ULNA	No	No	No	No		
25430	INSERTION VASCULAR PEDICLE CARPAL BONE	No	No	No	No		
25431	REPAIR NONUNION CARPAL BONE EACH BONE	No	No	No	No		
25440	RPR NONUNION SCAPHOID CARPAL BNE W WO RDL STYLEC	No	No	No	No		
25441	ARTHROPLASTY W PROSTHETIC RPLCMT DISTAL RADIUS	No	No	No	No		
25442	ARTHROPLASTY W PROSTHETIC RPLCMT DISTAL ULNA	No	No	No	No		
25443	ARTHROPLASTY W PROSTHETIC RPLCMT SCAPHOID CARPAL	No	No	No	No		
25444	ARTHROPLASTY W PROSTHETIC REPLACEMENT LUNATE	No	No	No	No		
25445	ARTHROPLASTY W PROSTHETIC REPLACEMENT TRAPEZIUM	No	No	No	No		
25446	ARTHRP W PROSTC RPLCMT DSTL RDS AND PRTL CARPUS	No	No	No	No		
25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
25449	REVJ ARTHRP W REMOVAL IMPLANT WRIST JOINT	No	No	No	No		
25450	EPIPHYSL ARRST EPIPHYSIOD STAPLING DSTL RDS U	No	No	No	No		
25455	EPIPHYSL ARRST EPIPHYSIOD STAPLING DSTL RDS AND ULNA	No	No	No	No		
25490	PROPH TX N P PLTWR W WO METHYLACRYLATE RADIUS	No	No	No	No		
25491	PROPH TX N P PLTWR W WO METHYLMETHACRYLATE ULNA	No	No	No	No		
25492	PROPH TX N P PLTWR W WO METHYLMECRYLATE RAD AND UL	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
25500	CLOSED TX RADIAL SHAFT FRACTURE W O MANIPULATION	No	No	Not Cov	No		
25505	CLOSED TX RADIAL SHAFT FRACTURE W MANIPULATION	No	No	No	No		
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	No	No	No	No		
25520	CLTX RDL SHFT FX AND CLTX DISLC DSTL RAD ULN JT	No	No	No	No		
25525	OPEN RDL SHAFT FX CLOSED RAD ULN JT DISLOCATE	No	No	No	No		
25526	OPEN RDL SHAFT FX OPEN RAD ULN JT DISLOCATE	No	No	No	No		
25530	CLOSED TX ULNAR SHAFT FRACTURE W O MANIPULATION	No	No	Not Cov	No		
25535	CLOSED TX ULNAR SHAFT FRACTURE W MANIPULATION	No	No	No	No		
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	No	No	No	No		
25560	CLOSED TX RADIAL AND ULNAR SHAFT FRACTURES W O MAN	No	No	Not Cov	No		
25565	CLOSED TX RADIAL AND ULNAR SHAFT FRACTURES W MANJ	No	No	No	No		
25574	OPEN TX RADIAL AND ULNAR SHAFT FX W FIXJ RADIUS ULNA	No	No	No	No		
25575	OPEN TX RADIAL AND ULNAR SHAFT FX W FIXJ RADIUS AND ULNA	No	No	No	No		
25600	CLTX DSTL RADIAL FX EPIPHYSL SEP W O MANJ	No	No	Not Cov	No		
25605	CLTX DSTL RDL FX EPIPHYSL SEP W MANJ WHEN PERF	No	No	No	No		
25606	PERQ SKEL FIXJ DISTAL RADIAL FX EPIPHYSL SEP	No	No	No	No		
25607	OPTX DSTL RADL X-ARTIC FX EPIPHYSL SEP	No	No	No	No		
25608	OPTX DSTL RADL I-ARTIC FX EPIPHYSL SEP 2 FRAG	No	No	No	No		
25609	OPTX DSTL RADL I-ARTIC FX EPIPHYSL SEP 3 FRAG	No	No	No	No		
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W O MANJ	No	No	Not Cov	No		
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W MANJ	No	No	No	No		
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	No	No	No	No		
25630	CLTX CARPAL BONE FX W O MANJ EACH BONE	No	No	Not Cov	No		
25635	CLTX CARPAL BONE FX W MANJ EACH BONE	No	No	No	No		
25645	OPEN TX CARPAL BONE FRACTURE OTH THN SCAPHOID EA	No	No	No	No		
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	No	No	Not Cov	No		
25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	No	No	No	No		
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	No	No	No	No		
25660	CLTX RDCRPL INTERCARPL DISLC 1 OR GRT BONES W MANJ	No	No	No	No		
25670	OPEN TX RADIOCARPAL INTERCARPAL DISLC 1 OR GRT BONES	No	No	No	No		
25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	No	No	No	No		
25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W MANJ	No	No	No	No		
25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE CHRONIC	No	No	No	No		
25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W MANJ	No	No	No	No		

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25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	No	No	No	No		
25690	CLOSED TX LUNATE DISLOCATION W MANIPULATION	No	No	No	No		
25695	OPEN TREATMENT LUNATE DISLOCATION	No	No	No	No		
25800	ARTHRODESIS WRIST COMPLETE W O BONE GRAFT	No	No	No	No		
25805	ARTHRODESIS WRIST W SLIDING GRAFT	No	No	No	No		
25810	ARTHRODESIS WRIST W ILIAC OTHER AUTOGRAFT	No	No	No	No		
25820	ARTHRODESIS WRIST LIMITED W O BONE GRAFT	No	No	No	No		
25825	ARTHRODESIS WRIST LIMITED W AUTOGRAFT	No	No	No	No		
25830	ARTHRD DSTL RAD ULN JT SGMTL RSCJ ULNA W WO BONE	No	No	No	No		
25900	AMPUTATION FOREARM THROUGH RADIUS AND ULNA	Not Cov	No	Not Cov	No		
25905	AMP FOREARM THRU RADIUS AND ULNA OPEN CIRCULAR	Not Cov	No	Not Cov	No		
25907	AMP F ARM THRU RADIUS AND ULNA SEC CLOSURE SCAR RE	No	No	No	No		
25909	AMP FOREARM THRU RADIUS AND ULNA RE-AMPUTATION	No	No	Not Cov	No		
25915	KRUKENBERG PROCEDURE	Not Cov	No	Not Cov	No		
25920	DISARTICULATION THROUGH WRIST	Not Cov	No	Not Cov	No		
25922	DISARTICULATION THRU WRIST SEC CLOSURE SCAR REVJ	No	No	No	No		
25924	DISARTICULATION THRU WRIST RE-AMPUTATION	Not Cov	No	Not Cov	No		
25927	TRANSMETACARPAL AMPUTATION	Not Cov	No	Not Cov	No		
25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE SCAR REVJ	No	No	No	No		
25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	No	No	No	No		
25999	UNLISTED PROCEDURE FOREARM WRIST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
26010	DRAINAGE FINGER ABSCESS SIMPLE	No	No	Not Cov	No		
26011	DRAINAGE FINGER ABSCESS COMPLICATED	No	No	No	No		
26020	DRAINAGE TENDON SHEATH DIGIT AND PALM EACH	No	No	No	No		
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	No	No	No	No		
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	No	No	No	No		
26034	INCISION BONE CORTEX HAND FINGER	No	No	No	No		
26035	DECOMPRESSION FINGERS AND HAND INJECTION INJURY	No	No	No	No		
26037	DECOMPRESSIVE FASCIOTOMY HAND	No	No	No	No		
26040	FASCIOTOMY PALMAR PERCUTANEOUS	No	No	No	No		

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26045	FASCIOTOMY PALMAR OPEN PARTIAL	No	No	No	No		
26055	TENDON SHEATH INCISION	No	No	No	No		
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	No	No	No	No		
26070	ARTHRT EXPL DRG RMVL LOOSE FB CARP MTCRPL JT	No	No	No	No		
26075	ARTHRT EXPL DRG RMVL LOOSE FB MTCARPHLNGL JT EA	No	No	No	No		
26080	ARTHRT EXPL DRG RMVL LOOSE FB IPHAL JT EA	No	No	No	No		
26100	ARTHROTOMY BIOPSY CARP MTCRPL JOINT EACH	No	No	No	No		
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	No	No	No	No		
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	No	No	No	No		
26111	EX TUM VASC MALF SFT TISS HAND FNGR SUBQ 1.5CM OR GRT	No	No	No	No		
26113	EX TUM VASC MAL SFT TIS HAND FNGR SUBFSC 1.5CM OR GRT	No	No	No	No		
26115	EXC TUM VASC MAL SFT TISS HAND FNGR SUBQ UNDER 1.5CM	No	No	No	No		
26116	EXC TUM VAS MAL SFT TIS HAND FNGR SUBFASC UNDER 1.5CM	No	No	No	No		
26117	RAD RESECT TUMOR SOFT TISSUE HAND FINGER UNDER 3CM	No	No	No	No		
26118	RAD RESCJ TUM SOFT TISSUE HAND FINGER 3 CM OR GRT	No	No	No	No		
26121	FASCT PALM W WO Z-PLASTY TISSUE REARGMT SKN GRFT	No	No	No	No		
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W WO RPR	No	No	No	No		
26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W WO RPR	No	No	No	No		
26130	SYNOVECTOMY CARPOMETACARPAL JOINT	No	No	No	No		
26135	SYNVCT MTCARPHLNGL JT W INTRNSC RLS AND XTNSR HOOD	No	No	No	No		
26140	SYNVCT PROX IPHAL JT W XTNSR RCNSTJ EA IPHAL JT	No	No	No	No		
26145	SYNVCT TDN SHTH RAD FLXR TDN PALM AND FNGR EA TDN	No	No	No	No		
26160	EXC LESION TDN SHTH JT CAPSL HAND FNGR	No	No	No	No		
26170	EXCISION TENDON PALM FLEXOR EXTENSOR SINGLE EACH	No	No	No	No		
26180	EXCISION TENDON FINGER FLEXOR EXTENSOR EACH	No	No	No	No		
26185	SESAMOIDECTOMY THUMB FINGER SEPARATE PROCEDURE	No	No	No	No		
26200	EXCISION CURETTAGE CYST TUMOR METACARPAL	No	No	No	No		
26205	EXC CURETTAGE CYST TUMOR METACARPAL W AUTOGRAFT	No	No	No	No		
26210	EXCISION CURETTAGE CYST TUMOR PHALANX FINGER	No	No	No	No		
26215	EXC CURETTAGE CYST TUMOR PHALANX FINGER W AGRAFT	No	No	No	No		
26230	PARTIAL EXCISION BONE METACARPAL	No	No	No	No		
26235	PARTIAL EXCISION PROXIMAL MIDDLE PHALANX FINGER	No	No	No	No		
26236	PARTIAL EXCISION DISTAL PHALANX FINGER	No	No	No	No		
26250	RADICAL RESECTION TUMOR METACARPAL	No	No	No	No		

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26260	RAD RESECTION TUMOR PROX MIDDLE PHALANX FINGER	No	No	No	No		
26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	No	No	No	No		
26320	REMOVAL IMPLANT FROM FINGER HAND	No	No	No	No		
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	No	No	No	No		
26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	No	No	No	No		
26350	RPR ADVMNT FLXR TDN N Z 2 W O FR GRAFT EA TENDON	No	No	No	No		
26352	RPR ADVMNT FLXR TDN N Z 2 W FR GRAFT EA TENDON	No	No	No	No		
26356	RPR ADVMNT FLXR TDN ZONE 2 W O FR GRFT EA TENDON	No	No	No	No		
26357	RPR ADVMNT FLXR TDN ZONE 2 W O FR GRFT EA TENDON	No	No	No	No		
26358	RPR ADVMNT FLXR TDN ZONE 2 W FR GRAFT EA TENDON	No	No	No	No		
26370	RPR ADVMNT TDN W NTC SUPFCIS TDN PRIM EA TDN	No	No	No	No		
26372	RPR ADVMNT TDN W NTC SUPFCIS TDN W FREE GRAFT EA	No	No	No	No		
26373	RPR ADVMNT TDN W NTC SUPFCIS TDN W O FREE GRF EA	No	No	No	No		
26390	EXC FLXR TDN W IMPLTJ SYNTH ROD DLYD TDN GRF H F	No	No	No	No		
26392	RMVL SYNTH ROD AND INSJ FLXR TDN GRF H F EA ROD	No	No	No	No		
26410	REPAIR EXTENSOR TENDON HAND W O GRAFT EACH	No	No	No	No		
26412	REPAIR EXTENSOR TENDON HAND W GRAFT EACH	No	No	No	No		
26415	EXC XTNSR TDN W IMPLTJ SYNTH ROD DLYD GRF H F EA	No	No	No	No		
26416	RMVL SYNTH ROD AND INSJ XTNSR TDN GRF H F EA ROD	No	No	No	No		
26418	REPAIR EXTENSOR TENDON FINGER W O GRAFT EACH	No	No	No	No		
26420	REPAIR EXTENSOR TENDON FINGER W GRAFT EACH	No	No	No	No		
26426	RPR XTNSR TDN CNTRL SLIP TISS W LAT BAND EA FNGR	No	No	No	No		
26428	RPR XTNSR TDN CNTRL SLIP SEC W FR GRFT EA FINGER	No	No	No	No		
26432	CLTX DSTL XTNSR TDN INSJ W WO PERCUTAN PINNING	No	No	No	No		
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W O GRF	No	No	No	No		
26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W GRAFT	No	No	No	No		
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	No	No	No	No		
26440	TENOLYSIS FLEXOR TENDON PALM FINGER EACH TENDON	No	No	No	No		
26442	TENOLYSIS FLEXOR TENDON PALM AND FINGER EACH TENDO	No	No	No	No		
26445	TENOLYSIS EXTENSOR TENDON HAND FINGER EACH	No	No	No	No		
26449	TENOLYSIS CPLX XTNSR TENDON FINGER W FOREARM EA	No	No	No	No		
26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON	No	No	No	No		
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	No	No	No	No		
26460	TENOTOMY EXTENSOR HAND FINGER OPEN EACH TENDON	No	No	No	No		

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26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	No	No	No	No		
26474	TENODESIS DISTAL JOINT EACH	No	No	No	No		
26476	LENGTHENING TENDON EXTENSOR HAND FINGER EACH	No	No	No	No		
26477	SHORTENING TENDON EXTENSOR HAND FINGER EACH	No	No	No	No		
26478	LENGTHENING TENDON FLEXOR HAND FINGER EACH	No	No	No	No		
26479	SHORTENING TENDON FLEXOR HAND FINGER EACH	No	No	No	No		
26480	TR TRNSPL TDN CARP MTCRPL HAND W O FR GRF EA TDN	No	No	No	No		
26483	TENDON TRANSFER TRANSPLANT CARP MTCRPL GRAFT	No	No	No	No		
26485	TRANSFER TRANSPLANT TENDON PALMAR W O GRAFT EACH	No	No	No	No		
26489	TRANSFER TRANSPLANT TENDON PALMAR W GRAFT EACH	No	No	No	No		
26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	No	No	No	No		
26492	OPPONENSPLASTY TDN TR W GRF EA TDN	No	No	No	No		
26494	OPPONENSPLASTY HYPOTHENAR MUSC TR	No	No	No	No		
26496	OPPONENSPLASTY OTHER METHODS	No	No	No	No		
26497	TR TDN RESTORE INTRNSC FUNCJ RING AND SM FNGR	No	No	No	No		
26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	No	No	No	No		
26499	CORRECTION CLAW FINGER OTHER METHODS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
26500	RCNSTJ TENDON PULLEY EACH W LOCAL TISSUES SPX	No	No	No	No		
26502	RCNSTJ TDN PULLEY EA TDN W TDN FSCAL GRF SPX	No	No	No	No		
26508	RELEASE THENAR MUSCLE	No	No	No	No		
26510	CROSS INTRINSIC TRANSFER EACH TENDON	No	No	No	No		
26516	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	No	No	No	No		
26517	CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	No	No	No	No		
26518	CAPSULODESIS MTCARPHLNGL JOINT 3 4 DIGITS	No	No	No	No		
26520	CAPSULECTOMY CAPSULOTOMY MTCARPHLNGL JOINT EACH	No	No	No	No		
26525	CAPSULECTOMY CAPSULOTOMY IPHAL JOINT EACH	No	No	No	No		
26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	No	No	No	No		
26531	ARTHRP MTCARPHLNGL JT W PROSTC IMPLT EA JT	No	No	No	No		
26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	No	No	No	No		
26536	ARTHROPLASTY INTERPHALANGEAL JT W PROSTHETIC EA	No	No	No	No		

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26540	RPR COLTRL LIGM MTCARPHLNGL IPHAL JT	No	No	No	No		
26541	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W TDN FSCAL GRF	No	No	No	No		
26542	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W LOCAL TISS	No	No	No	No		
26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W GRF EA JT	No	No	No	No		
26546	RPR NON-UNION MTCRPL PHALANX	No	No	No	No		
26548	RPR AND RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	No	No	No	No		
26550	POLLICIZATION DIGIT	No	No	No	No		
26551	TR TOE-TO-HAND W MVASC ANAST GRT TOE WRP ARND	Not Cov	No	Not Cov	No		
26553	TR TOE-TO-HAND W MVASC ANAST OTH THN GRT TOE 1	Not Cov	No	Not Cov	No		
26554	TR TOE-TO-HAND W MVASC ANAST OTH THN GRT TOE 2	Not Cov	No	Not Cov	No		
26555	TR FNGR AXH POS W O MVASC ANAST	No	No	No	No		
26556	TRANSFER FREE TOE JOINT W MVASC ANASTOMOSIS	Not Cov	No	Not Cov	No		
26560	REPAIR SYNDACTYLY EACH SPACE W SKIN FLAPS	No	No	No	No		
26561	REPAIR SYNDACTYLY EACH SPACE W SKIN FLAPS AND GRAFT	No	No	No	No		
26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX	No	No	No	No		
26565	OSTEOTOMY METACARPAL EACH	No	No	No	No		
26567	OSTEOTOMY PHALANX FINGER EACH	No	No	No	No		
26568	OSTEOPLASTY LENGTHENING METACARPAL PHALANX	No	No	No	No		
26580	REPAIR CLEFT HAND	No	No	No	No		
26587	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE AND BONE	No	No	No	No		
26590	REPAIR MACRODACTYLIA EACH DIGIT	No	No	No	No		
26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	No	No	No	No		
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	No	No	No	No		
26596	EXC CONSTRICTING RING FNGR W MLT Z-PLASTIES	No	No	No	No		
26600	CLTX METACARPAL FX W O MANIPULATION EACH BONE	No	No	Not Cov	No		
26605	CLTX METACARPAL FX W MANIPULATION EACH BONE	No	No	No	No		
26607	CLTX METACARPAL FX W MANJ W XTRNL FIXJ EA BONE	No	No	No	No		
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	No	No	No	No		
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	No	No	No	No		
26641	CLTX CARPO METACARPAL DISLOCATION THUMB W MANJ	No	No	Not Cov	No		
26645	CLTX CARPO METACARPAL FX DISLC THUMB W MANJ	No	No	No	No		
26650	PRQ SKELETAL FIX CARPO METACARPAL FX DISLC THUMB	No	No	No	No		
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	No	No	No	No		
26670	CLTX CARPO METACARPL DISLC THMB MANJ EA W O ANES	No	No	Not Cov	No		

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26675	CLTX CARPO MTCRPL DISLC THUMB MANJ EA JT W ANES	No	No	No	No		
26676	PRQ SKEL FIXJ CARPO MTCRPL DISLC THMB MANJ EA JT	No	No	No	No		
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	No	No	No	No		
26686	OPTX CARP MTCRPL DISLC THMB CPLX MLT DLYD RDCTJ	No	No	No	No		
26700	CLTX METACARPOPHALANGEAL DISLC W MANJ W O ANES	No	No	Not Cov	No		
26705	CLTX METACARPOPHALANGEAL DISLC W MANJ W ANES	No	No	No	No		
26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W MANJ	No	No	No	No		
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	No	No	No	No		
26720	CLTX PHLNGL FX PROX MIDDLE PX F T W O MANJ EA	No	No	Not Cov	No		
26725	CLTX PHLNGL FX PROX MIDDLE PX F T W MANJ EA	No	No	Not Cov	No		
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX MIDDLE PX F T	No	No	No	No		
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX MIDDLE EA	No	No	No	No		
26740	CLTX ARTCLR FX INVG MTCRPHLNGL IPHAL JT W O MANJ	No	No	Not Cov	No		
26742	CLTX ARTCLR FX INVG MTCARPHLNGL IPHAL JT W MANJ	No	No	No	No		
26746	OPEN TX ARTICULAR FRACTURE MCP IP JOINT EA	No	No	No	No		
26750	CLTX DSTL PHLNGL FX FNGR THMB W O MANJ EA	No	No	Not Cov	No		
26755	CLTX DSTL PHLNGL FX FNGR THMB W MANJ EA	No	No	No	No		
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR THMB EA	No	No	No	No		
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	No	No	No	No		
26770	CLTX IPHAL JT DISLC W MANJ W O ANES	No	No	No	No		
26775	CLTX IPHAL JT DISLC W MANJ REQ ANES	No	No	Not Cov	No		
26776	PRQ SKEL FIXJ IPHAL JT DISLC W MANJ	No	No	No	No		
26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	No	No	No	No		
26820	FUSION OPPOSITION THUMB W AUTOGENOUS GRAFT	No	No	No	No		
26841	ARTHRD CARPO METACARPAL JT THUMB W WO INT FIXJ	No	No	No	No		
26842	ARTHRD CRP MTACRPL JT THMB W WO INT FIXJ W AGRFT	No	No	No	No		
26843	ARTHRD CARP MTCRPL JT DGT OTHER THAN THUMB EACH	No	No	No	No		
26844	ARTHRD CARP MTCRPL JT DGT OTH THN THMB W AGRFT	No	No	No	No		
26850	ARTHRODESIS METACARPOPHALANGEAL JT W WO INT FIXJ	No	No	No	No		
26852	ARTHRODESIS MTCRPL JT W WO INT FIXJ W AUTOGRAFT	No	No	No	No		
26860	ARTHRODESIS INTERPHALANGEAL JT W WO INT FIXJ	No	No	No	No		
26861	ARTHRODESIS IPHAL JT W WO INT FIXJ EA IPHAL JT	No	No	No	No		
26862	ARTHRODESIS IPHAL JT W WO INT FIXJ W AUTOGRAFT	No	No	No	No		
26863	ARTHRODESIS IPHAL JT W WO INT FIXJ W AGRFT EA JT	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
26910	AMP MTCRPL W FINGER THUMB W WO INTEROSS TRANSFER	No	No	No	No		
26951	AMP F TH 1 2 JT PHALANX W NEURECT W DIR CLSR	No	No	No	No		
26952	AMP F TH 1 2 JT PHALANX W NEURECT LOCAL FLAP	No	No	No	No		
26989	UNLISTED PROCEDURE HANDS FINGERS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
26990	I AND D PELVIS HIP JT AREA DEEP ABSCESS HEMATOMA	No	No	No	No		
26991	I AND D PELVIS HIP JOINT AREA INFECTED BURSA	No	No	No	No		
26992	INCISION BONE CORTEX PELVIS AND HIP JOINT	No	No	Not Cov	No		
27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	No	No	No	No		
27001	TENOTOMY ADDUCTOR HIP OPEN	No	No	No	No		
27003	TX ADDUXOR SUBQ OPN W OBTURATOR NEURECTOMY	No	No	No	No		
27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	No	No	Not Cov	No		
27006	TENOTOMY ABDUCTORS AND EXTENSOR HIP OPEN SPX	No	No	Not Cov	No		
27025	FASCIOTOMY HIP THIGH ANY TYPE	No	No	Not Cov	No		
27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	No	No	Not Cov	No		
27030	ARTHROTOMY HIP W DRAINAGE	Not Cov	No	Not Cov	No		
27033	ARTHROTOMY HIP EXPLORATION REMOVAL FOREIGN BODY	No	No	No	No		
27035	DNRVTJ HIP JT INTRAPEL XTRPEL INTRA-ARTCLR BRNCH	No	No	No	No		
27036	CAPSLCTOMY CAPSUL HIP W RLS HIP FLXR MUSC	Not Cov	No	Not Cov	No		
27040	BIOPSY SOFT TISSUE PELVIS AND HIP AREA SUPERFICIAL	No	No	No	No		
27041	BIOPSY SOFT TISSUE PELVIS AND HIP DEEP SUBFSCAL IM	No	No	No	No		
27043	EXCISION TUMOR SOFT TISSUE PELVIS AND HIP SUBQ 3CM OR GRT	No	No	No	No		
27045	EXC TUMOR SOFT TISSUE PELVIS AND HIP SUBFASC 5CM OR GRT	No	No	No	No		
27047	EXC TUMOR SOFT TISSUE PELVIS AND HIP SUBQ UNDER 3CM	No	No	No	No		
27048	EXC TUMOR SOFT TISSUE PELVIS AND HIP SUBFASC UNDER 5CM	No	No	No	No		
27049	RAD RESECT TUMOR SOFT TISSUE PELVIS AND HIP UNDER 5 CM	No	No	No	No		
27050	ARTHROTOMY W BIOPSY SACROILIAC JOINT	No	No	No	No		
27052	ARTHROTOMY W BIOPSY HIP JOINT	No	No	No	No		
27054	ARTHROTOMY W SYNOVECTOMY HIP JOINT	Not Cov	No	Not Cov	No		
27057	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	No	No	Not Cov	No		
27059	RAD RESECTION TUMOR SOFT TISS PELVIS AND HIP 5 CM OR GRT	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
27060	EXCISION ISCHIAL BURSA	No	No	No	No		
27062	EXCISION TROCHANTERIC BURSA CALCIFICATION	No	No	No	No		
27065	EXCISION BONE CYST BNIGN TUMOR SUPERFICIAL	No	No	No	No		
27066	EXCISION BONE CYST BENIGN TUMOR DEEP	No	No	No	No		
27067	EXC B1 CST B9 TUM W AGRFT REQ SEP INC	No	No	No	No		
27070	PARTIAL EXCISION SUPERFICIAL PELVIS	Not Cov	No	Not Cov	No		
27071	PARTIAL EXCISION DEEP PELVIS	Not Cov	No	Not Cov	No		
27075	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC ISCHIAL	Not Cov	No	Not Cov	No		
27076	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	Not Cov	No	Not Cov	No		
27077	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	Not Cov	No	Not Cov	No		
27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY AND GRT TRCHNTR	Not Cov	No	Not Cov	No		
27080	COCCYGECTOMY PRIMARY	No	No	No	No		
27086	RMVL FOREIGN BODY PELVIS HIP SUBCUTANEOUS TISS	No	No	No	No		
27087	REMOVAL FOREIGN BODY PELVIS HIP DEEP	No	No	No	No		
27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
27091	RMVL HIP PROSTH COMP W TOT HIP PROSTH MMA	Not Cov	No	Not Cov	No		
27093	INJECTION HIP ARTHROGRAPHY W O ANESTHESIA	No	No	Not Cov	No		
27095	INJECTION HIP ARTHROGRAPHY W ANESTHESIA	No	No	Not Cov	No		
27096	INJECT SI JOINT ARTHRGRPHY AND ANES STEROID W IMA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27097	RELEASE RECESSION HAMSTRING PROXIMAL	No	No	No	No		
27098	TRANSFER ADDUCTOR ISCHIUM	No	No	No	No		
27100	TR XTRNL OBLQ MUSC TRCHNTR W FSCAL TDN XTN GRF	No	No	No	No		
27105	TR PARASPI MUSC HIP FASC TDN XTN GRF	No	No	No	No		
27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	No	No	No	No		
27111	TRANSFER ILIOPSOAS FEMORAL NECK	No	No	No	No		
27120	ACETABULOPLASTY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27125	HEMIARTHROPLASTY HIP PARTIAL	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27140	OSTEOTOMY AND TRANSFER GREATER TROCHANTER SPX	Not Cov	No	Not Cov	No		
27146	OSTEOTOMY ILIAC ACETABULAR INNOMINATE BONE	Not Cov	No	Not Cov	No		
27147	OSTEOTOMY ILIAC ACETABULAR INNOMINATE HIP RDCTJ	Not Cov	No	Not Cov	No		
27151	OSTEOTOMY ILIAC ACETABULAR INNOMINATE FEM OSTEOT	Not Cov	No	Not Cov	No		
27156	OSTEOT ILIAC ACTBLR INNOMINATE BONE OSTEOT RDCTJ	Not Cov	No	Not Cov	No		
27158	OSTEOTOMY PELVIS BILATERAL	Not Cov	No	Not Cov	No		
27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
27165	OSTEOT INTERTRCHNTRIC SUBTRCHNTRIC W INT XTRNL	Not Cov	No	Not Cov	No		
27170	B1 GRF FEM H N INTERTRCHNTRIC SUBTRCHNTRIC AREA	Not Cov	No	Not Cov	No		
27175	TX SLP FEMORAL EPIPHYSIS TRCJ W O REDUCTION	Not Cov	No	Not Cov	No		
27176	TX SLP FEM EPIPHYSIS SINGLE MULTIPL PINNING SITU	No	No	Not Cov	No		
27177	OPTX SLP FEM EPIPHYSIS SINGLE MULT PIN BONE GRFT	Not Cov	No	Not Cov	No		
27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL MLTPL PIN	Not Cov	No	Not Cov	No		
27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	No	No	Not Cov	No		
27181	OPTX SLP FEM EPIPHYSIS OSTEOT AND INT FIXJ	Not Cov	No	Not Cov	No		
27185	EPIPHYSL ARRST EPIPHYSIOD STAPLING TRCHNTR FEMUR	Not Cov	No	Not Cov	No		
27187	PROPH TX N P PLTWR W WO MMA FEM NCK AND PROX FEMUR	Not Cov	No	Not Cov	No		
27197	CLSD TX PELVIC RING FX W O MANIPULATION	No	No	No	No		
27198	CLSD TX PELVIC RING FX W MANIPULATION W ANES	No	No	No	No		
27200	CLOSED TREATMENT COCCYGEAL FRACTURE	No	No	Not Cov	No		
27202	OPEN TREATMENT COCCYGEAL FRACTURE	No	No	No	No		
27215	OPTX ILIAC TUBRST AVLS WING FX FIXJ IF PRFRMD	Not Cov	No	Not Cov	No		
27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX AND DIS	No	No	Not Cov	No		
27217	OPTX ANT PELVIC BONE FX AND DISLC INT FIXJ IF PFR	Not Cov	No	Not Cov	No		
27218	OPTX POST PEL BONE FX AND DISLC INT FIXJ IF PFRMD	Not Cov	No	Not Cov	No		
27220	CLTX ACETABULUM HIP SOCKT FX W O MANJ	No	No	No	No		
27222	CLTX ACETABULM HIP SOCKT FX MANJ W WO SKEL TRACJ	Not Cov	No	Not Cov	No		
27226	OPTX PST ANT ACTBLR WALL FX W INT FIXJ	Not Cov	No	Not Cov	No		
27227	OPTX ACTBLR FX INVG ANT PST 1 COLUMN FX W INT	Not Cov	No	Not Cov	No		

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27228	OPTX ACTBLR FX INVG ANT AND POST 2 COLUMNS FX W INT	Not Cov	No	Not Cov	No		
27230	CLTX FEM FX PROX END NCK W O MANJ	No	No	No	No		
27232	CLTX FEM FX PROX END NCK W MANJ W WO SKEL TRACJ	Not Cov	No	Not Cov	No		
27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	No	No	Not Cov	No		
27236	OPTX FEM FX PROX END NCK INT FIXJ PROSTC RPLCMT	Not Cov	No	Not Cov	No		
27238	CLTX INTER PERI SUBTROCHANTERIC FEM FX W O MANJ	No	No	No	No		
27240	CLTX INTR PERI SBTRCHNTC FEMORAL FX W MANJ	Not Cov	No	Not Cov	No		
27244	TX INTER PR SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	Not Cov	No	Not Cov	No		
27245	TX INTER PR SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	Not Cov	No	Not Cov	No		
27246	CLTX GREATER TROCHANTERIC FX W O MANJ	No	No	No	No		
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	Not Cov	No	Not Cov	No		
27250	CLTX HIP DISLOCATION TRAUMATIC W O ANESTHESIA	No	No	No	No		
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	No	No	No	No		
27253	OPTX HIP DISLOCATION TRAUMATIC W O INTERNAL FIXJ	Not Cov	No	Not Cov	No		
27254	OPTX HIP DISLC TRAUMTC W ACTBLR WALL AND FEM HEAD	Not Cov	No	Not Cov	No		
27256	TX SPONTAN HIP DISLC ABDCT SPLNT TRCJ W O ANES	No	No	No	No		
27257	TX SPON HIP DISLC ABDCT SPLNT TRCJ W MANJ ANES	No	No	No	No		
27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	Not Cov	No	Not Cov	No		
27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	Not Cov	No	Not Cov	No		
27265	CLTX POST HIP ARTHRP DISLC W O ANES	No	No	No	No		
27266	CLTX POST HIP ARTHRP DISLC REQ ANES	No	No	No	No		
27267	CLOSED TX FEMORAL FRACTURE PROX HEAD W O MANJ	No	No	No	No		
27268	CLOSED TX FEMORAL FRACTURE PROX HEAD W MANJ	No	No	Not Cov	No		
27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	No	No	Not Cov	No		
27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA	No	No	No	No		
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Not Cov	Not Cov	Not Cov	Not Cov		
27280	ARTHRODESIS SACROILIAC JOINT W OBTAINING GRAFT	Not Cov	Not Cov	Not Cov	Not Cov		
27282	ARTHRODESIS SYMPHYSIS PUBIS W OBTAINING GRAFT	Not Cov	No	Not Cov	No		
27284	ARTHRODESIS HIP JOINT W OBTAINING GRAFT	Not Cov	No	Not Cov	No		
27286	ARTHRD HIP JT W OBTG GRF W SUBTRCHNTRIC OSTEOT	Not Cov	No	Not Cov	No		
27290	INTERPELVIABDOMINAL AMPUTATION	Not Cov	No	Not Cov	No		
27295	DISARTICULATION HIP	Not Cov	No	Not Cov	No		

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27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27301	I AND D DEEP ABSC BURSA HEMATOMA THIGH KNEE REGION	No	No	No	No		
27303	INC DEEP W OPNG BONE CORTEX FEMUR KNEE	No	No	Not Cov	No		
27305	FASCIOTOMY ILIOTIBIAL OPEN	No	No	No	No		
27306	TENOTOMY PRQ ADDUCTOR HAMSTRING 1 TENDON SPX	No	No	No	No		
27307	TENOTOMY PRQ ADDUCTOR HAMSTRING MULTIPLE TENDON	No	No	No	No		
27310	ARTHRT KNE W EXPL DRG RMVL FB	No	No	No	No		
27323	BIOPSY SOFT TISSUE THIGH KNEE AREA SUPERFICIAL	No	No	No	No		
27324	BIOPSY SOFT TISSUE THIGH KNEE AREA DEEP	No	No	No	No		
27325	NEURECTOMY HAMSTRING MUSCLE	No	No	No	No		
27326	NEURECTOMY POPLITEAL	No	No	No	No		
27327	EXCISION TUMOR SOFT TISSUE THIGH KNEE SUBQ UNDER 3CM	No	No	No	No		
27328	EXC TUMOR SOFT TISSUE THIGH KNEE SUBFASC UNDER 5CM	No	No	No	No		
27329	RAD RESECT TUMOR SOFT TISSUE THIGH KNEE UNDER 5CM	No	No	No	No		
27330	ARTHROTOMY KNEE W SYNOVIAL BIOPSY ONLY	No	No	No	No		
27331	ARTHRT KNE W JT EXPL BX RMVL LOOSE FB	No	No	No	No		
27332	ARTHRT W EXC SEMILUNAR CRTLG KNEE MEDIAL LAT	No	No	No	No		
27333	ARTHRT W EXC SEMILUNAR CRTLG KNEE MEDIAL AND LAT	No	No	No	No		
27334	ARTHROTOMY W SYNOVECTOMY KNEE ANTERIOR POSTERIOR	No	No	No	No		
27335	ARTHRT W SYNVCT KNE ANT AND POST W POP AREA	No	No	No	No		
27337	EXCISON TUMOR SOFT TISSUE THIGH KNEE SUBQ 3 CM OR GRT	No	No	No	No		
27339	EXC TUMOR SOFT TISSUE THIGH KNEE SUBFASC 5 CM OR GRT	No	No	No	No		
27340	EXCISION PREPATELLAR BURSA	No	No	No	No		
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	No	No	No	No		
27347	EXCISION LESION MENISCUS CAPSULE KNEE	No	No	No	No		
27350	PATELLECTOMY HEMIPATELLECTOMY	No	No	No	No		
27355	EXCISION CURETTAGE CYST TUMOR FEMUR	No	No	No	No		
27356	EXCISION CURETTAGE CYST TUMOR FEMUR W ALLOGRAFT	No	No	No	No		
27357	EXCISION CURETTAGE CYST TUMOR FEMUR W AUTOGRAFT	No	No	No	No		
27358	EXCISION CURETTAGE CYST TUMOR FEMUR INT FIXATION	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
27360	PRTL EXC BONE FEMUR PROX TIBIA AND FIBULA	No	No	No	No		
27364	RAD RESECTION TUMOR SOFT TIS THIGH KNEE 5 CM OR GRT	No	No	No	No		
27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	Not Cov	No	Not Cov	No		
27369	NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT MRI KNE	No	No	Not Cov	No		
27372	REMOVAL FOREIGN BODY DEEP THIGH KNEE	No	No	No	No		
27380	SUTURE INFRAPATELLAR TENDON PRIMARY	No	No	No	No		
27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W FSCAL TDN GRF	No	No	No	No		
27385	SUTURE QUADRICEPS HAMSTRING RUPTURE PRIMARY	No	No	No	No		
27386	SUTR QUADRICEPS HAMSTRING MUSC RPT RCNSTJ	No	No	No	No		
27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	No	No	No	No		
27391	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	No	No	No	No		
27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	No	No	No	No		
27393	LENGTHENING HAMSTRING TENDON SINGLE	No	No	No	No		
27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	No	No	No	No		
27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	No	No	No	No		
27396	TRANSPLANT TRANSFER THIGH XTNSR TO FLXR 1 TENDON	No	No	No	No		
27397	TRANSPLANT TRANSFER THIGH XTNSR TO FLXR MULT TDN	No	No	No	No		
27400	TRANSFER TENDON MUSCLE HAMSTRINGS FEMUR	No	No	No	No		
27403	ARTHROTOMY W MENISCUS REPAIR KNEE	No	No	No	No		
27405	RPR PRIMARY TORN LIGM AND CAPSULE KNEE COLLATERAL	No	No	No	No		
27407	REPAIR PRIMARY TORN LIGM AND CAPSULE KNEE CRUCIAT	No	No	No	No		
27409	RPR 1 TORN LIGM AND CAPSL KNE COLTRL AND CRUCIATE	No	No	No	No		
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Not Cov	Not Cov	Not Cov	Not Cov		
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	No	No	No	No		
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	No	No	No	No		
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	No	No	No	No		
27420	RCNSTJ DISLOCATING PATELLA	No	No	No	No		
27422	RCNSTJ DISLC PATELLA W XTNSR RELIGNMT AND MUSC RL	No	No	No	No		
27424	RCNSTJ DISLC PATELLA W PATELLECTOMY	No	No	No	No		
27425	LATERAL RETINACULAR RELEASE OPEN	No	No	No	No		
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	No	No	No	No		
27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	No	No	No	No		
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	No	No	No	No		
27430	QUADRICEPSPLASTY	No	No	No	No		

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All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	No	No	No	No		
27437	ARTHROPLASTY PATELLA W O PROSTHESIS	No	No	No	No		
27438	ARTHROPLASTY PATELLA W PROSTHESIS	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27448	OSTEOTOMY FEMUR SHAFT SUPRACONDYLAR W O FIXATION	Not Cov	No	Not Cov	No		
27450	OSTEOTOMY FEMUR SHAFT SUPRACONDYLAR W FIXATION	Not Cov	No	Not Cov	No		
27454	OSTEOT MLT W RELIGNMT IMED ROD FEM SHFT	Not Cov	No	Not Cov	No		
27455	OSTEOT PROX TIBIA FIB EXC OSTEOT BEFORE EPIPHYSL	No	No	Not Cov	No		
27457	OSTEOT PROX TIBIA FIB EXC OSTEOT AFTER EPIPHYSL	No	No	Not Cov	No		
27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	Not Cov	No	Not Cov	No		
27466	OSTEOPLASTY FEMUR LENGTHENING	Not Cov	No	Not Cov	No		
27468	OSTPL FEMUR CMBN LNGTH AND SHRT W FEMORAL SGM TRNSFR	Not Cov	No	Not Cov	No		
27470	RPR NON MAL FEMUR DSTL H N W O GRF	Not Cov	No	Not Cov	No		
27472	RPR NON MAL FEMUR DSTL H N W ILIAC AUTOG BONE	Not Cov	No	Not Cov	No		
27475	ARREST EPIPHYSEAL DISTAL FEMUR	No	No	No	No		
27477	ARREST EPIPHYSEAL TIBIA AND FIBULA PROXIMAL	No	No	Not Cov	No		
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	No	No	No	No		
27485	ARRST HEMIEPIPHYSL DSTL FEMUR PROX TIBIA FIBULA	Not Cov	No	Not Cov	No		
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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27488	RMVL PROSTH TOT KNEE PROSTH MMA W WO INSJ SPACER	Not Cov	No	Not Cov	No		
27495	PROPH TX N P PLTWR W WO METHYLMETHACRYLATE FEMUR	Not Cov	No	Not Cov	No		
27496	DECOMPRESSION FASCIOTOMY THIGH AND KNEE 1 COMPONENT	No	No	No	No		
27497	DCMPRN FASCT THIGH AND KNEE DBRDMT MUSCLE AND NERVE	No	No	No	No		
27498	DCMPRN FASCIOTOMY THIGH AND KNEE MLT COMPARTMENTS	No	No	No	No		
27499	DCMPRN FASCT THIGH AND KNEE MLT DBRDMT NV MUSC AND NRVE	No	No	No	No		
27500	CLOSED TX FEMORAL SHAFT FX W O MANIPULATION	No	No	No	No		
27501	CLTX SPRCNDYLR TRNSCNDYLR FEM FX W O MANJ	No	No	No	No		
27502	CLTX FEM SHFT FX W MANJ W WO SKIN SKELETAL TRACJ	No	No	No	No		
27503	CLTX SPRCNDYLR TRNSCNDYLR FEM FX W MANJ	No	No	No	No		
27506	OPTX FEM SHFT FX W INSJ IMED IMPLT W WO SCREW	Not Cov	No	Not Cov	No		
27507	OPTX FEM SHFT FX W PLATE SCREWS W WO CERCLAGE	Not Cov	No	Not Cov	No		
27508	CLTX FEM FX DSTL END MEDIAL LAT CONDYLE W O MANJ	No	No	No	No		
27509	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	No	No	No	No		
27510	CLTX FEM FX DSTL END MEDIAL LAT CONDYLE W MANJ	No	No	No	No		
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W O XTN	Not Cov	No	Not Cov	No		
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W XTN	Not Cov	No	Not Cov	No		
27514	OPEN TX FEMORAL FRACTURE DISTAL MED LAT CONDYLE	Not Cov	No	Not Cov	No		
27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W O MANJ	No	No	No	No		
27517	CLTX DSTL FEM EPIPHYSL SEP W MANJ W WO SKIN SKEL	No	No	No	No		
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	Not Cov	No	Not Cov	No		
27520	CLOSED TX PATELLAR FRACTURE W O MANIPULATION	No	No	No	No		
27524	OPTX PATLLR FX W INT FIXJ PATLLC AND SOFT TISS RPR	No	No	Not Cov	No		
27530	CLTX TIBIAL FX PROXIMAL W O MANIPULATION	No	No	No	No		
27532	CLTX TIBIAL FX PROXIMAL W WO MANJ W SKEL TRACJ	No	No	No	No		
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	No	No	Not Cov	No		
27536	OPTX TIBIAL FX PROX BICONDYLAR W WO INT FIXJ	No	No	Not Cov	No		
27538	CLTX INTERCONDYLAR SPI AND TUBRST FX KNE W WO MAN	No	No	No	No		
27540	OPEN TX INTERCONDYLAR SPINE TUBRST FRACTURE KNEE	No	No	Not Cov	No		
27550	CLOSED TX KNEE DISLOCATION W O ANESTHESIA	No	No	No	No		
27552	CLOSED TX KNEE DISLOCATION W ANESTHESIA	No	No	No	No		
27556	OPEN TX KNEE DISLOCATION W O LIGAMENTOUS REPAIR	Not Cov	No	Not Cov	No		
27557	OPEN TX KNEE DISLOCATION W LIGAMENTOUS REPAIR	Not Cov	No	Not Cov	No		
27558	OPEN TX KNEE DISLOCATION W REPAIR RECONSTRUCTION	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
27560	CLOSED TX PATELLAR DISLOCATION W O ANESTHESIA	No	No	No	No		
27562	CLOSED TX PATELLAR DISLOCATION W ANESTHESIA	No	No	No	No		
27566	OPTX PATELLAR DISLC W WO PRTL TOT PATELLECTOMY	No	No	No	No		
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	No	No	No	No		
27580	ARTHRODESIS KNEE ANY TECHNIQUE	Not Cov	No	Not Cov	No		
27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	Not Cov	No	Not Cov	No		
27591	AMP THI THRU FEMUR LVL IMMT FITG TQ W 1ST CST	Not Cov	No	Not Cov	No		
27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	Not Cov	No	Not Cov	No		
27594	AMP THIGH THRU FEMUR SEC CLOSURE SCAR REVISION	No	No	No	No		
27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	Not Cov	No	Not Cov	No		
27598	DISARTICULATION KNEE	Not Cov	No	Not Cov	No		
27599	UNLISTED PROCEDURE FEMUR KNEE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
27600	DCMPRN FASCT LEG ANT AND LAT COMPARTMENTS ONLY	No	No	No	No		
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY	No	No	No	No		
27602	DCMPRN FASCT LEG ANT AND LAT AND PST CMPRT	No	No	No	No		
27603	INCISION AND DRAINAGE LEG ANKLE ABSCESS HEMATOMA	No	No	No	No		
27604	INCISION AND DRAINAGE LEG ANKLE INFECTED BURSA	No	No	No	No		
27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	No	No	No	No		
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	No	No	No	No		
27607	INCISION LEG ANKLE	No	No	No	No		
27610	ARTHROTOMY ANKLE W EXPL DRAINAGE REMOVAL FB	No	No	No	No		
27612	ARTHRT PST CAPSUL RLS ANKLE W WO ACHLL TDN LNGTH	No	No	No	No		
27613	BIOPSY SOFT TISSUE LEG ANKLE AREA SUPERFICIAL	No	No	Not Cov	No		
27614	BIOPSY SOFT TISSUE LEG ANKLE AREA DEEP	No	No	No	No		
27615	RAD RESECTION TUMOR SOFT TISSUE LEG ANKLE UNDER 5CM	No	No	No	No		
27616	RAD RESECTION TUMOR SOFT TISSUE LEG ANKLE 5 CM OR GRT	No	No	No	No		
27618	EXC TUMOR SOFT TISSUE LEG ANKLE SUBQ UNDER 3CM	No	No	No	No		
27619	EXC TUMOR SOFT TISSUE LEG ANKLE SUBFASCIAL UNDER 5CM	No	No	No	No		
27620	ARTHRT ANKLE W EXPL W WO BX W WO RMVL LOOSE FB	No	No	No	No		
27625	ARTHROTOMY W SYNOVECTOMY ANKLE	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
27626	ARTHROTOMY W SYNOVECTOMY ANKLE TENOSYNOVECTOMY	No	No	No	No		
27630	EXCISION LESION TENDON SHEATH CAPSULE LEG AND ANK	No	No	No	No		
27632	EXCISION TUMOR SOFT TISSUE LEG ANKLE SUBQ 3 CM OR GRT	No	No	No	No		
27634	EXC TUMOR SOFT TISSUE LEG ANKLE SUBFASC 5 CM OR GRT	No	No	No	No		
27635	EXCISION CURETTAGE BONE CYST TUMOR TIBIA FIBULA	No	No	No	No		
27637	EXC CURETTAGE CYST TUMOR TIBIA FIBULA W AGRAFT	No	No	No	No		
27638	EXC CURETTAGE CYST TUMOR TIBIA FIBULA W ALGRAFT	No	No	No	No		
27640	PARTIAL EXCISION BONE TIBIA	No	No	No	No		
27641	PARTIAL EXCISION BONE FIBULA	No	No	No	No		
27645	RADICAL RESECTION OF TUMOR TIBIA	Not Cov	No	Not Cov	No		
27646	RADICAL RESECTION TUMOR BONE FIBULA	Not Cov	No	Not Cov	No		
27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	No	No	No	No		
27648	INJECTION ANKLE ARTHROGRAPHY	No	No	Not Cov	No		
27650	REPAIR PRIMARY OPEN PRQ RUPTURED ACHILLES TENDON	No	No	No	No		
27652	RPR PRIMARY OPEN PRQ RUPTURED ACHILLES W GRAFT	No	No	No	No		
27654	REPAIR SECONDARY ACHILLES TENDON W WO GRAFT	No	No	No	No		
27656	REPAIR FASCIAL DEFECT LEG	No	No	No	No		
27658	REPAIR FLEXOR TENDON LEG PRIMARY W O GRAFT EACH	No	No	No	No		
27659	RPR FLEXOR TENDON LEG SECONDARY W O GRAFT EACH	No	No	No	No		
27664	RPR EXTENSOR TENDON LEG PRIMARY W O GRAFT EACH	No	No	No	No		
27665	RPR EXTENSOR TENDON LEG SECONDRY W WO GRAFT EACH	No	No	No	No		
27675	RPR DISLOC PERONEAL TENDON W O FIBULAR OSTEOTOMY	No	No	No	No		
27676	REPAIR DISLOCATING PERONEAL TENDON W FIB OSTEOT	No	No	No	No		
27680	TENOLYSIS FLXR XTNSR TENDON LEG AND ANKLE 1 EACH	No	No	No	No		
27681	TNOLS FLXR XTNSR TDN LEG AND ANKLE MLT TDN	No	No	No	No		
27685	LNGTH SHRT TENDON LEG ANKLE 1 TENDON SPX	No	No	No	No		
27686	LNGTH SHRT TDN LEG ANKLE MLT TDN SAME INC EA	No	No	No	No		
27687	GASTROCNEMIUS RECESSION	No	No	No	No		
27690	TR TRNSPL 1 TDN W MUSC REDIRION REROUTING SUPFC	No	No	No	No		
27691	TR TRNSPL 1 TDN W MUSC REDIRION REROUTING DP	No	No	No	No		
27692	TR TRNSPL 1 TDN W MUSC REDIRION REROUTING EA TDN	No	No	No	No		
27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	No	No	No	No		
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	No	No	No	No		
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	No	No	No	No		

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27700	ARTHROPLASTY ANKLE	No	No	No	No		
27702	ARTHROPLASTY ANKLE W IMPLANT	Not Cov	No	Not Cov	No		
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	Not Cov	No	Not Cov	No		
27704	REMOVAL ANKLE IMPLANT	No	No	No	No		
27705	OSTEOTOMY TIBIA	No	No	No	No		
27707	OSTEOTOMY FIBULA	No	No	No	No		
27709	OSTEOTOMY TIBIA AND FIBULA	No	No	No	No		
27712	OSTEOT MLT W RELIGNMT IMED ROD	Not Cov	No	Not Cov	No		
27715	OSTEOPLASTY TIBIA AND FIBULA LENGTHENING SHORTENIN	No	No	Not Cov	No		
27720	REPAIR NONUNION MALUNION TIBIA W O GRAFT	No	No	No	No		
27722	REPAIR NONUNION MALUNION TIBIA W SLIDING GRAFT	No	No	Not Cov	No		
27724	RPR NON MAL TIBIA W ILIAC OTH AGRFT	No	No	Not Cov	No		
27725	RPR NON MAL TIBIA SYNOSTOSIS W FIBULA ANY METH	Not Cov	No	Not Cov	No		
27726	REPAIR FIBULA NONUNION MALUNION W INT FIXATION	No	No	No	No		
27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	Not Cov	No	Not Cov	No		
27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	No	No	No	No		
27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	No	No	No	No		
27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA AND FIBULA	No	No	No	No		
27740	ARREST EPIPHYSEAL ANY METHOD TIBIA AND FIBULA	No	No	No	No		
27742	ARRST EPIPHYSL ANY METH TIBFIB AND DSTL FEMUR	No	No	No	No		
27745	PROPH TX N P PLTWR W WO METHYLMETHACRYLATE TIBIA	No	No	No	No		
27750	CLTX TIBIAL SHAFT FX W O MANIPULATION	No	No	No	No		
27752	CLTX TIBIAL SHAFT FX W MANJ W WO SKEL TRACJ	No	No	No	No		
27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	No	No	No	No		
27758	OPTX TIBIAL SHFT FX W PLATE SCREWS W WO CERCLAGE	No	No	No	No		
27759	TX TIBL SHFT FX IMED IMPLT W WO SCREWS AND CERCLA	No	No	No	No		
27760	CLTX MEDIAL MALLEOLUS FX W O MANIPULATION	No	No	No	No		
27762	CLTX MEDIAL MALLS FX W MANJ W WO SKN SKEL TRACJ	No	No	No	No		
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	No	No	No	No		
27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W O MANJ	No	No	No	No		
27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W MANJ	No	No	No	No		
27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	No	No	No	No		
27780	CLTX PROX FIBULA SHFT FX W O MANJ	No	No	No	No		
27781	CLTX PROX FIBULA SHFT FX W MANJ	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
27784	OPEN TREATMENT PROXIMAL FIBULA SHAFT FRACTURE	No	No	No	No		
27786	CLTX DSTL FIBULAR FX LAT MALLS W O MANJ	No	No	No	No		
27788	CLTX DSTL FIBULAR FX LAT MALLS W MANJ	No	No	No	No		
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	No	No	No	No		
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W O MANJ	No	No	No	No		
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W MANJ	No	No	No	No		
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	No	No	No	No		
27816	CLTX TRIMALLEOLAR ANKLE FX W O MANIPULATION	No	No	No	No		
27818	CLTX TRIMALLEOLAR ANKLE FX W MANIPULATION	No	No	No	No		
27822	OPEN TX TRIMALLEOLAR ANKLE FX W O FIXJ PST LIP	No	No	No	No		
27823	OPEN TX TRIMALLEOLAR ANKLE FX W FIXJ PST LIP	No	No	No	No		
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W O MANJ	No	No	No	No		
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W SKEL TRACJ	No	No	No	No		
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	No	No	No	No		
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	No	No	No	No		
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA AND FIBULA	No	No	No	No		
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	No	No	No	No		
27830	CLTX PROX TIBFIB JT DISLC W O ANES	No	No	No	No		
27831	CLTX PROX TIBFIB JT DISLC REQ ANES	No	No	No	No		
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	No	No	No	No		
27840	CLOSED TX ANKLE DISLOCATION W O ANESTHESIA	No	No	No	No		
27842	CLTX ANKLE DISLC REQ ANES W WO PRQ SKEL FIXJ	No	No	No	No		
27846	OPTX ANKLE DISLOCATION W O REPAIR INTERNAL FIXJ	No	No	No	No		
27848	OPTX ANKLE DISLOCATION W REPAIR INT XTRNL FIXJ	No	No	No	No		
27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	No	No	No	No		
27870	ARTHRODESIS ANKLE OPEN	No	No	No	No		
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL DISTAL	No	No	No	No		
27880	AMPUTATION LEG THROUGH TIBIA AND FIBULA	Not Cov	No	Not Cov	No		
27881	AMP LEG THRU TIBFIB W IMMT FITG TQ W 1ST CST	Not Cov	No	Not Cov	No		
27882	AMPUTATION LEG THRU TIBIA AND FIBULA OPEN CIRCULAR	Not Cov	No	Not Cov	No		
27884	AMP LEG THRU TIBIA AND FIBULA SEC CLOSURE SCAR REV	No	No	No	No		
27886	AMP LEG THRU TIBIA AND FIBULA RE-AMPUTATION	No	No	Not Cov	No		
27888	AMP ANKLE-MALLI TIBFIB W PLSTC CLSR AND RESCJ NRV	Not Cov	No	Not Cov	No		
27889	ANKLE DISARTICULATION	No	No	No	No		

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27892	DCMPRN FASCT LEG ANT AND LAT W DBRDMT MUSC AND NERVE	No	No	No	No		
27893	DCMPRN FASCT LEG PST W DBRDMT MUSC AND NRV	No	No	No	No		
27894	DCMPRN FASCT LEG ANT AND LAT AND PST W DBRDMT MUS	No	No	No	No		
27899	UNLISTED PROCEDURE LEG ANKLE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28001	INCISION AND DRAINAGE BURSA FOOT	No	No	Not Cov	No		
28002	I AND D BELOW FASCIA FOOT 1 BURSAL SPACE	No	No	No	No		
28003	I AND D BELOW FASCIA FOOT MULTIPLE AREAS	No	No	No	No		
28005	INCISION BONE CORTEX FOOT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28008	FASCIOTOMY FOOT AND TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28020	ARTHRT W EXPL DRG RMVL LOOSE FB NTRTRSL TARS JT	No	No	No	No		
28022	ARTHRT W EXPL DRG RMVL LOOSE FB MTTARPHLNGL JT	No	No	No	No		
28024	ARTHRT W EXPL DRG RMVL LOOSE FB IPHAL JT	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
28035	RELEASE TARSAL TUNNEL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28039	EXCISION TUMOR SOFT TIS FOOT TOE SUBQ 1.5 CM OR GRT	No	No	No	No		
28041	EXC TUMOR SOFT TISSUE FOOT TOE SUBFASC 1.5 CM OR GRT	No	No	No	No		
28043	EXCISION TUMOR SOFT TISSUE FOOT TOE SUBQ UNDER 1.5CM	No	No	No	No		
28045	EXC TUMOR SOFT TISSUE FOOT TOE SUBFASC UNDER 1.5CM	No	No	No	No		
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT TOE UNDER 3CM	No	No	No	No		
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT TOE 3 CM OR GRT	No	No	No	No		
28050	ARTHRT W BX INTERTARSAL TARSOMETATARSAL JOINT	No	No	No	No		
28052	ARTHRTOMY W BX METATARSOPHALANGEAL JOINT	No	No	No	No		
28054	ARTHRTOMY W BX INTERPHALANGEAL JOINT	No	No	No	No		
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	No	No	No	No		
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28070	SYNVCT INTERTARSAL TARSOMETATARSAL JT EA SPX	No	No	No	No		
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	No	No	No	No		
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	No	No	No	No		
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	No	No	No	No		

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28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28102	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28106	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28107	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28116	OSTECTOMY TARSAL COALITION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28118	OSTECTOMY CALCANEUS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28124	PARTICAL EXCISION BONE PHALANX TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28130	TALECTOMY ASTRAGALECTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28140	METATARSECTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28150	PHALANGECTOMY TOE EACH TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28173	RADICAL RESECTION TUMOR METATARSAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28175	RADICAL RESECTION TUMOR PHALANX OR TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	No	No	Not Cov	No		
28192	REMOVAL FOREIGN BODY FOOT DEEP	No	No	No	No		
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	No	No	No	No		
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28264	CAPSULOTOMY MIDTARSAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28280	SYNDACTYLIZATION TOES	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28285	CORRECTION HAMMERTOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	Not Cov	Not Cov	Not Cov	Not Cov		
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	Not Cov	Not Cov	Not Cov	Not Cov		
28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	Not Cov	Not Cov	Not Cov	Not Cov		
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	Not Cov	Not Cov	Not Cov	Not Cov		
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	Not Cov	Not Cov	Yes	Not Cov		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Not Cov	Not Cov	Yes	Not Cov		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	Not Cov	Not Cov	Yes	Not Cov		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	Not Cov	Not Cov	Yes	Not Cov		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28302	OSTEOTOMY TALUS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28315	SESAMOIDECTOMY FIRST TOE SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28320	REPAIR NONUNION MALUNION TARSAL BONES	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28344	RECONSTRUCTION TOE POLYDACTYLY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28360	RECONSTRUCTION CLEFT FOOT	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28400	CLOSED TX CALCANEAL FRACTURE W O MANIPULATION	No	No	No	No		
28405	CLOSED TX CALCANEAL FRACTURE W MANIPULATION	No	No	No	No		
28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W MANJ	No	No	No	No		
28415	OPEN TREATMENT CALCANEAL FRACTURE	No	No	No	No		
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	No	No	No	No		
28430	CLOSED TX TALUS FRACTURE W O MANIPULATION	No	No	Not Cov	No		
28435	CLOSED TX TALUS FRACTURE W MANIPULATION	No	No	No	No		
28436	PRQ SKELETAL FIXATION TALUS FRACTURE W MANJ	No	No	No	No		
28445	OPEN TREATMENT TALUS FRACTURE	No	No	No	No		
28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	No	No	No	No		
28450	TX TARSAL BONE FX XCP TALUS AND CALCN W O MANJ	No	No	Not Cov	No		
28455	TX TARSAL BONE FX XCP TALUS AND CALCN W MANJ	No	No	Not Cov	No		
28456	PRQ SKEL FIXJ TARSL FX XCP TALUS AND CALCNS W MANJ	No	No	No	No		
28465	OPEN TX TARSAL FRACTURE XCP TALUS AND CALCANEUS EA	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
28470	CLOSED TX METATARSAL FRACTURE W O MANIPULATION	No	No	Not Cov	No		
28475	CLTX METAR FX W MANJ	No	No	Not Cov	No		
28476	PRQ SKEL FIXJ METAR FX W MANJ	No	No	No	No		
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	No	No	No	No		
28490	CLTX FX GRT TOE PHLX PHLG W O MANJ	No	No	Not Cov	No		
28495	CLTX FX GRT TOE PHLX PHLG W MANJ	No	No	Not Cov	No		
28496	PRQ SKEL FIXJ FX GRT TOE PHLX PHLG W MANJ	No	No	No	No		
28505	OPEN TX FRACTURE GREAT TOE PHALANX PHALANGES	No	No	No	No		
28510	CLTX FX PHLX PHLG OTH THN GRT TOE W O MANJ	No	No	Not Cov	No		
28515	CLTX FX PHLX PHLG OTH THN GRT TOE W MANJ	No	No	Not Cov	No		
28525	OPEN TX FRACTURE PHALANX PHALANGES NOT GREAT TOE	No	No	No	No		
28530	CLOSED TREATMENT SESAMOID FRACTURE	No	No	Not Cov	No		
28531	OPEN TX SESAMOID FRACTURE W WO INTERNAL FIXATION	No	No	No	No		
28540	CLTX TARSAL DISLC OTH THN TALOTARSAL W O ANES	No	No	Not Cov	No		
28545	CLTX TARSAL DISLC OTH THN TALOTARSAL W ANES	No	No	No	No		
28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W MANJ	No	No	No	No		
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	No	No	No	No		
28570	CLOSED TX TALOTARSAL JOINT DISLC W O ANES	No	No	Not Cov	No		
28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W ANES	No	No	No	No		
28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W MANJ	No	No	No	No		
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	No	No	No	No		
28600	CLOSED TX TARSOMETATARSAL DISLOCATION W O ANES	No	No	Not Cov	No		
28605	CLOSED TX TARSOMETATARSAL DISLOCATION W ANES	No	No	No	No		
28606	PRQ SKEL FIXJ TARS JT DISLC W MANJ	No	No	No	No		
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	No	No	No	No		
28630	CLTX METATARSOPHLNGL JT DISLC W O ANES	No	No	Not Cov	No		
28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES	No	No	No	No		
28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W MANJ	No	No	No	No		
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	No	No	No	No		
28660	CLTX INTERPHALANGEAL JOINT DISLOCATION W O ANES	No	No	Not Cov	No		
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	No	No	No	No		
28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W MANJ	No	No	No	No		
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
28705	ARTHRODESIS PANTALAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28715	ARTHRODESIS TRIPLE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28725	ARTHRODESIS SUBTALAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
28800	AMPUTATION FOOT MIDTARSAL	Not Cov	No	Not Cov	No		
28805	AMPUTATION FOOT TRANSMETARSAL	No	No	Not Cov	No		
28810	AMPUTATION METATARSAL W TOE SINGLE	No	No	No	No		
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	No	No	No	No		
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	No	No	No	No		
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	Not Cov	Not Cov	Not Cov	Not Cov		
28899	UNLISTED PROCEDURE FOOT TOES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29000	APPLICATION HALO TYPE BODY CAST	No	No	No	No		
29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	No	No	Not Cov	No		
29015	APPLICATION RISSER JACKET LOCALIZER BODY W HEAD	No	No	Not Cov	No		

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29035	APPLICATION BODY CAST SHOULDER HIPS	No	No	Not Cov	No		
29040	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	No	No	No	No		
29044	APPLICATION BODY CAST SHOULDER HIPS W ONE THIGH	No	No	Not Cov	No		
29046	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	No	No	No	No		
29049	APPLICATION CAST FIGURE-OF-8	No	No	Not Cov	No		
29055	APPLICATION CAST SHOULDER SPICA	No	No	Not Cov	No		
29058	APPLICATION CAST PLASTER VELPEAU	No	No	Not Cov	No		
29065	APPLICATION CAST SHOULDER HAND LONG ARM	No	No	Not Cov	No		
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	No	No	Not Cov	No		
29085	APPLICATION CAST HAND AND LOWER FOREARM GAUNTLET	No	No	Not Cov	No		
29086	APPLICATION CAST FINGER	No	No	Not Cov	No		
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	No	No	Not Cov	No		
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	No	No	Not Cov	No		
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	No	No	Not Cov	No		
29130	APPLICATION FINGER SPLINT STATIC	No	No	Not Cov	No		
29131	APPLICATION FINGER SPLINT DYNAMIC	No	No	Not Cov	No		
29200	STRAPPING THORAX	No	No	Not Cov	No		
29240	STRAPPING SHOULDER	No	No	Not Cov	No		
29260	STRAPPING ELBOW WRIST	No	No	Not Cov	No		
29280	STRAPPING HAND FINGER	No	No	Not Cov	No		
29305	APPLICATION HIP SPICA CAST 1 LEG	No	No	Not Cov	No		
29325	APPL HIP SPICA CAST ONE AND ONE-HALF SPICA BOTH LEGS	No	No	Not Cov	No		
29345	APPLICATION LONG LEG CAST THIGH-TOE	No	No	Not Cov	No		
29355	APPLICATION LONG LEG CAST WALKER AMBULATORY TYPE	No	No	Not Cov	No		
29358	APPLICATION LONG LEG CAST BRACE	No	No	Not Cov	No		
29365	APPLICATION CYLINDER CAST THIGH ANKLE	No	No	Not Cov	No		
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	No	No	Not Cov	No		
29425	APPLICATION SHORT LEG CAST WALKING AMBULATORY	No	No	Not Cov	No		
29435	APPLICATION PATELLAR TENDON BEARING CAST	No	No	Not Cov	No		
29440	ADDING WALKER PREVIOUSLY APPLIED CAST	No	No	Not Cov	No		
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	No	No	Not Cov	No		
29450	APPL CLUBFOOT CAST MOLDING MANJ LONG SHORT LEG	No	No	Not Cov	No		
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE TOES	No	No	Not Cov	No		
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
29520	STRAPPING HIP	No	No	Not Cov	No		
29530	STRAPPING KNEE	No	No	Not Cov	No		
29540	STRAPPING ANKLE AND FOOT	No	No	Not Cov	No		
29550	STRAPPING TOES	No	No	Not Cov	No		
29580	STRAPPING UNNA BOOT	No	No	Not Cov	No		
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W ANKLE FOOT	No	No	Not Cov	No		
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND AND FING	Not Cov	Not Cov	Not Cov	Not Cov		
29700	REMOVAL BIVALVING GAUNTLET BOOT BODY CAST	No	No	Not Cov	No		
29705	REMOVAL BIVALVING FULL ARM FULL LEG CAST	No	No	Not Cov	No		
29710	RMVL BIVALV SHO HIP SPICA MINERVA RISSER JACKET	No	No	Not Cov	No		
29720	REPAIR SPICA BODY CAST JACKET	No	No	Not Cov	No		
29730	WINDOWING CAST	No	No	Not Cov	No		
29740	WEDGING CAST EXCEPT CLUBFOOT CASTS	No	No	Not Cov	No		
29750	WEDGING CLUBFOOT CAST	No	No	Not Cov	No		
29799	UNLISTED PROCEDURE CASTING STRAPPING	No	No	Not Cov	No		
29800	ARTHRS TEMPOROMANDIBULR JT DX W WO SYNVAL BX SPX	No	No	No	No		
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	No	No	No	No		
29805	ARTHROSCOPY SHOULDER DX W WO SYNOVIAL BIOPSY SPX	No	No	No	No		
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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29826	ARTHROSCOPY SHOULDER W CORACOACRM LIGMNT RELEASE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29830	ARTHROSCOPY ELBOW DIAG W WO SYNOVIAL BIOPSY SPX	No	No	No	No		
29834	ARTHROSCOPY ELBOW SURGICAL W REMOVAL LOOSE FB	No	No	No	No		
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	No	No	No	No		
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	No	No	No	No		
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	No	No	No	No		
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	No	No	No	No		
29840	ARTHROSCOPY WRIST DIAG W WO SYNOVIAL BIOPSY SPX	No	No	No	No		
29843	ARTHROSCOPY WRIST INFECTION LAVAGE AND DRAINAGE	No	No	No	No		
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	No	No	No	No		
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	No	No	No	No		
29846	ARTHRS WRST EXC AND RPR TRIANG FIBROCART AND JOINT	No	No	No	No		
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX INSTABILITY	No	No	No	No		
29848	NDSC WRST SURG W RLS TRANSVRS CARPL LIGM	No	No	No	No		
29850	ARTHROSCOPY AID TX SPINE AND FX KNEE W O FIXJ	No	No	No	No		
29851	ARTHROSCOPY AID TX SPINE AND FX KNEE W FIXJ	No	No	No	No		
29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	No	No	No	No		
29856	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	No	No	No	No		
29860	ARTHROSCOPY HIP DIAGNOSTIC W WO SYNOVIAL BYP SPX	No	No	No	No		
29861	ARTHROSCOPY HIP SURGICAL W REMOVAL LOOSE FB	No	No	No	No		

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29862	ARTHRS HIP DEBRIDEMENT SHAVING ARTICULAR CRTLG	No	No	No	No		
29863	ARTHROSCOPY HIP SURGICAL W SYNOVECTOMY	No	No	No	No		
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	No	No	No	No		
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	No	No	Not Cov	No		
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED LAT	No	No	Not Cov	No		
29870	ARTHROSCOPY KNEE DIAGNOSTIC W WO SYNOVIAL BX SPX	No	No	No	No		
29871	ARTHROSCOPY KNEE INFECTION LAVAGE AND DRAINAGE	No	No	No	No		
29873	ARTHROSCOPY KNEE LATERAL RELEASE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	No	No	No	No		
29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	No	No	No	No		
29902	ARTHRS MTCARPHLNGL JT W RDCTJ UR COLTRL LIGM	No	No	No	No		
29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE FOREIGN BODY	No	No	No	No		
29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	No	No	No	No		
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	No	No	No	No		
29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	No	No	No	No		
29914	ARTHROSCOPY HIP W FEMOROPLASTY	Yes	Not Cov	Yes	Not Cov		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Yes	Not Cov	Yes	Not Cov		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29916	ARTHROSCOPY HIP W LABRAL REPAIR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
29999	UNLISTED PROCEDURE ARTHROSCOPY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes Therapy notes/progress notes
30000	DRAINAGE ABSCESS HEMATOMA NASAL INT APPROACH	No	No	Not Cov	No		
30020	DRAINAGE ABSCESS HEMATOMA NASAL SEPTUM	No	No	Not Cov	No		

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3006F	CHEST X-RAY RESULTS DOCUMENTED AND REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
3008F	BODY MASS INDEX DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
30100	BIOPSY INTRANASAL	No	No	Not Cov	No		
30110	EXCISION NASAL POLYP SIMPLE	No	No	Not Cov	No		
30115	EXCISION NASAL POLYP EXTENSIVE	No	No	No	No		
30117	EXCISION DESTRUCTION INTRANASAL LESION INT APPR	No	No	No	No		
30118	EXCISION DESTRUCTION INTRANASAL LESION XTRNL	No	No	No	No		
3011F	LIPID PANEL RESULTS DOCUMENTED AND REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
30120	EXCISION SURGICAL PLANING SKIN NOSE RHINOPHYMA	No	No	No	No		
30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	No	No	Not Cov	No		
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE CRTLG	No	No	No	No		
30130	EXCISION INFERIOR TURBINATE PARTIAL COMPLETE	No	No	No	No		
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL COMPL	No	No	No	No		
3014F	SCREENING MAMMOGRAPHY RESULTS DOC AND REV	Not Cov	Not Cov	Not Cov	Not Cov		
30150	RHINECTOMY PARTIAL	No	No	No	No		
3015F	CERVICAL CANCER SCREENING RESULTS DOCD AND RVWD	Not Cov	Not Cov	Not Cov	Not Cov		
30160	RHINECTOMY TOTAL	No	No	No	No		
3016F	PT SCRND UNHLTHY OH USE BY SYSTMTC SCRNG METHD	Not Cov	Not Cov	Not Cov	Not Cov		
3017F	COLORECTAL CANCER SCREENING RESULTS DOC AND REV	Not Cov	Not Cov	Not Cov	Not Cov		
3018F	PRE-PRX RISK ASSESS DEPTH AND QUAL BOWEL PREP	Not Cov	Not Cov	Not Cov	Not Cov		
3019F	LVEF ASSESSMENT PLANNED POST DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
30200	INJECTION TURBINATE THERAPEUTIC	No	No	Not Cov	No		
3020F	LEFT VENTRICULAR FUNCTION ASSESSMENT DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
30210	DISPLACEMENT THERAPY PROETZ TYPE	No	No	Not Cov	No		
3021F	LEFT VENTRICULAR EJECTION FRACTION UNDER 40PCT	Not Cov	Not Cov	Not Cov	Not Cov		
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	No	No	No	No		
3022F	LEFT VENTRICULAR EJECTION FRACTION OR MOREEQUAL 40PCT	Not Cov	Not Cov	Not Cov	Not Cov		
3023F	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
3025F	SPIROMETRY TEST RESULTS FEV FVC UNDER 70PCT W COPD	Not Cov	Not Cov	Not Cov	Not Cov		
3027F	SPIROMETRY TEST RESULTS FEV FVC GRT THN EQ70PCT W O COPD	Not Cov	Not Cov	Not Cov	Not Cov		
3028F	OXYGEN SATURATION RESULTS DOCUMENTED AND REVIEWE	Not Cov	Not Cov	Not Cov	Not Cov		
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	No	No	Not Cov	No		
30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	No	No	No	No		
30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	No	No	No	No		

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3035F	OXYGEN SATUR UNDER EQUAL 88PCT PAO2 UNDER EQUAL 55 MM	Not Cov	Not Cov	Not Cov	Not Cov		
3037F	OXYGEN SATURATION OVER 88PCT PAO2 OVER 55 MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
3038F	PULMONARY FUNC TEST WITHIN 12 MON PRIOR SURG	Not Cov	Not Cov	Not Cov	Not Cov		
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Not Cov	Not Cov	Not Cov	Not Cov		
3040F	FUNCTIONAL EXPIRATORY VOLUME UNDER 40PCT	Not Cov	Not Cov	Not Cov	Not Cov		
30410	RHINP PRIM COMPLETE XTRNL PARTS	Not Cov	Not Cov	Not Cov	Not Cov		
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Not Cov	Not Cov	Not Cov	Not Cov		
3042F	FUNCTJL EXPIR VOLUME OR MOREEQUAL 40PCT PREDICTED VALUE	Not Cov	Not Cov	Not Cov	Not Cov		
30430	RHINOPLASTY SECONDARY MINOR REVISION	Not Cov	Not Cov	Not Cov	Not Cov		
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Not Cov	Not Cov	Not Cov	Not Cov		
3044F	MOST RECENT HEMOGLOBIN A1C LEVEL UNDER 7.0PCT	Not Cov	Not Cov	Not Cov	Not Cov		
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Not Cov	Not Cov	Not Cov	Not Cov		
3045F	MOST RECENT HEMOGLOBIN A1C LEVEL GT 7.0-9.0 PCT	Not Cov	Not Cov	Not Cov	Not Cov		
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
30465	REPAIR NASAL VESTIBULAR STENOSIS	No	No	No	No		
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL OVER 9.0PCT	Not Cov	Not Cov	Not Cov	Not Cov		
3048F	MOST RECENT LDL-C UNDER 100 MG DL	Not Cov	Not Cov	Not Cov	Not Cov		
3049F	MOST RECENT LDL-C 100-129 MG DL	Not Cov	Not Cov	Not Cov	Not Cov		
3050F	MOST RECENT LDL-C OR MOREEQUAL 130 MG DL	Not Cov	Not Cov	Not Cov	Not Cov		
30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	No	No	No	No		
30540	REPAIR CHOANAL ATRESIA INTRANASAL	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
3055F	LVEF LESS THAN OR EQUAL TO 35PCT	Not Cov	Not Cov	Not Cov	Not Cov		
30560	LYSIS INTRANASAL SYNECHIA	No	No	No	No		
3056F	LVEF GREATER THAN 35PCT	Not Cov	Not Cov	Not Cov	Not Cov		

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30580	REPAIR FISTULA OROMAXILLARY	No	No	No	No		
30600	REPAIR FISTULA ORONASAL	No	No	No	No		
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOC AND REV	Not Cov	Not Cov	Not Cov	Not Cov		
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOC AND REV	Not Cov	Not Cov	Not Cov	Not Cov		
30620	SEPTAL OTHER INTRANASAL DERMATOPLASTY	No	No	No	No		
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOC AND REV	Not Cov	Not Cov	Not Cov	Not Cov		
30630	REPAIR NASAL SEPTAL PERFORATIONS	No	No	No	No		
3066F	DOCUMENTATION OF TREATMENT FOR NEPHROPATHY	Not Cov	Not Cov	Not Cov	Not Cov		
3072F	LOW RISK FOR RETINOPATHY	Not Cov	Not Cov	Not Cov	Not Cov		
3073F	DOCUMENTED LENGTH CORNEAL POWER AND LENS POWER	Not Cov	Not Cov	Not Cov	Not Cov		
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE UNDER 130 MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
3075F	MOST RECENT SYSTOLIC BLOOD PRESS 130-139MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
3077F	MOST RECENT SYSTOLIC BLOOD PRESOR MOREEQUAL 140 MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE UNDER 80 MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
30801	ABLTJ SOFT TIS INFERIOR TURBINATES UNI BI SUPFC	No	No	No	No		
30802	ABLTJ SOF TISS INF TURBS UNI BI SUPFC INTRAMURAL	No	No	No	No		
3080F	MOST RECENT DIASTOL BLOOD PRES OR MOREEQUAL 90 MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
3082F	KT V UNDER 1.2 (CLEARANCE OF UREA (KT) VOLUME (V))	Not Cov	Not Cov	Not Cov	Not Cov		
3083F	KT V EQUAL OR GRT 1.2 AND UNDER 1.7	Not Cov	Not Cov	Not Cov	Not Cov		
3084F	KT V GRT THN EQ 1.7	Not Cov	Not Cov	Not Cov	Not Cov		
3085F	SUICIDE RISK ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
3088F	MAJOR DEPRESSIVE DISORDER MILD	Not Cov	Not Cov	Not Cov	Not Cov		
3089F	MAJOR DEPRESSIVE DISORDER MODERATE	Not Cov	Not Cov	Not Cov	Not Cov		
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	No	No	Not Cov	No		
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	No	No	No	No		
30905	CTRL NSL HEMRRG PST NASAL PACKS AND CAUTERY 1ST	No	No	No	No		
30906	CTRL NSL HEMRRG PST NASAL PACKS AND CAUTERY SUBSQ	No	No	No	No		
3090F	MDD SEVERE WITHOUT PSYCHOTIC FEATURES	Not Cov	Not Cov	Not Cov	Not Cov		
30915	LIGATION ARTERIES ETHMOIDAL	No	No	No	No		
3091F	MAJOR DESPRESV DISORDER SEVERE W PSYCHOT FEATURE	Not Cov	Not Cov	Not Cov	Not Cov		
30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	No	No	No	No		
3092F	MAJOR DEPRESSIVE DISORDER REMISSION	Not Cov	Not Cov	Not Cov	Not Cov		
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	No	No	No	No		

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3093F	DOC NEW DIAG DX INIT RECURRENT EPISODE OF MDD	Not Cov	Not Cov	Not Cov	Not Cov		
3095F	CENTRAL DUAL ENERGY ABSORPTIOMETRY DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
3096F	CENTRAL DUAL ENERGY ABSORPTIOMETRY ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
30999	UNLISTED PROCEDURE NOSE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
31000	LAVAGE CANNULATION MAXILLARY SINUS	No	No	Not Cov	No		
31002	LAVAGE CANNULATION SPHENOID SINUS	No	No	Not Cov	No		
3100F	CAROTID IMAGNG REPORT DIR INDIR MEAS VESSEL DIAM	Not Cov	Not Cov	Not Cov	Not Cov		
31020	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	No	No	No	No		
31030	SINUSOTOMY MAXILLARY RAD W O RMVL ANTROCH POLYPS	No	No	No	No		
31032	SINUSOT MAX ANTRT RAD W RMVL ANTROCH POLYPS	No	No	No	No		
31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	No	No	Not Cov	No		
31050	SINUSOTOMY SPHENOID W WO BIOPSY	No	No	No	No		
31051	SINUSOT SPHENOID W MUCOSAL STRIPPING RMVL POLYP	No	No	No	No		
31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	No	No	No	No		
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	No	No	No	No		
31080	SINUSOTOMY FRNT OBLITERATIVE W O FLAP BROW INC	No	No	No	No		
31081	SINUSOT FRNT OBLIT W O OSTPL FLAP CORONAL INC	No	No	No	No		
31084	SINUSOT FRNT OBLIT W OSTPL FLAP BROW INC	No	No	No	No		
31085	SINUSOT FRNT OBLIT W OSTPL FLAP CORONAL INC	No	No	No	No		
31086	SINUSOT FRNT NONOBLIT W OSTPL FLAP BROW INC	No	No	No	No		
31087	SINUSOT FRNT NONOBLIT W OSTPL FLAP CORONAL INC	No	No	No	No		
31090	SINUSOT UNI 3 OR GRT PARANSL SINUSES	No	No	No	No		
3110F	CT MRI HMRHG MASS LESION ACUTE INFRC DOC	Not Cov	Not Cov	Not Cov	Not Cov		
3111F	CT OR MRI BRAIN DONE W IN 24 HRS HOSP ARRIVAL	Not Cov	Not Cov	Not Cov	Not Cov		
3112F	CT MRI BRAIN DONE 24 HRS AFTER HOSP ARRIVAL	Not Cov	Not Cov	Not Cov	Not Cov		
3115F	QUANT RESULTS EVAL CURR LEVEL ACTIVITY CLIN SYMP	Not Cov	Not Cov	Not Cov	Not Cov		
3117F	HF DISEASE SPECIFIC ASSESSMENT TOOL COMPLETED	Not Cov	Not Cov	Not Cov	Not Cov		
3118F	NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
3119F	NO EVAL LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS	Not Cov	Not Cov	Not Cov	Not Cov		
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	No	No	No	No		
31201	ETHMOIDECTOMY INTRANASAL TOTAL	No	No	No	No		
31205	ETHMOIDECTOMY EXTRANASAL TOTAL	No	No	No	No		

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3120F	12-LEAD ECG PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
31225	MAXILLECTOMY W O ORBITAL EXENTERATION	No	No	Not Cov	No		
31230	MAXILLECTOMY W ORBITAL EXENTERATION	Not Cov	No	Not Cov	No		
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI BI SPX	No	No	Not Cov	No		
31233	NASAL SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	No	No	No	No		
31235	NASAL SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	No	No	No	No		
31237	NASAL SINUS NDSC SURG W BX POLYPECT DBRDMT SPX	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
31238	NASAL SINUS NDSC SURG W CONTROL NASAL HEMRRG	No	No	No	No		
31239	NASAL SINUS NDSC SURG W DACRYOCSTORHINOSTOMY	No	No	No	No		
31240	NASAL SINUS NDSC SURG W CONCHA BULLOSA RESECTION	No	No	No	No		
31241	NASAL SINUS NDSC W LIG SPHENOPALATINE ARTERY	No	No	Not Cov	No		
31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	No	No	No	No		
31254	NASAL SINUS NDSC W PARTIAL ETHMOIDECTOMY	No	No	No	No		
31255	NASAL SINUS NDSC W TOTAL ETHOIDECTOMY	No	No	No	No		
31256	NASAL SINUS ENDOSCOPY W MAXILLARY ANTROSTOMY	No	No	No	No		
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	No	No	No	No		
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	No	No	No	No		
31267	NSL SINUS NDSC MAX ANTROST W RMVL TISS MAX SINUS	No	No	No	No		
3126F	ESOPH BX RPRT W DYSPLAS INFO AND APPROP GRADING	Not Cov	Not Cov	Not Cov	Not Cov		
31276	NASAL SINUS NDSC W RMVL TISS FROM FRONTAL SINUS	No	No	No	No		
31287	NASAL SINUS ENDOSCOPY W SPHENOIDOTOMY	No	No	No	No		
31288	NSL SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	No	No	No	No		
31290	NASAL SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	No	No	Not Cov	No		
31291	NASAL SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	No	No	Not Cov	No		
31292	NSL SINUS NDSC SURG W MEDIAL INF ORB WALL DCMPRN	No	No	Not Cov	No		
31293	NASAL SINUS NDSC MEDIAL ORB AND NF ORB WALL DCMPR	No	No	Not Cov	No		
31294	NASAL SINUS NDSC SURG W OPTIC NERVE DCMPRN	No	No	Not Cov	No		
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	Not Cov	Not Cov	Yes	Not Cov		History and Physical (H&P) Progress Notes

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31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	Not Cov	Not Cov	Yes	Not Cov		History and Physical (H&P) Progress Notes
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	Not Cov	Not Cov	Yes	Not Cov		History and Physical (H&P) Progress Notes
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	No	No	Not Cov	No		
31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
31300	LARYNGOTOMY W RMVL TUMOR LARYNGOCELE CORDECTOMY	No	No	No	No		
3130F	UPPER GI ENDOSCOPY PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
3132F	DOC REFERAL FOR UPPER GI ENDOSCOPY	Not Cov	Not Cov	Not Cov	Not Cov		
31360	LARYNGECTOMY TOTAL W O RADICAL NECK DISSECTION	Not Cov	No	Not Cov	No		
31365	LARYNGECTOMY TOTAL W RADICAL NECK DISSECTION	Not Cov	No	Not Cov	No		
31367	LARYNGECTOMY STOT SUPRAGLOTTIC W O RAD NECK DSJ	Not Cov	No	Not Cov	No		
31368	LARYNGECTOMY STOT SUPRAGLOTTIC W RAD NCK DSJ	Not Cov	No	Not Cov	No		
31370	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	Not Cov	No	Not Cov	No		
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	No	No	Not Cov	No		
31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	Not Cov	No	Not Cov	No		
31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	Not Cov	No	Not Cov	No		
31390	PHARYNGOLARYNGECTOMY W RAD NECK DSJ W O RCNSTJ	Not Cov	No	Not Cov	No		
31395	PHARYNGOLARYNGECTOMY W RAD NECK DSJ W RCNSTJ	Not Cov	No	Not Cov	No		
31400	ARYTENOIDECTOMY ARYTENOIDOPEXY XTRNL APPROACH	No	No	No	No		
3140F	UPPER GI ENDO REPORT SHOWS POSS BARRETT'S ESOPH	Not Cov	Not Cov	Not Cov	Not Cov		
3141F	UPPER GI ENDO REPORT SHOW NO SUSPECT BARRETT'S	Not Cov	Not Cov	Not Cov	Not Cov		
31420	EPIGLOTTIDECTOMY	No	No	No	No		
3142F	BARIUM SWALLOW TEST ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	No	No	No	No		
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	No	No	No	No		
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	No	No	Not Cov	No		
3150F	FORCEPS ESOPHAGEAL BIOPSY PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
31510	LARYNGOSCOPY INDIRECT W BIOPSY	No	No	No	No		
31511	LARYNGOSCOPY INDIRECT W REMOVAL FOREIGN BODY	No	No	No	No		

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31512	LARYNGOSCOPY INDIRECT W REMOVAL LESION	No	No	No	No		
31513	LARYNGOSCOPY INDIRECT W VOCAL CORD INJECTION	No	No	No	No		
31515	LARYNGOSCOPY W WO TRACHEOSCOPY ASPIRATION	No	No	No	No		
31520	LARYNGOSCOPY W WO TRACHEOSCOPY DX NEWBORN	No	No	No	No		
31525	LARYNGOSCOPY W WO TRACHEOSCOPY DX EXCEPT NEWBORN	No	No	No	No		
31526	LARYNGOSCOPY W WO TRACHEOSCOPY W MICRO TELESCOPE	No	No	No	No		
31527	LARYNGOSCOPY W WO TRACHEOSCOPY INSERT OBTURATOR	No	No	No	No		
31528	LARYNGOSCOPY W WO TRACHEOSCOPY W DILATION IN	No	No	No	No		
31529	LARYNGOSCOPY W WO TRACHEOSCOPY DILATION SUBSQ	No	No	No	No		
31530	LARYNGOSCOPY W FOREIGN BODY REMOVAL	No	No	No	No		
31531	LARYNGOSCOPY FOREIGN BODY RMVL MICRO TELESCOPE	No	No	No	No		
31535	LARYNGOSCOPY DIRECT OPERATIVE W BIOPSY	No	No	No	No		
31536	LARYNGOSCOPY W BIOPSY MICROSCOPE TELESCOPE	No	No	No	No		
31540	LARYNGOSCOPY EXC TUM AND STRIPPING CORDS EPIGLOTT	No	No	No	No		
31541	LARGSC EXC TUM AND STRPG CORDS EPIGL MCRSCP TLSCP	No	No	No	No		
31545	LARGSC MICRO TELESCOPE RMVL LES VOCAL CORD FLAP	No	No	No	No		
31546	LARGSC MICRO TELESCOPE RMVL LES VOCAL CORD GRAFT	No	No	No	No		
31551	LARYNGOPLASTY LARYNGEAL STEN W O STENT UNDER 12 YRS	No	No	No	No		
31552	LARYNGOPLASTY LARYNGEAL STEN W O STENT 12 YRS OVER	No	No	No	No		
31553	LARYNGOPLASTY LARYNGEAL STEN W STENT UNDER 12 YRS	No	No	No	No		
31554	LARYNGOPLASTY LARYNGEAL STEN W STENT 12 YRS OVER	No	No	No	No		
3155F	CYTOGEN TEST DONE MARROW DIAG OR PRIOR TXMNT	Not Cov	Not Cov	Not Cov	Not Cov		
31560	LARYNGOSCOPY DIRECT OPERATIVE W ARYTENOIDECTOMY	No	No	No	No		
31561	LARGSC ARYTENOIDECTOMY MICROSCOPE TELESCOPE	No	No	No	No		
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	No	No	No	No		
31571	LARGSC W NJX VOCAL CORD THER W MICRO TELESCOPE	No	No	No	No		
31572	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	Not Cov	No	Not Cov	No		
31573	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	Not Cov	No	Not Cov	No		
31574	LARYNGOSCOPY FLEXIBLE W INJECTION AGMNTJ UNI	Not Cov	No	Not Cov	No		
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	No	No	Not Cov	No		
31576	LARYNGOSCOPY FLEXIBLE W BIOPSY(IES)	No	No	No	No		
31577	LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	No	No	No	No		
31578	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	No	No	No	No		
31579	LARYNGOSCOPY FLX RGD TELESCOPIC W STROBOSCOPY	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
31580	LARYNGOPLASTY LARYN WEB W KEEL STENT INSERTION	No	No	No	No		
31584	LARYNGOPLASTY W OPEN REDUCTION FRACTURE W TRACHS	Not Cov	No	Not Cov	No		
31587	LARYNGOPLASTY CRICOID SPLIT W O GRAFT PLACEMENT	Not Cov	No	Not Cov	No		
31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	No	No	No	No		
31591	LARYNGOPLASTY MEDIALIZATION UNLIATERAL	No	No	No	No		
31592	CRICOTRACHEAL RESECTION	Not Cov	No	Not Cov	No		
31599	UNLISTED PROCEDURE LARYNX	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	No	No	Not Cov	No		
31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	No	No	Not Cov	No		
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	No	No	No	No		
31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	No	No	No	No		
3160F	DOC IRON STORES PRIOR START EPO THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
31610	TRACHEOSTOMY FENESTRATION W SKIN FLAPS	No	No	Not Cov	No		
31611	CONSTJ TRACHEOESOPHGL FSTL AND INSJ SP PROSTH	No	No	No	No		
31612	TRACHEAL PNXR PRQ W TRANSTRACHEAL ASPIR AND NJX	No	No	No	No		
31613	TRACHEOSTOMA REVJ SMPL W O FLAP ROTATION	No	No	No	No		
31614	TRACHEOSTOMA REVJ CPLX W FLAP ROTATION	No	No	No	No		
31615	TRACHEOBRNCHSC THRU EST TRACHS INC	No	No	No	No		
31622	BRNCHSC INCL FLUOR GDNCE DX W CELL WASHG SPX	No	No	No	No		
31623	BRNCHSC BRUSHING PROTECTED BRUSHINGS	No	No	No	No		
31624	BRNCHSC W BRNCL ALVEOLAR LAVAGE	No	No	No	No		
31625	BRONCHOSCOPY BRONCHIAL ENDOBRNCL BX 1 PLUS SITES	No	No	No	No		
31626	BRONCHOSCOPY W PLMT FIDUCIAL MARKERS SINGLE MULT	No	No	No	No		
31627	BRONCHOSCOPY W CPTR-ASST IMAGE-GUIDED NAVIGATION	No	No	Not Cov	No		
31628	BRONCHOSCOPY W TRANSBRONCHIAL LUNG BX 1 LOBE	No	No	No	No		
31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM AND BRON	No	No	No	No		
31630	BRNCHSC W TRACHEAL BRONCHIAL DILAT CLSD RDCTJ FX	No	No	No	No		
31631	BRONCHOSCOPY W PLACEMENT TRACHEAL STENT	No	No	No	No		
31632	BRONCHOSCOPY W TRANSBRONCHIAL LUNG BX EACH LOBE	No	No	No	No		
31633	BRONCHOSCOPY W TRANSBRONCL NDL ASPIR BX EA LOBE	No	No	No	No		
31634	BRONCHOSCOPY BALLOON OCCLUSION	No	No	No	No		
31635	BRONCHOSCOPY W REMOVAL FOREIGN BODY	No	No	No	No		

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31636	BRNCHSC W PLACEMENT BRNCL STENT 1ST BRONCHUS	No	No	No	No		
31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	No	No	No	No		
31638	BRNCHSC REVJ TRACHEAL BRNCL STENT INS PREV SESS	No	No	No	No		
31640	BRONCHOSCOPY W EXCISION TUMOR	No	No	No	No		
31641	BRNCHSC W DSTRJ TUM RELIEF STENOSIS OTH THN EXC	No	No	No	No		
31643	BRNCHSC W PLMT CATH INTRCV RADIOELMNT APPL	No	No	No	No		
31645	BRONCHOSCOPY W THER ASPIR TRACHBRNCL TREE 1ST	No	No	No	No		
31646	BRONCHOSCOPY W THER ASPIR TRACHBRNCL TREE SBSQ	No	No	No	No		
31647	BRNCHSC OCCLUSION AND INSERT BRONCH VALVE INIT LOBE	Not Cov	Not Cov	Not Cov	Not Cov		
31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	Not Cov	Not Cov	Not Cov	Not Cov		
31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	Not Cov	Not Cov	Not Cov	Not Cov		
31651	BRNCHSC OCCLUSION AND INSERT BRONCH VALVE ADDL LOBE	Not Cov	Not Cov	Not Cov	Not Cov		
31652	BRNCHSC EBUS GUIDED SAMPL 1 2 NODE STATION STRUX	No	No	No	No		
31653	BRNCHSC EBUS GUIDED SAMPL 3 OR GRT NODE STATION STRUX	No	No	No	No		
31654	BRNSCHSC TNDSC EBUS DX TX INTERVENTION PERPH LES	No	No	Not Cov	No		
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Not Cov	Not Cov	Not Cov	Not Cov		
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	Not Cov	Not Cov	Not Cov	Not Cov		
3170F	FLOW CYTOMETRY W DIAG PRIOR INITIATING TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		
31717	CATHETERIZATION W BRONCHIAL BRUSH BIOPSY	No	No	No	No		
31720	CATHETER ASPIRATION NASOTRACHEAL SPX	No	No	No	No		
31725	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	Not Cov	No	Not Cov	No		
31730	TTRACH INTRO NDL WIRE DIL STENT TUBE O2 THER	No	No	No	No		
31750	TRACHEOPLASTY CERVICAL	No	No	No	No		
31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	No	No	No	No		
31760	TRACHEOPLASTY INTRATHORACIC	Not Cov	No	Not Cov	No		
31766	CARINAL RECONSTRUCTION	Not Cov	No	Not Cov	No		
31770	BRONCHOPLASTY GRAFT REPAIR	Not Cov	No	Not Cov	No		
31775	BRONCHOPLASTY EXCISION STENOSIS AND ANASTOMOSIS	Not Cov	No	Not Cov	No		
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICA	Not Cov	No	Not Cov	No		
31781	EXC TRACHEAL STENOSIS AND ANAST CERVICOTHORACIC	Not Cov	No	Not Cov	No		
31785	EXCISION TRACHEAL TUMOR CARCINOMA CERVICAL	No	No	Not Cov	No		
31786	EXCISION TRACHEAL TUMOR CARCINOMA THORACIC	Not Cov	No	Not Cov	No		
31800	SUTURE TRACHEAL WOUND INJURY CERVICAL	Not Cov	No	Not Cov	No		
31805	SUTURE TRACHEAL WOUND INJURY INTRATHORACIC	Not Cov	No	Not Cov	No		

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31820	SURG CLSR TRACHEOSTOMY FISTULA W O PLASTIC RPR	No	No	No	No		
31825	SURG CLSR TRACHEOSTOMY FISTULA W PLASTIC RPR	No	No	No	No		
31830	REVISION TRACHEOSTOMY SCAR	No	No	No	No		
31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
3200F	BARIUM SWALLOW TEST NOT ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
32035	THORACOSTOMY W RIB RESECTION EMPYEMA	Not Cov	No	Not Cov	No		
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	Not Cov	No	Not Cov	No		
32096	THORACTOMY W DX BX LUNG INFILTRATE UNILATERAL	Not Cov	No	Not Cov	No		
32097	THORACTOMY W DX BX LUNG NODULE MASS UNILATERAL	Not Cov	No	Not Cov	No		
32098	THORACOTOMY W BIOPSY OF PLEURA	Not Cov	No	Not Cov	No		
32100	THORACOTOMY WITH EXPLORATION	Not Cov	No	Not Cov	No		
3210F	GROUP A STREP TEST PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
32110	THORCOM CTRL TRAUMTC HEMRRG AND RPR LNG TEAR	Not Cov	No	Not Cov	No		
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	Not Cov	No	Not Cov	No		
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	Not Cov	No	Not Cov	No		
32140	THORCOM W REMOVAL OF CYST	Not Cov	No	Not Cov	No		
32141	THORACOTOMY W RESECTION BULLAE	Not Cov	No	Not Cov	No		
32150	THORCOM W RMVL INTRAPLEURAL FB FIBRIN DEP	Not Cov	No	Not Cov	No		
32151	THORCOM W RMVL IPUL FB	Not Cov	No	Not Cov	No		
3215F	DOCUMENTED IMMUNITY HEPATITIS A	Not Cov	Not Cov	Not Cov	Not Cov		
32160	THORACOTOMY W CARDIAC MASSAGE	Not Cov	No	Not Cov	No		
3216F	DOCUMENTED IMMUNITY HEPATITIS B	Not Cov	Not Cov	Not Cov	Not Cov		
3218F	HEP C RNA TEST 6 MOS BEFORE ANTIVIRAL TX	Not Cov	Not Cov	Not Cov	Not Cov		
32200	PNEUMONOSTOMY W OPEN DRAINAGE ABSCESS CYST	Not Cov	No	Not Cov	No		
3220F	HEP C QUANT RNA TEST 12 WKS AFTER ANTIVIRAL TX	Not Cov	Not Cov	Not Cov	Not Cov		
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	Not Cov	No	Not Cov	No		
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	Not Cov	No	Not Cov	No		
3230F	HEARING TEST 6 MOS PRIOR TO EAR TUBE INSERTION	Not Cov	Not Cov	Not Cov	Not Cov		
32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
32320	DECORTICATION AND PARIETAL PLEURECTOMY	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE	No	No	No	No		
32405	BIOPSY LUNG MEDIASTINUM PERCUTANEOUS NEEDLE	No	No	No	No		
32440	REMOVAL OF LUNG PNEUMONECTOMY	Not Cov	No	Not Cov	No		
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	Not Cov	No	Not Cov	No		
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	Not Cov	No	Not Cov	No		
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Not Cov	No	Not Cov	No		
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	Not Cov	No	Not Cov	No		
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	Not Cov	No	Not Cov	No		
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	Not Cov	No	Not Cov	No		
32488	RMVL LUNG OTHER THAN PNUMEC COMPLETION PNUMEC	Not Cov	No	Not Cov	No		
32491	RMVL LUNG OTH THN PNUMEC RESXN-PLCTJ EMPHY LUNG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
32501	RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC SGMECTOMY	Not Cov	No	Not Cov	No		
32503	RESCJ APICAL LUNG TUMOR W O CHEST WALL RCNSTJ	Not Cov	No	Not Cov	No		
32504	RESCJ APICAL LUNG TUMOR W CHEST WALL RCNSTJ	Not Cov	No	Not Cov	No		
32505	THORACOTOMY W THERAPEUTIC WEDGE RESEXN INITIAL	Not Cov	No	Not Cov	No		
32506	THORACOTOMY W THERAP WEDGE RESEXN ADDL IPSILATRL	Not Cov	No	Not Cov	No		
32507	THORACOTOMY W DX WEDGE RESEXN AND ANTOM LUNG RESE	Not Cov	No	Not Cov	No		
3250F	NONPRIM ANATOMIC LOCATION OF SPECIMEN SITE	Not Cov	Not Cov	Not Cov	Not Cov		
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	Not Cov	No	Not Cov	No		
32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	No	No	No	No		
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	No	No	Not Cov	No		
32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W CUFF	No	No	No	No		
32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1 MLT	No	No	No	No		
32554	THORACENTESIS NEEDLE CATH PLEURA W O IMAGING	No	No	No	No		
32555	THORACENTESIS NEEDLE CATH PLEURA W IMAGING	No	No	No	No		
32556	PERQ DRAINAGE PLEURA INSERT CATH W O IMAGING	No	No	No	No		
32557	PERQ DRAINAGE PLEURA INSERT CATH W IMAGING	No	No	No	No		
32560	INSTLJ VIA CHEST TUBE CATH AGENT FOR PLEURODESIS	No	No	Not Cov	No		
32561	INSTLJ VIA CH TUBE CATH AGENT FBRNLYSIS 1ST DAY	No	No	Not Cov	No		
32562	INSTLJ CH TUBE CATH AGENT FBRNLYSIS SBSQ DAY	No	No	Not Cov	No		
32601	THORSC DX LUNGS PERICAR MED PLEURAL SPACE W O BX	No	No	Not Cov	No		

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32604	THORACOSCOPY DX PERICARDIAL SAC W BIOPSY SPX	No	No	Not Cov	No		
32606	THORACOSCOPY DX MEDIASTINAL SPACE W BIOPSY SPX	No	No	Not Cov	No		
32607	THORACOSCOPY W DX BX OF LUNG INFILTRATE UNILATRL	No	No	Not Cov	No		
32608	THORACOSCOPY W DX BX OF LUNG NODULES UNILATRL	No	No	Not Cov	No		
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	No	No	Not Cov	No		
3260F	TUMOR NODES HISTO GRADE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
32650	THORACOSCOPY W PLEURODESIS	No	No	Not Cov	No		
32651	THORACOSCOPY W PARTIAL PULMONARY DECORTICATION	No	No	Not Cov	No		
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	Not Cov	No	Not Cov	No		
32653	THORACOSCOPY RMVL INTRAPLEURAL FB FIBRIN DEPOSIT	No	No	Not Cov	No		
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	No	No	Not Cov	No		
32655	THORACOSCOPY W RESECTION BULLAE W WO PLEURAL PX	No	No	Not Cov	No		
32656	THORACOSCOPY W PARIETAL PLEURECTOMY	No	No	Not Cov	No		
32658	THORACOSCOPY W RMVL CLOT FB FROM PERICARDIAL SAC	No	No	Not Cov	No		
32659	THRSC CRTJ PRCRD WINDOW PRTL RESCJ PRCRD SAC	No	No	Not Cov	No		
3265F	RNA TESTING FOR HEP C VIREMIA ORDERED DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
32661	THORACOSCOPY W EXC PERICARDIAL CYST TUMOR MASS	No	No	Not Cov	No		
32662	THORACOSCOPY W EXC MEDIASTINAL CYST TUMOR MASS	No	No	Not Cov	No		
32663	THORACOSCOPY W LOBECTOMY SINGLE LOBE	Not Cov	No	Not Cov	No		
32664	THORACOSCOPY W THORACIC SYMPATHECTOMY	No	No	Not Cov	No		
32665	THORACOSCOPY W ESOPHAGOMYOTOMY HELLER TYPE	Not Cov	No	Not Cov	No		
32666	THORACOSCOPY W THERA WEDGE RESEXN INITIAL UNILAT	Not Cov	No	Not Cov	No		
32667	THORACOSCOPY W THERA WEDGE RESEXN ADDL IPSILATRL	Not Cov	No	Not Cov	No		
32668	THORACOSCOPY W DX WEDGE RESEXN ANATO LUNG RESEXN	Not Cov	No	Not Cov	No		
32669	THORACOSCOPY W SEGMENTECTOMY	Not Cov	No	Not Cov	No		
3266F	HEPATITIS C GENOTYPE PRIOR ANTIVIRAL TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		
32670	THORACOSCOPY W BILOBECTOMY	Not Cov	No	Not Cov	No		
32671	THORACOSCOPY W PNEUMONECTOMY	Not Cov	No	Not Cov	No		
32672	THORACOSCOPY W RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	Not Cov	No	Not Cov	No		
32673	THORACOSCOPY RESEXN THYMUS UNI BILATERAL	Not Cov	No	Not Cov	No		
32674	THORCOSCPY W MEDIASTINL AND REGIONL LYMPHDENECTOMY	Not Cov	No	Not Cov	No		
3267F	PATH RPRT INCLUDES PT AND PN CAT GLEASON	Not Cov	Not Cov	Not Cov	Not Cov		
3268F	PSA AND TUMOR STAGE AND GLEASON SCORE PRIOR INIT	Not Cov	Not Cov	Not Cov	Not Cov		
3269F	BONE SCAN PRIOR INITIAT TX DX PROSTATE CANCER	Not Cov	Not Cov	Not Cov	Not Cov		

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32701	THORAX STEREOTACTIC RADIATION TARGET W TX COURSE	No	No	Not Cov	No		
3270F	BONE SCAN NOT PRIOR INITIAT TX DX PROSTATE CA	Not Cov	Not Cov	Not Cov	Not Cov		
3271F	LOW RISK OF RECURRENCE PROSTATE CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
3272F	INTERMED RISK OF RECURRENCE PROSTATE CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
3273F	HIGH RISK OF RECURRENCE PROSTATE CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
3274F	PROST CANCER RSK RECUR NOT DETER LOW INTERMED HI	Not Cov	Not Cov	Not Cov	Not Cov		
3278F	SERUM LEVELS CALCUM PHOSPH PARATHYR AND LIPID PR	Not Cov	Not Cov	Not Cov	Not Cov		
3279F	HEMOGLOBIN LEVELOR MOREEQUAL 13 G DL	Not Cov	Not Cov	Not Cov	Not Cov		
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	Not Cov	No	Not Cov	No		
3280F	HEMOGLOBIN LEVEL 11 G DL-12.9 G DL	Not Cov	Not Cov	Not Cov	Not Cov		
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	Not Cov	No	Not Cov	No		
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	Not Cov	No	Not Cov	No		
3281F	HEMOGLOBIN LEVEL UNDER 11 G DL	Not Cov	Not Cov	Not Cov	Not Cov		
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	Not Cov	No	Not Cov	No		
3284F	INTRAOCULAR PRESS REDUCED OR MOREEQUAL 15PCT	Not Cov	Not Cov	Not Cov	Not Cov		
32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR	Not Cov	No	Not Cov	No		
32851	LUNG TRANSPLANT 1 W O CARDIOPULMONARY BYPASS	Not Cov	No	Not Cov	No		
32852	LUNG TRANSPLANT 1 W CARDIOPULMONARY BYPASS	Not Cov	No	Not Cov	No		
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Not Cov	No	Not Cov	No		
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Not Cov	No	Not Cov	No		
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Not Cov	No	Not Cov	No		
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Not Cov	No	Not Cov	No		
3285F	IOP REDUCED UNDER 15PCT PRE-INTERVENTION LEVEL	Not Cov	Not Cov	Not Cov	Not Cov		
3288F	FALLS RISK ASSESSMENT DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	Not Cov	No	Not Cov	No		
32905	THORACOPLASTY SCHEDE TYPE EXTRAPLEURAL	Not Cov	No	Not Cov	No		
32906	THORACOP SCHEDE TYP XTRPLEURAL CLSR BRNCPLR FSTL	Not Cov	No	Not Cov	No		
3290F	PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED	Not Cov	Not Cov	Not Cov	Not Cov		
3291F	PATIENT IS D (RH) POSITIVE OR SENSITIZED	Not Cov	Not Cov	Not Cov	Not Cov		
3292F	HIV TSTNG ASK DOCD RVWD AT 1ST 2ND PRENATAL VST	Not Cov	Not Cov	Not Cov	Not Cov		
3293F	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
32940	PNEUMONOLYSIS XTRPRIOSTEAL W FILLING PACKING PX	Not Cov	No	Not Cov	No		
3294F	GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION	Not Cov	Not Cov	Not Cov	Not Cov		
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	No	No	Not Cov	No		
32997	TOTAL LUNG LAVAGE UNILATERAL	Not Cov	No	Not Cov	No		
32998	ABLATION THER 1 PLUS PULM TUMORS PERQ RADIOFREQUENCY	Not Cov	Not Cov	Not Cov	Not Cov		
32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
3300F	AJCC STAGE DOCUMENTED AND REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
33010	PERICARDIOCENTESIS INITIAL	No	No	No	No		
33011	PERICARDIOCENTESIS SUBSEQUENT	No	No	No	No		
33015	TUBE PERICARDIOSTOMY	Not Cov	No	Not Cov	No		
3301F	CANCER STAGE DOCD METASTATIC AND REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
33020	PERICARDIOTOMY REMOVAL CLOT FOREIGN BODY PRIMARY	Not Cov	No	Not Cov	No		
33025	CRTJ PERICARDIAL WINDOW PRTL RESECJ W DRG BX	Not Cov	No	Not Cov	No		
33030	PRICARDIECTOMY STOT COMPL W O CARDPULM BYPASS	Not Cov	No	Not Cov	No		
33031	PRICARDIECTOMY STOT COMPL W CARDPULM BYPASS	Not Cov	No	Not Cov	No		
33050	RESECTION PERICARDIAL CYST TUMOR	Not Cov	No	Not Cov	No		
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Not Cov	No	Not Cov	No		
33130	RESECTION EXTERNAL CARDIAC TUMOR	Not Cov	No	Not Cov	No		
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	Not Cov	Not Cov	Not Cov	Not Cov		
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	Not Cov	Not Cov	Not Cov	Not Cov		
3315F	ESTROGEN PROGEST RECEPTOR POSITIVE BREAST CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
3316F	ESTROGEN PROGEST RECEPTOR NEGATIVE BREAST CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
3317F	PATH REPRT MALIGNANCY DOCD AND RVWD INITIATE CHE	Not Cov	Not Cov	Not Cov	Not Cov		
3318F	PATH REPRT MALIGNANCY DOCD AND RVWD INITIA RAD	Not Cov	Not Cov	Not Cov	Not Cov		
3319F	1 DX IMG ORDER CHEST XRAY CT US MRI PET NUC MED	Not Cov	Not Cov	Not Cov	Not Cov		
33202	INSERTION EPICARDIAL ELECTRODE OPEN	Not Cov	No	Not Cov	No		
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	Not Cov	No	Not Cov	No		
33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	Yes	Yes	Yes	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Yes	Yes	Yes	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Yes	Yes	Yes	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
3320F	0 DX IMG ORDER CHEST XRAY CT US MRI PET NUC MED	Not Cov	Not Cov	Not Cov	Not Cov		
33210	INSJ RPLCMT TEMP TRANSVNS 1CHMBR ELTRD PM CATH	No	No	No	No		
33211	INSJ RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	No	No	No	No		
33212	INS PM PLS GEN W EXIST SINGLE LEAD	No	No	No	No		
33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	No	No	No	No		
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	No	No	No	No		
33215	RPSG PREV IMPLTED PM DFB R ATR R VENTR ELECTRODE	No	No	No	No		
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER IMPLTBL DFB	No	No	No	No		
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER IMPLTBL DFB	No	No	No	No		
33218	RPR 1 TRANSVNS ELTRD PRM PM PACING IMPLNTBL DFB	No	No	No	No		
3321F	AJCC CANCER STAGE 0 OR IA MELANOMA	Not Cov	Not Cov	Not Cov	Not Cov		
33220	RPR 2 TRANSVNS ELECTRODES PRM PM IMPLANTABLE DFB	No	No	No	No		
33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	No	No	Not Cov	No		
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	No	No	No	No		
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	No	No	No	No		
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Yes	Yes	Yes	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Yes	Yes	Yes	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	No	No	No	No		
33227	REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	No	No	Not Cov	No		
33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	No	No	Not Cov	No		

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33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	No	No	Not Cov	No		
3322F	MELANOMA THAN AJCC STAGE 0	Not Cov	Not Cov	Not Cov	Not Cov		
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	No	No	No	No		
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR VENTR	No	No	No	No		
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	No	No	No	No		
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	Not Cov	No	Not Cov	No		
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	Not Cov	No	Not Cov	No		
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	Not Cov	No	Not Cov	No		
3323F	CLIN TUMOR NODE METASTASES STAGE DOCD PRIOR SURG	Not Cov	Not Cov	Not Cov	Not Cov		
33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Yes	Yes	Yes	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	No	No	No	No		
33243	RMVL 1 DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	Not Cov	No	Not Cov	No		
33244	RMVL1 DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	No	No	Not Cov	No		
33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
3324F	MRI CT SCAN ORDERED REVIEWED REQUESTED	Not Cov	Not Cov	Not Cov	Not Cov		
33250	ABLATION ARRHYTHMOGENIC FOCI PATHWAY W O BYPASS	Not Cov	No	Not Cov	No		
33251	ABLATION ARRHYTHMOGENIC FOCI PATHWAY W BYPASS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes

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33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33255	ABLATION AND RCNSTJ ATRIA EXTNSV W O BYPASS	Not Cov	No	Not Cov	No		
33256	ABLATION AND RCNSTJ ATRIA EXTNSV W BYPASS	Not Cov	No	Not Cov	No		
33257	ATRIA ABLATE AND RCNSTJ W OTHER PROCEDURE LIMITE	Not Cov	No	Not Cov	No		
33258	ATRIA ABLTJ AND RCNSTJ W OTHER PX EXTENSIV W O BYP	Not Cov	No	Not Cov	No		
33259	ATRIA ABLTJ AND RCNSTJ W OTHER PX EXTEN W BYPASS	Not Cov	No	Not Cov	No		
3325F	PREOP ASSES 12 MOS PRIOR CATARACT SURG W IO LENS	Not Cov	Not Cov	Not Cov	Not Cov		
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W BYPASS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	No	No	Not Cov	No		
33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	No	No	Not Cov	No		
33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	No	No	Not Cov	No		
33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W O BYPAS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W O BYPASS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	No	No	Not Cov	No		
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	No	No	Not Cov	No		
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	No	No	No	No		
33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Yes	Yes	Not Cov	Yes		
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Yes	Yes	Not Cov	Yes		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W PRGRMG	Yes	Yes	Not Cov	Yes		
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	Yes	Yes	Not Cov	Yes		
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Not Cov	Not Cov	Not Cov	Not Cov		
3328F	PERFORMANCE STATUS DOCD RVWD 2 WKS PRIOR SURG	Not Cov	Not Cov	Not Cov	Not Cov		
33300	REPAIR CARDIAC WOUND W O BYPASS	Not Cov	No	Not Cov	No		
33305	REPAIR CARDIAC WOUND W CARDIOPULMONARY BYPASS	Not Cov	No	Not Cov	No		
3330F	IMAGING STUDY ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
33310	CARDIOT EXPL W RMVL FB ATR VENTR THRMB W O BYP	Not Cov	No	Not Cov	No		
33315	CARDIOT EXPL RMVL FB ATR VENTR THRMB CARD BYP	Not Cov	No	Not Cov	No		
3331F	IMAGING STUDY NOT ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
33320	SUTR RPR AORTA GRT VSL W O SHUNT CARD BYP	Not Cov	No	Not Cov	No		
33321	SUTR RPR AORTA GREAT VESSEL W SHUNT BYPASS	Not Cov	No	Not Cov	No		
33322	SUTURE REPAIR AORTA GREAT VESSEL W BYPASS	Not Cov	No	Not Cov	No		
33330	INSJ GRAFT AORTA GREAT VESSEL W O SHUNT BYPASS	Not Cov	No	Not Cov	No		
33335	INSJ GRAFT AORTA GREAT VESSEL W BYPASS	Not Cov	No	Not Cov	No		
33340	PERQ CLSR TCAT L ATR APNDGE W ENDOCARDIAL IMPLNT	Not Cov	Not Cov	Not Cov	Not Cov		
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Not Cov	No	Not Cov	No		
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	Not Cov	No	Not Cov	No		
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	Not Cov	No	Not Cov	No		
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	Not Cov	No	Not Cov	No		
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	Not Cov	No	Not Cov	No		
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	No	No	Not Cov	No		
33367	REPLACE AORTIC VALVE W BYP PRQ ART VENOUS APPRCH	Not Cov	No	Not Cov	No		
33368	REPLACE AORTIC VALVE W BYP OPEN ART VENOUS APRCH	Not Cov	No	Not Cov	No		
33369	REPLACE AORTA VALVE W BYP CNTRL ART VENOUS APRCH	Not Cov	No	Not Cov	No		
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	No	No	Not Cov	No		
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	No	No	Not Cov	No		
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	Not Cov	No	Not Cov	No		
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF STENT	Not Cov	No	Not Cov	No		
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	Not Cov	No	Not Cov	No		
3340F	MAMMO ASSESSMENT CAT INCOMP ADDTNL IMAGE DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33410	RPLCMT AORTIC VALVE OPN W STENTLESS TISSUE VALVE	Not Cov	No	Not Cov	No		
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	Not Cov	No	Not Cov	No		
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	Not Cov	No	Not Cov	No		

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33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	Not Cov	No	Not Cov	No		
33414	RPR VENTR O F TRC OBSTRCJ PATCH ENLGMENT O F TRC	Not Cov	No	Not Cov	No		
33415	RESECTION INCISION SUBVALVULAR TISSUE	Not Cov	No	Not Cov	No		
33416	VENTRICULOMYOTOMY-MYECTOMY	Not Cov	No	Not Cov	No		
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	Not Cov	No	Not Cov	No		
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Not Cov	No	Not Cov	No		
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	Not Cov	No	Not Cov	No		
3341F	MAMMO ASSESSMENT CAT NEGATIVE DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	Not Cov	No	Not Cov	No		
33422	VALVOTOMY MITRAL VALVE OPEN HEART W BYPASS	Not Cov	No	Not Cov	No		
33425	VALVULOPLASTY MITRAL VALVE W CARDIAC BYPASS	Not Cov	No	Not Cov	No		
33426	VLVP MITRAL VALVE W CARD BYP W PROSTC RING	Not Cov	No	Not Cov	No		
33427	VLVP MITRAL VALVE W BYPASS RAD RCNSTJ W WO RING	Not Cov	No	Not Cov	No		
3342F	MAMMO ASSESSMENT CAT BENIGN DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33430	REPLACEMENT MITRAL VALVE W CARDIOPULMONARY BYP	Not Cov	No	Not Cov	No		
3343F	MAMMO ASSESSMENT CAT PROB BENIGN DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	Yes	Yes	Not Cov	Yes		
3344F	MAMMO ASSESSMENT CAT SUSPICIOUS DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
3345F	MAMMO ASSESSMENT CAT HIGH CHANCE MALIG DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33460	VALVECTOMY TRICUSPID VALVE W CARDIOPULMONARY BYP	Not Cov	No	Not Cov	No		
33463	VALVULOPLASTY TRICUSPID VALVE W O RING INSERTION	Not Cov	No	Not Cov	No		
33464	VALVULOPLASTY TRICUSPID VALVE W RING INSERTION	Not Cov	No	Not Cov	No		
33465	REPLACEMENT TRICUSPID VALVE W CARD BYPASS	Not Cov	No	Not Cov	No		
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	Not Cov	No	Not Cov	No		
33470	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR	Not Cov	No	Not Cov	No		
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	Not Cov	No	Not Cov	No		
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W BYPASS	Not Cov	No	Not Cov	No		
33475	REPLACEMENT PULMONARY VALVE	Not Cov	No	Not Cov	No		
33476	R VENTRIC RESCJ INFUND STEN W WO COMMISSUROTOMY	Not Cov	No	Not Cov	No		
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Not Cov	No	Not Cov	No		
33478	OUTFLOW TRACT AGMNTJ W WO COMMISSUR INFUND RESCJ	Not Cov	No	Not Cov	No		
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W BYPASS	Not Cov	No	Not Cov	No		
33500	RPR CORONARY AV ARTERIOCAR CHMBR FSTL W BYPASS	Not Cov	No	Not Cov	No		
33501	RPR CORONARY AV ARTERIOCAR CHMBR FSTL W O BYPASS	Not Cov	No	Not Cov	No		

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33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	Not Cov	No	Not Cov	No		
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	Not Cov	No	Not Cov	No		
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W BYP	Not Cov	No	Not Cov	No		
33505	RPR ANOM CORON ART W CONSTJ INTRAPULM ART TUNNEL	Not Cov	No	Not Cov	No		
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	Not Cov	No	Not Cov	No		
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF TLCJ	Not Cov	No	Not Cov	No		
33508	NDSC SURG W VIDEO-ASSISTED HARVEST VEIN CABG	No	No	Not Cov	No		
3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	Not Cov	No	Not Cov	No		
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	Not Cov	No	Not Cov	No		
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Not Cov	No	Not Cov	No		
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	Not Cov	No	Not Cov	No		
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	Not Cov	No	Not Cov	No		
33516	CORONARY ARTERY BYPASS 6 PLUS CORONARY VENOUS GRAFT	Not Cov	No	Not Cov	No		
33517	CORONARY ARTERY BYP W VEIN AND ARTERY GRAFT 1 VEIN	Not Cov	No	Not Cov	No		
33518	CORONARY ARTERY BYP W VEIN AND ARTERY GRAFT 2 VEIN	Not Cov	No	Not Cov	No		
33519	CORONARY ARTERY BYP W VEIN AND ARTERY GRAFT 3 VEIN	Not Cov	No	Not Cov	No		
3351F	NEG DEP SYMP CAT USING STAND DEP ASSESS TOOL	Not Cov	Not Cov	Not Cov	Not Cov		
33521	CORONARY ARTERY BYP W VEIN AND ARTERY GRAFT 4 VEIN	Not Cov	No	Not Cov	No		
33522	CORONARY ARTERY BYP W VEIN AND ARTERY GRAFT 5 VEIN	Not Cov	No	Not Cov	No		
33523	CORONARY ARTERY BYP W VEIN AND ARTERY GRAFT 6 VEIN	Not Cov	No	Not Cov	No		
3352F	NO SIGNIF DEP SYMP CAT BY STAND DEP ASSESS TOOL	Not Cov	Not Cov	Not Cov	Not Cov		
33530	ROPRTJ CAB VALVE PX OVER 1 MO AFTER ORIGINAL OPERJ	Not Cov	No	Not Cov	No		
33533	CABG W ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Not Cov	No	Not Cov	No		
33534	CABG W ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Not Cov	No	Not Cov	No		
33535	CABG W ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Not Cov	No	Not Cov	No		
33536	CABG W ARTERIAL GRAFT FOUR OR GRT ARTERIAL GRAFTS	Not Cov	No	Not Cov	No		
3353F	MILD TO MOD DEP SYMP BY STAND DEP ASSESS TOOL	Not Cov	Not Cov	Not Cov	Not Cov		
33542	MYOCARDIAL RESECTION	Not Cov	No	Not Cov	No		
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	Not Cov	No	Not Cov	No		
33548	SURG VENTRICULAR RSTRJ PX W PROSTC PATCH PFRMD	Not Cov	Not Cov	Not Cov	Not Cov		
3354F	CLIN SIGN DEP SYMP BY STAND DEP ASSESS TOOL	Not Cov	Not Cov	Not Cov	Not Cov		
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	Not Cov	No	Not Cov	No		
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE PATCH	Not Cov	No	Not Cov	No		

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33602	CLOSURE SEMILUNAR VALVE AORTIC PULM SUTURE PATCH	Not Cov	No	Not Cov	No		
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	Not Cov	No	Not Cov	No		
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	Not Cov	No	Not Cov	No		
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	Not Cov	No	Not Cov	No		
33611	RPR 2 OUTLET R VNTRC W INTRAVENTR TUNNEL RPR	Not Cov	No	Not Cov	No		
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O F TRC OBSTRCJ	Not Cov	No	Not Cov	No		
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	Not Cov	No	Not Cov	No		
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	Not Cov	No	Not Cov	No		
33619	RPR 1 VNTRC W O F OBSTRCJ AND AORTIC ARCH HYPOPLAS	Not Cov	No	Not Cov	No		
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	Not Cov	No	Not Cov	No		
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	No	No	Not Cov	No		
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	Not Cov	No	Not Cov	No		
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W BYP W WO PATCH	Not Cov	No	Not Cov	No		
33645	DIR PTCH CLS SINUS VENOSUS W WO ANOM PUL VEN DRG	Not Cov	No	Not Cov	No		
33647	RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR PATCH CLS	Not Cov	No	Not Cov	No		
33660	RPR INCPLT PRTL AV CANAL W WO AV VALVE RPR	Not Cov	No	Not Cov	No		
33665	RPR INTRM TRANSJ AV CANAL W WO AV VALVE RPR	Not Cov	No	Not Cov	No		
33670	RPR COMPL AV CANAL W WO PROSTC VALVE	Not Cov	No	Not Cov	No		
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	Not Cov	No	Not Cov	No		
33676	CLOSURE MULTIPLE VSD W RESECTION	Not Cov	No	Not Cov	No		
33677	CLOSURE MULTIPLE VSD W REMOVAL ARTERY BAND	Not Cov	No	Not Cov	No		
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W WO PATCH	Not Cov	No	Not Cov	No		
33684	CLSR V-SEPTL DFCT W PULM VLVT INFUND RESCJ	Not Cov	No	Not Cov	No		
33688	CLSR V-SEPTAL DFCT W RMVL P-ART BAND W WO GUSSET	Not Cov	No	Not Cov	No		
33690	BANDING PULMONARY ARTERY	Not Cov	No	Not Cov	No		
33692	COMPL RPR TETRALOGY FALLOT W O PULM ATRESIA	Not Cov	No	Not Cov	No		
33694	COMPL RPR T-FALLOT W O PULM ATRESIA TANULR PATCH	Not Cov	No	Not Cov	No		
33697	COMPL RPR T-FALLOT W PULM ATRESIA	Not Cov	No	Not Cov	No		
33702	RPR SINUS VALSALVA FISTULA	Not Cov	No	Not Cov	No		
3370F	AJCC BREAST CANCER STAGE 0 DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
33710	RPR SINUS VALSALVA FISTULA W RPR V-SEPTAL DEFECT	Not Cov	No	Not Cov	No		
33720	RPR SINUS VALSALVA ANEURYSM	Not Cov	No	Not Cov	No		
33722	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	Not Cov	No	Not Cov	No		
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
33726	REPAIR PULMONARY VENOUS STENOSIS	Not Cov	No	Not Cov	No		
3372F	AJCC BREAST CANCER STAGE I T1MIC T1A T1B	Not Cov	Not Cov	Not Cov	Not Cov		
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	Not Cov	No	Not Cov	No		
33732	RPR COR TRIATM SUPVALVR RING RESCJ L ATRIAL MEMB	Not Cov	No	Not Cov	No		
33735	ATRIAL SEPTECTOMY SEPTOSTOMY CLOSED HEART	Not Cov	No	Not Cov	No		
33736	ATRIAL SEPTECTOMY SEPTOSTOMY OPEN HEART W BYPASS	Not Cov	No	Not Cov	No		
33737	ATRIAL SEPTECT SEPTOST OPN HRT W INFL OCCLUSION	Not Cov	No	Not Cov	No		
3374F	AJCC BREAST CANCER STAGE I T1C	Not Cov	Not Cov	Not Cov	Not Cov		
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	Not Cov	No	Not Cov	No		
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	Not Cov	No	Not Cov	No		
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	Not Cov	No	Not Cov	No		
33764	SHUNT CENTRAL W PROSTHETIC GRAFT	Not Cov	No	Not Cov	No		
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	Not Cov	No	Not Cov	No		
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	Not Cov	No	Not Cov	No		
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	Not Cov	No	Not Cov	No		
3376F	AJCC BREAST CANCER STAGE II	Not Cov	Not Cov	Not Cov	Not Cov		
33770	RPR TRPOS GREAT VSLS W O ENLGMNT V-SEPTL DFCT	Not Cov	No	Not Cov	No		
33771	RPR TRPOS GREAT VSLS W ENLGMNT V-SEPTL DFCT	Not Cov	No	Not Cov	No		
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W BYPASS	Not Cov	No	Not Cov	No		
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W RMVL PULM BAND	Not Cov	No	Not Cov	No		
33776	RPR TRPOS GRT VSL ATR BAFFLE W CLSR V-SEPTL DFCT	Not Cov	No	Not Cov	No		
33777	RPR TRPOS GRT VSL ATR BAFFLE W BYP SBPULM OBSTRC	Not Cov	No	Not Cov	No		
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	Not Cov	No	Not Cov	No		
33779	RPR TGV AORTIC PULM ART RCNSTJ W RMVL PULM BAND	Not Cov	No	Not Cov	No		
33780	RPR TGV AORTIC P-ART RCNSTJ W CLSR V-SEPTL DFCT	Not Cov	No	Not Cov	No		
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	Not Cov	No	Not Cov	No		
33782	A-ROOT TLCJ VSD PULM STNS RPR W O C OST RIMPLTJ	Not Cov	No	Not Cov	No		
33783	A-ROOT TLCJ VSD PULM STNS RPR W RIMPLTJ C OSTIA	Not Cov	No	Not Cov	No		
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	Not Cov	No	Not Cov	No		
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	Not Cov	No	Not Cov	No		
3378F	AJCC BREAST CANCER STAGE III	Not Cov	Not Cov	Not Cov	Not Cov		
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	Not Cov	No	Not Cov	No		
33802	DIVISION ABERRANT VESSEL VASCULAR RING	Not Cov	No	Not Cov	No		
33803	DIVISION ABERRANT VESSEL W REANASTOMOSIS	Not Cov	No	Not Cov	No		

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3380F	AJCC BREAST CANCER STAGE IV	Not Cov	Not Cov	Not Cov	Not Cov		
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W O BYPASS	Not Cov	No	Not Cov	No		
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W BYPASS	Not Cov	No	Not Cov	No		
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	Not Cov	No	Not Cov	No		
33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	Not Cov	No	Not Cov	No		
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	Not Cov	No	Not Cov	No		
3382F	AJCC COLON CANCER STAGE 0	Not Cov	Not Cov	Not Cov	Not Cov		
33840	EXC COARCJ AORTA W WO PDA W DIRECT ANASTOMOSIS	Not Cov	No	Not Cov	No		
33845	EXCISION COARCTATION AORTA W WO PDA W GRAFT	Not Cov	No	Not Cov	No		
3384F	AJCC COLON CANCER STAGE I	Not Cov	Not Cov	Not Cov	Not Cov		
33851	EXC COARCJ AORTA W L SUBCLAV ART PROSTC GUSSET	Not Cov	No	Not Cov	No		
33852	RPR HYPOPLSTC A-ARCH W AGRFT PROSTC W O BYPASS	Not Cov	No	Not Cov	No		
33853	RPR HYPOPLSTC A-ARCH W AGRFT PROSTC W BYPASS	Not Cov	No	Not Cov	No		
33860	ASCENDING AORTA GRF W CARD BYP AND VALVE SSP	Not Cov	No	Not Cov	No		
33863	AS-AORT GRF W CARD BYP AND AORTIC ROOT RPLCMT	Not Cov	No	Not Cov	No		
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Not Cov	No	Not Cov	No		
33866	AORTIC HEMIARCH GRAFT W ISOL AND CTRL ARCH VESSELS	Yes	Yes	Not Cov	Yes		
3386F	AJCC COLON CANCER STAGE II	Not Cov	Not Cov	Not Cov	Not Cov		
33870	TRANSVERSE ARCH GRAFT W CARDIOPULMONARY BYPASS	Not Cov	No	Not Cov	No		
33875	DESCENDING THORACIC AORTA GRAFT W WO BYPASS	Not Cov	No	Not Cov	No		
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W WO BYPASS	Not Cov	No	Not Cov	No		
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	Not Cov	No	Not Cov	No		
33881	EVASC RPR DTA EXP COVERAGE W O ART ORIGIN	Not Cov	No	Not Cov	No		
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	Not Cov	No	Not Cov	No		
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	Not Cov	No	Not Cov	No		
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	Not Cov	No	Not Cov	No		
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	Not Cov	No	Not Cov	No		
3388F	AJCC COLON CANCER STAGE III DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33891	BYP GRF W DESCENDING THORACIC AORTA RPR NECK INC	Not Cov	No	Not Cov	No		
3390F	AJCC COLON CANCER STAGE IV DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
33910	PULMONARY ARTERY EMBOLECTOMY W CARD BYPASS	Not Cov	No	Not Cov	No		
33915	PULMONARY ARTERY EMBOLECTOMY W O CARD BYPASS	Not Cov	No	Not Cov	No		
33916	PULMONARY ENDARTERCOMY W WO EMBOLECTOMY W BYPASS	Not Cov	No	Not Cov	No		
33917	RPR PULMONARY ART STENOSIS RCNSTJ W PATCH GRAFT	Not Cov	No	Not Cov	No		

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33920	RPR PULMONARY ATRESIA W CONSTJ RPLCMT CONDUIT	Not Cov	No	Not Cov	No		
33922	TRANSECTION PULMONARY ARTERY W CARD BYPASS	Not Cov	No	Not Cov	No		
33924	LIG AND TKDN SYSIC-TO-PULM ART SHUNT W CGEN HEART	Not Cov	No	Not Cov	No		
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W O BYPASS	Not Cov	No	Not Cov	No		
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W BYPASS	Not Cov	No	Not Cov	No		
33927	IMPLTJ TOTAL RPLCMT HEART SYS W RCP CARDIECTOMY	No	No	Not Cov	No		
33928	REMOVAL AND RPLCMT TOTAL RPLCMT HEART SYS	No	No	Not Cov	No		
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	No	No	Not Cov	No		
33930	DONOR CARDIECTOMY-PNEUMONECTOMY	Not Cov	No	Not Cov	No		
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Not Cov	No	Not Cov	No		
33935	HEART-LUNG TRNSPL W RECIPIENT CARDIECTOMY-PNUMEC	Not Cov	No	Not Cov	No		
33940	DONOR CARDIECTOMY	Not Cov	No	Not Cov	No		
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Not Cov	No	Not Cov	No		
33945	HEART TRANSPLANT W WO RECIPIENT CARDIECTOMY	Not Cov	No	Not Cov	No		
33946	ECMO ECLS INITIATION VENO-VENOUS	Not Cov	Not Cov	Not Cov	Not Cov		
33947	ECMO ECLS INITIATION VENO-ARTERIAL	Not Cov	Not Cov	Not Cov	Not Cov		
33948	ECMO ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	Not Cov	Not Cov	Not Cov	Not Cov		
33949	ECMO ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	Not Cov	Not Cov	Not Cov	Not Cov		
3394F	QUANT HER2 IHC EVAL OF BRST CANCER ASCO CAP	Not Cov	Not Cov	Not Cov	Not Cov		
33951	ECMO ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	Not Cov	Not Cov	Not Cov	Not Cov		
33952	ECMO ECLS INSJ OF PRPH CANNULA 6 YRS AND OLDER PERQ	Not Cov	Not Cov	Not Cov	Not Cov		
33953	ECMO ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	Not Cov	Not Cov	Not Cov	Not Cov		
33954	ECMO ECLS INSJ OF PRPH CANNULA 6 YRS AND OLDER OPEN	Not Cov	Not Cov	Not Cov	Not Cov		
33955	ECMO ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	Not Cov	Not Cov	Not Cov	Not Cov		
33956	ECMO ECLS INSJ OF CENTRAL CANNULA 6 YRS AND OLDER	Not Cov	Not Cov	Not Cov	Not Cov		
33957	ECMO ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	Not Cov	Not Cov	Not Cov	Not Cov		
33958	ECMO ECLS REPOS PERPH CANNULA PRQ 6 YRS AND OLDER	Not Cov	Not Cov	Not Cov	Not Cov		
33959	ECMO ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	Not Cov	Not Cov	Not Cov	Not Cov		
3395F	QUANT NON-HER2 IHC EVAL OF BRST CANCER PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
33962	ECMO ECLS REPOS PERPH CANNULA OPEN 6 YRS AND OLDER	Not Cov	No	Not Cov	No		
33963	ECMO ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	Not Cov	No	Not Cov	No		
33964	ECMO ECLS ECLS REPOS CENTRAL CNULA 6YRS AND OLDER	Not Cov	No	Not Cov	No		
33965	ECMO ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	Not Cov	No	Not Cov	No		
33966	ECMO ECLS RMVL OF PRPH CANNULA PRQ 6 YRS AND OLDER	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	Not Cov	No	Not Cov	No		
33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	Not Cov	No	Not Cov	No		
33969	ECMO ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	Not Cov	Not Cov	Not Cov	Not Cov		
33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	Not Cov	No	Not Cov	No		
33971	RMVL I-AORT BALO ASST DEV W RPR FEM ART W WO GRF	Not Cov	No	Not Cov	No		
33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	Not Cov	No	Not Cov	No		
33974	RMVL ASCENDING-AORTA BALO DEV W RPR ASCEND-AORTA	Not Cov	No	Not Cov	No		
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	Not Cov	No	Not Cov	No		
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	Not Cov	No	Not Cov	No		
33977	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	Not Cov	No	Not Cov	No		
33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	Not Cov	No	Not Cov	No		
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Not Cov	Yes	Not Cov	Yes		
33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Not Cov	No	Not Cov	No		
33981	RPLCMT XTRCORP VAD 1 BIVENTR PUMP 1 EA PUMP	Not Cov	No	Not Cov	No		
33982	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W O BYPASS	Not Cov	No	Not Cov	No		
33983	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W BYPASS	Not Cov	No	Not Cov	No		
33984	ECMO ECLS RMVL PRPH CANNULA OPEN 6 YRS AND OLDER	Not Cov	Not Cov	Not Cov	Not Cov		
33985	ECMO ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	Not Cov	Not Cov	Not Cov	Not Cov		
33986	ECMO ECLS RMVL OF CENTRAL CANNULA 6 YRS AND OLDER	Not Cov	Not Cov	Not Cov	Not Cov		
33987	ARTERY EXPOS GRAFT ARTERY PERFUSION ECMO ECLS	Not Cov	Not Cov	Not Cov	Not Cov		
33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO ECLS	Not Cov	Not Cov	Not Cov	Not Cov		
33989	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO ECLS	Not Cov	Not Cov	Not Cov	Not Cov		
33990	INSJ PERQ VAD W IMAGING ARTERY ACCESS ONLY	Not Cov	No	Not Cov	No		
33991	INSJ PERQ VAD TRNSPTAL W IMAGE ART AND VENOUS ACCESS	Not Cov	No	Not Cov	No		
33992	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION	Not Cov	No	Not Cov	No		
33993	REPOSITION VAD W IMAGING DIFFERENT SESSION	Not Cov	No	Not Cov	No		
33999	UNLISTED CARDIAC SURGERY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
34001	EMBLC THRMBC CATH CRTD SUBCLA INNOMINATE ART	Not Cov	No	Not Cov	No		
34051	EMBLC THRMBC INNOMINATE SUBCLAVIAN ARTERY	Not Cov	No	Not Cov	No		

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34101	EMBLC THRMBC AX BRACH INNOMINATE SUBCLA ART	No	No	Not Cov	No		
34111	EMBLC THRMBC W WO CATH RADIAL ULNAR ART ARM INC	No	No	Not Cov	No		
34151	EMBLC THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	Not Cov	No	Not Cov	No		
34201	EMBLC THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	No	No	Not Cov	No		
34203	EMBLC THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	No	No	Not Cov	No		
34401	THRMBC DIR W CATH VENA CAVA ILIAC VEIN ABDL INC	Not Cov	No	Not Cov	No		
34421	THRMBC DIR W CATH V C ILIAC FEMPOP VEIN LEG INC	No	No	Not Cov	No		
34451	THRMBC DIR W CATH V C ILIAC FEMPOP VEIN ABDL AND LEG	Not Cov	No	Not Cov	No		
34471	THRMBC DIR W CATH SUBCLAVIAN VEIN NECK INC	No	No	Not Cov	No		
34490	THRMBC DIR W CATH AXILL AND SUBCLAVIAN VEIN ARM IN	No	No	No	No		
34501	VALVULOPLASTY FEMORAL VEIN	No	No	Not Cov	No		
34502	RECONSTRUCTION VENA CAVA ANY METHOD	Not Cov	No	Not Cov	No		
3450F	DYSPNEA SCRND NO-MILD DYSPNEA	Not Cov	Not Cov	Not Cov	Not Cov		
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	No	No	Not Cov	No		
3451F	DYSPNEA SCRND MOD-SEVERE DYSPNEA	Not Cov	Not Cov	Not Cov	Not Cov		
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	No	No	Not Cov	No		
3452F	DYSPNEA NOT SCREENED	Not Cov	Not Cov	Not Cov	Not Cov		
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	No	No	Not Cov	No		
3455F	TB SCRNG DONE INTRPD UNDER 6 MOS START RA THXPY	Not Cov	Not Cov	Not Cov	Not Cov		
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Not Cov	No	Not Cov	No		
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	Not Cov	No	Not Cov	No		
34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	Not Cov	No	Not Cov	No		
34704	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	Not Cov	No	Not Cov	No		
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Not Cov	No	Not Cov	No		
34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	Not Cov	No	Not Cov	No		
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	Not Cov	No	Not Cov	No		
34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	Not Cov	No	Not Cov	No		
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	Not Cov	No	Not Cov	No		
3470F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY LOW	Not Cov	Not Cov	Not Cov	Not Cov		
34710	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	Not Cov	No	Not Cov	No		
34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	Not Cov	No	Not Cov	No		
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	No	No	Not Cov	No		
34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	No	No	Not Cov	No		
34714	OPN FEM ART EXPOS W CNDT CRTJ DLVR EVASC PROSTH	Not Cov	No	Not Cov	No		

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34715	OPN AX SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	Not Cov	No	Not Cov	No		
34716	OPN AXILLARY SUBCLAVIAN ART EXPOS W CNDT CRTJ	Not Cov	No	Not Cov	No		
3471F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY MOD	Not Cov	Not Cov	Not Cov	Not Cov		
3472F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY HIGH	Not Cov	Not Cov	Not Cov	Not Cov		
3475F	DISEASE PROGNOSIS RA ASSESSED POOR PROG DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
3476F	DISEASE PROGNOSIS RA ASSESSED GOOD PROG DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	Not Cov	No	Not Cov	No		
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	Not Cov	No	Not Cov	No		
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	No	No	Not Cov	No		
34820	OPN ILIAC ART EXPOS PROSTH ILIAC OCCLS EVASC UNI	Not Cov	No	Not Cov	No		
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	Not Cov	No	Not Cov	No		
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	Not Cov	No	Not Cov	No		
34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	Not Cov	No	Not Cov	No		
34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	Not Cov	No	Not Cov	No		
34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	Not Cov	No	Not Cov	No		
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	Not Cov	Not Cov	Not Cov	Not Cov		
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	No	No	Not Cov	No		
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	No	No	Not Cov	No		
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	No	No	Not Cov	No		
34844	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	No	No	Not Cov	No		
34845	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	No	No	Not Cov	No		
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	No	No	Not Cov	No		
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	No	No	Not Cov	No		
34848	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	No	No	Not Cov	No		
3490F	HISTORY OF AIDS-DEFINING CONDITION	Not Cov	Not Cov	Not Cov	Not Cov		
3491F	HIV INDETERMINATE INFANTS BORN OF HIV MOTHERS	Not Cov	Not Cov	Not Cov	Not Cov		
3492F	HISTORY OF NADIR CD4 PLUS CELL COUNT UNDER 350 CELLS MM3	Not Cov	Not Cov	Not Cov	Not Cov		
3493F	NO HIST NADIR CD4 PLUS CELL CNT UNDER 350 AND AIDS CONDI	Not Cov	Not Cov	Not Cov	Not Cov		
3494F	CD4 PLUS CELL COUNT UNDER 200 CELLS MM	Not Cov	Not Cov	Not Cov	Not Cov		
3495F	CD4 PLUS CELL COUNT 200-499 CELLS MM (HIV)	Not Cov	Not Cov	Not Cov	Not Cov		
3496F	CD4 PLUS CELL COUNT EQ OVER 500 CELLS MM	Not Cov	Not Cov	Not Cov	Not Cov		
3497F	CD4 PLUS CELL PERCENTAGE UNDER 15PCT HIV	Not Cov	Not Cov	Not Cov	Not Cov		
3498F	CD4 PLUS CELL PERCENTAGE GRT THN EQ 15PCT HIV	Not Cov	Not Cov	Not Cov	Not Cov		
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	Not Cov	No	Not Cov	No		
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	Not Cov	No	Not Cov	No		
3500F	CD4 PLUS CELL CNT CD4 PLUS CELL PCT DOCD AS DONE	Not Cov	Not Cov	Not Cov	Not Cov		
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	No	No	Not Cov	No		
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	Not Cov	No	Not Cov	No		
35021	DIR RPR ANEURYSM INNOMINATE SUBCLAVIAN ARTERY	Not Cov	No	Not Cov	No		
35022	DIR RPR RUPTD ANEURYSM INNOMINATE SUBCLAVIAN	Not Cov	No	Not Cov	No		
3502F	HIV RNA VIRAL LOAD UNDER LIMITS OF QUANTIF	Not Cov	Not Cov	Not Cov	Not Cov		
3503F	HIV RNA VIRAL LOAD NOT UNDER LIMITS OF QUANTIF	Not Cov	Not Cov	Not Cov	Not Cov		
35045	DIR RPR RUPTD ANEURYSM RADIAL ULNAR ARTERY	No	No	Not Cov	No		
35081	DIR RPR ANEURYSM ABDOMINAL AORTA	Not Cov	No	Not Cov	No		
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	Not Cov	No	Not Cov	No		
35091	DIR RPR ANEURYSM ABDOM AORTA W VISCERAL VESSELS	Not Cov	No	Not Cov	No		
35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W VISCERA VSLS	Not Cov	No	Not Cov	No		
35102	DIR RPR ANEURYSM ABDOM AORTA W ILIAC VESSELS	Not Cov	No	Not Cov	No		
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W ILIAC VSLS	Not Cov	No	Not Cov	No		
3510F	DOCJ TB SCREEN PERFORMED AND RESULTS INTERPRET	Not Cov	Not Cov	Not Cov	Not Cov		
35111	DIR RPR ANEURYSM SPLENIC ARTERY	Not Cov	No	Not Cov	No		
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	Not Cov	No	Not Cov	No		
3511F	CHLAMYDIA GONORRHEA TSTS DOCD AS DONE	Not Cov	Not Cov	Not Cov	Not Cov		
35121	DIR RPR ANEURYSM HEPATIC CELIAC RENAL MESENTERIC	Not Cov	No	Not Cov	No		
35122	DIR RPR RUPTD ANEURSM HEPATIC CELIAC RENAL MESEN	Not Cov	No	Not Cov	No		
3512F	SYPHILIS SCREENING DOCUMENTED AS DONE	Not Cov	Not Cov	Not Cov	Not Cov		
35131	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	Not Cov	No	Not Cov	No		
35132	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	Not Cov	No	Not Cov	No		
3513F	HEPATITIS B SCREENING DOCUMENTED AS PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
35141	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	Not Cov	No	Not Cov	No		
35142	DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART	Not Cov	No	Not Cov	No		
3514F	HEPATITIS C SCREENING DOCUMENTED AS PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
35151	DIR RPR ANEURYSM AND GRAFT POPLITEAL ARTERY	Not Cov	No	Not Cov	No		
35152	DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	Not Cov	No	Not Cov	No		
3515F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C	Not Cov	Not Cov	Not Cov	Not Cov		
3517F	HBV STATUS ASSESSED W RESULTS IN 1 YR	Not Cov	Not Cov	Not Cov	Not Cov		
35180	REPAIR CONGENITAL AV FISTULA HEAD AND NECK	No	No	Not Cov	No		

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35182	RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	Not Cov	No	Not Cov	No		
35184	RPR CONGENITAL AV FISTULA EXTREMITIES	No	No	Not Cov	No		
35188	RPR TRAUMATIC AV FISTULA HEAD AND NECK	No	No	No	No		
35189	RPR TRAUMATIC AV FISTULA THORAX AND ABDOMEN	Not Cov	No	Not Cov	No		
35190	RPR TRAUMATIC AV FISTULA EXTREMITIES	No	No	Not Cov	No		
35201	REPAIR BLOOD VESSEL DIRECT NECK	No	No	Not Cov	No		
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	No	No	Not Cov	No		
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	No	No	No	No		
3520F	CLOSTRIDIUM DIFFICILE TESTING PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W BYPASS	Not Cov	No	Not Cov	No		
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W O BYPASS	Not Cov	No	Not Cov	No		
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	Not Cov	No	Not Cov	No		
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	No	No	Not Cov	No		
35231	REPAIR BLOOD VESSEL W VEIN GRAFT NECK	No	No	Not Cov	No		
35236	REPAIR BLOOD VESSEL W VEIN GRAFT UPPER EXTREMITY	No	No	Not Cov	No		
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W BYP	Not Cov	No	Not Cov	No		
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W O BYP	Not Cov	No	Not Cov	No		
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	Not Cov	No	Not Cov	No		
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	No	No	Not Cov	No		
35261	REPAIR BLOOD VESSEL W GRAFT OTHER THAN VEIN NECK	No	No	Not Cov	No		
35266	RPR BLOOD VSL GRF OTH THN VEIN UPPER EXTREMITY	No	No	Not Cov	No		
35271	RPR BLOOD VSL GRF OTH THN VEIN INTRATHRC W BYP	Not Cov	No	Not Cov	No		
35276	RPR BLOOD VSL GRF OTH THN VEIN INTRATHRC W O BYP	Not Cov	No	Not Cov	No		
35281	RPR BLVSL W GRFT OTHER THAN VEIN INTRA-ABDOMINAL	Not Cov	No	Not Cov	No		
35286	RPR BLVSL W GRF OTHER THAN VEIN LOWER EXTREMITY	No	No	Not Cov	No		
35301	TEAEC W PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Not Cov	No	Not Cov	No		
35302	TEAEC W GRAFT SUPERFICIAL FEMORAL ARTERY	Not Cov	No	Not Cov	No		
35303	TEAEC W GRAFT POPLITEAL ARTERY	No	No	Not Cov	No		
35304	TEAEC W GRAFT TIBIOPERONEAL TRUNK ARTERY	No	No	Not Cov	No		
35305	TEAEC W GRAFT TIBIAL PERONEAL ART 1ST VESSEL	No	No	Not Cov	No		
35306	TEAEC W GRAFT EA ADDL TIBIAL PERONEAL ART	No	No	Not Cov	No		
35311	TEAEC W WO PATCH GRF SUBCLAV INNOM THORACIC INC	Not Cov	No	Not Cov	No		
35321	TEAEC W WO PATCH GRF AXILLARY-BRACHIAL	No	No	Not Cov	No		
35331	TEAEC W WO PATCH GRAFT ABDOMINAL AORTA	Not Cov	No	Not Cov	No		

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35341	TEAEC W WO PATCH GRAFT MESENTERIC CELIAC RENAL	Not Cov	No	Not Cov	No		
35351	TEAEC W WO PATCH GRAFT ILIAC	Not Cov	No	Not Cov	No		
35355	TEAEC W WO PATCH GRAFT ILIOFEMORAL	Not Cov	No	Not Cov	No		
35361	TEAEC W WO PATCH GRAFT COMBINED AORTOILIAC	Not Cov	No	Not Cov	No		
35363	TEAEC W WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	Not Cov	No	Not Cov	No		
35371	TEAEC W WO PATCH GRAFT COMMON FEMORAL	Not Cov	No	Not Cov	No		
35372	TEAEC W WO PATCH GRAFT DEEP PROFUNDA FEMORAL	Not Cov	No	Not Cov	No		
35390	ROPRTJ CRTD TEAEC OVER 1 MO AFTER ORIGINAL OPRATIO	Not Cov	No	Not Cov	No		
35400	ANGIOSCOPY NON-CORONARY VESSEL GRAFTS THER IVNTJ	Not Cov	No	Not Cov	No		
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY CABG PX	No	No	Not Cov	No		
35501	BYPASS W VEIN COMMON-IPSILATERAL CAROTID	Not Cov	No	Not Cov	No		
35506	BYPASS W VEIN CAROTID-SUBCLV SUBCLAVIAN CAROTID	Not Cov	No	Not Cov	No		
35508	BYPASS W VEIN CAROTID-VERTEBRAL	Not Cov	No	Not Cov	No		
35509	BYPASS W VEIN CAROTID-CONTRALATERAL CAROTID	Not Cov	No	Not Cov	No		
3550F	LOW RISK FOR THROMBOEMBOLISM	Not Cov	Not Cov	Not Cov	Not Cov		
35510	BYPASS W VEIN CAROTID-BRACHIAL	Not Cov	No	Not Cov	No		
35511	BYPASS W VEIN SUBCLAVIAN-SUBCLAVIAN	Not Cov	No	Not Cov	No		
35512	BYPASS W VEIN SUBCLAVIAN-BRACHIAL	No	No	Not Cov	No		
35515	BYPASS W VEIN SUBCLAVIAN-VERTEBRAL	Not Cov	No	Not Cov	No		
35516	BYPASS W VEIN SUBCLAVIAN-AXILLARY	Not Cov	No	Not Cov	No		
35518	BYPASS W VEIN AXILLARY-AXILLARY	Not Cov	No	Not Cov	No		
3551F	INTERMEDIATE RISK FOR THROMBOEMBOLISM	Not Cov	Not Cov	Not Cov	Not Cov		
35521	BYPASS W VEIN AXILLARY-FEMORAL	Not Cov	No	Not Cov	No		
35522	BYPASS W VEIN AXILLARY-BRACHIAL	No	No	Not Cov	No		
35523	BYPASS W VEIN BRACHIAL-ULNAR -RADIAL	No	No	Not Cov	No		
35525	BYPASS W VEIN BRACHIAL-BRACHIAL	No	No	Not Cov	No		
35526	BYPASS W VEIN AORTOSUBCLAV CAROTID INNOMINATE	Not Cov	No	Not Cov	No		
3552F	HIGH RISK FOR THROMBOEMBOLISM	Not Cov	Not Cov	Not Cov	Not Cov		
35531	BYPASS W VEIN AORTOCELIAC AORTOMESENTERIC	Not Cov	No	Not Cov	No		
35533	BYPASS W VEIN AXILLARY-FEMORAL-FEMORAL	Not Cov	No	Not Cov	No		
35535	BYPASS W VEIN HEPATORENAL	Not Cov	No	Not Cov	No		
35536	BYPASS W VEIN SPLENORENAL	Not Cov	No	Not Cov	No		
35537	BYPASS W VEIN AORTOILIAC	Not Cov	No	Not Cov	No		
35538	BYPASS W VEIN AORTOBI-ILIAC	Not Cov	No	Not Cov	No		

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35539	BYPASS W VEIN AORTOFEMORAL	Not Cov	No	Not Cov	No		
35540	BYPASS W VEIN AORTOBIFEMORAL	Not Cov	No	Not Cov	No		
35556	BYPASS W VEIN FEMORAL-POPLITEAL	Not Cov	No	Not Cov	No		
35558	BYPASS W VEIN FEMORAL-FEMORAL	Not Cov	No	Not Cov	No		
3555F	PT HAD INR MEASUREMENT PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
35560	BYPASS W VEIN AORTORENAL	Not Cov	No	Not Cov	No		
35563	BYPASS W VEIN ILIOILIAC	Not Cov	No	Not Cov	No		
35565	BYPASS W VEIN ILIOFEMORAL	Not Cov	No	Not Cov	No		
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART OTH DSTL	Not Cov	No	Not Cov	No		
35570	BYP TIBL-TIBL PRONEAL-TIBL TIBL PRONEAL TRK-TIBL	No	No	Not Cov	No		
35571	BYP W VEIN POP-TIBL-PRONEAL ART OTH DSTL VSL	Not Cov	No	Not Cov	No		
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	No	No	Not Cov	No		
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	Not Cov	No	Not Cov	No		
35585	IN-SITU FEM-ANT TIBL PST TIBL PRONEAL ART	Not Cov	No	Not Cov	No		
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	Not Cov	No	Not Cov	No		
35600	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG	Not Cov	No	Not Cov	No		
35601	BYP OTH THN VEIN COMMON-IPSILATERAL CAROTID	Not Cov	No	Not Cov	No		
35606	BYP OTH THN VEIN CAROTID-SUBCLAVIAN	Not Cov	No	Not Cov	No		
35612	BYP OTH THN VEIN SUBCLAVIAN-SUBCLAVIAN	Not Cov	No	Not Cov	No		
35616	BYP OTH THN VEIN SUBCLAVIAN-AXILLARY	No	No	Not Cov	No		
35621	BYP OTH THN VEIN AXILLARY-FEMORAL	Not Cov	No	Not Cov	No		
35623	BYP OTH THN VEIN AXILLARY-POPLITEAL -TIBIAL	Not Cov	No	Not Cov	No		
35626	BYPASS NOT VEIN AORTOSUBCLA CAROTID INNOMINATE	Not Cov	No	Not Cov	No		
35631	BYP OTH THN VEIN AORTOCELIAC AORTOMSN AORTORNL	Not Cov	No	Not Cov	No		
35632	BYPASS GRAFT W OTHER THAN VEIN ILIO-CELIAC	Not Cov	No	Not Cov	No		
35633	BYPASS GRAFT W OTHER THAN VEIN ILIO-MESENTERIC	Not Cov	No	Not Cov	No		
35634	BYPASS GRAFT W OTHER THAN VEIN ILIORENAL	Not Cov	No	Not Cov	No		
35636	BYP OTH THN VEIN SPLENORENAL	Not Cov	No	Not Cov	No		
35637	BYP OTH THN VEIN AORTOILIAC	Not Cov	No	Not Cov	No		
35638	BYP OTH THN VEIN AORTOBI-ILIAC	Not Cov	No	Not Cov	No		
35642	BYP OTH THN VEIN CAROTID-VERTEBRAL	Not Cov	No	Not Cov	No		
35645	BYP OTH THN VEIN SUBCLAVIAN-VERTEBRAL	Not Cov	No	Not Cov	No		
35646	BYP OTH THN VEIN AORTOBIFEMORAL	Not Cov	No	Not Cov	No		
35647	BYP OTH THN VEIN AORTOFEMORAL	No	No	Not Cov	No		

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35650	BYP OTH THN VEIN AXILLARY-AXILLARY	Not Cov	No	Not Cov	No		
35654	BYP OTH THN VEIN AXILLARY-FEMORAL-FEMORAL	Not Cov	No	Not Cov	No		
35656	BYP OTH THN VEIN FEMORAL-POPLITEAL	Not Cov	No	Not Cov	No		
35661	BYP OTH THN VEIN FEMORAL-FEMORAL	Not Cov	No	Not Cov	No		
35663	BYP OTH THN VEIN ILIOILIAC	Not Cov	No	Not Cov	No		
35665	BYP OTH THN VEIN ILIOFEMORAL	Not Cov	No	Not Cov	No		
35666	BYP OTH THN VEIN FEM-ANT TIBL PST TIBL PRONEAL	Not Cov	No	Not Cov	No		
35671	BYP OTH THN VEIN POPLITEAL-TIBIAL -PERONEAL ART	Not Cov	No	Not Cov	No		
35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	Not Cov	No	Not Cov	No		
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	Not Cov	No	Not Cov	No		
35683	BYP AUTOG COMPOSIT 3 OR GRT SEG FROM 2 OR GRT LOCATION	Not Cov	No	Not Cov	No		
35685	PLMT VEIN PATCH CUFF DSTL ANAST BYP CONDUIT	No	No	Not Cov	No		
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	No	No	Not Cov	No		
35691	TRPOS AND RIMPLTJ VERTEBRAL CAROTID ART	Not Cov	No	Not Cov	No		
35693	TRPOS AND RIMPLTJ VERTEBRAL SUBCLAVIAN ART	Not Cov	No	Not Cov	No		
35694	TRPOS AND RIMPLTJ SUBCLAVIAN CAROTID ART	Not Cov	No	Not Cov	No		
35695	TRPOS AND RIMPLTJ CAROTID SUBCLAVIAN ART	Not Cov	No	Not Cov	No		
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	Not Cov	No	Not Cov	No		
35700	ROPRTJ OVER 1 MO AFTER ORIGINAL OPRATION	Not Cov	No	Not Cov	No		
35701	EXPL N FLWD SURG RPR W WO LYSIS CAROTID ARTERY	No	No	Not Cov	No		
3570F	REPORT BONE SCINTIGRAPHY W X-RAY SAME REGION	Not Cov	Not Cov	Not Cov	Not Cov		
35721	EXPL N FLWD SURG RPR W WO LYSIS FEMORAL ARTERY	No	No	Not Cov	No		
3572F	PT POTENTIAL RISK FRACTURE WEIGHT-BEARING SITE	Not Cov	Not Cov	Not Cov	Not Cov		
3573F	PT NOT POTENT RISK FRACTURE WEIGHT-BEARING SITE	Not Cov	Not Cov	Not Cov	Not Cov		
35741	EXPL N FLWD SURG RPR W WO LYSIS POPLITEAL ARTERY	No	No	Not Cov	No		
35761	EXPL N FLWD SURG RPR W WO LYSIS OTHER ARTERY	No	No	No	No		
35800	EXPL PO HEMRRG THROMBOSIS INFCTJ NCK	Not Cov	No	Not Cov	No		
35820	EXPL PO HEMRRG THROMBOSIS INFCTJ CH	No	No	Not Cov	No		
35840	EXPL PO HEMRRG THROMBOSIS INFCTJ ABD	Not Cov	No	Not Cov	No		
35860	EXPL PO HEMRRG THROMBOSIS INFCTJ XTR	No	No	Not Cov	No		
35870	RPR GRF-ENTERIC FSTL	Not Cov	No	Not Cov	No		
35875	THRMBC ARTL VEN GRF OTH THN HEMO GRF FSTL	No	No	No	No		
35876	THRMBC ARTL VEN GRF XCP HEMO GRF FSTL W REVJ GRF	No	No	No	No		
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	No	No	Not Cov	No		

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35881	REVJ LXTR ARTL BYP OPN W SGMTL VEIN INTERPOS	No	No	Not Cov	No		
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	No	No	Not Cov	No		
35884	REVISION FEMORAL ANAST OPEN W AUTOG GRAFT	No	No	Not Cov	No		
35901	EXCISION INFECTED NECK GRAFT	No	No	Not Cov	No		
35903	EXCISION INFECTED GRAFT EXTREMITY	No	No	Not Cov	No		
35905	EXCISION INFECTED GRAFT THORAX	Not Cov	No	Not Cov	No		
35907	EXCISION INFECTED GRAFT ABDOMEN	Not Cov	No	Not Cov	No		
36000	INTRODUCTION NEEDLE INTRACATHETER VEIN	No	No	Not Cov	No		
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	No	No	No	No		
36005	NJX PX XTR VNGRPH W INTRO NDL INTRACATH	No	No	Not Cov	No		
36010	INTRO CATHETER SUPERIOR INFERIOR VENA CAVA	No	No	Not Cov	No		
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	No	No	Not Cov	No		
36012	SLCTV CATH PLMT VEN SYS 2ND ORDER OR GRT SLCTV BRANC	No	No	Not Cov	No		
36013	INTRO CATHETER RIGHT HEART MAIN PULMONARY ARTERY	No	No	Not Cov	No		
36014	SLCTV CATHETER PLMT LEFT RIGHT PULMONARY ARTERY	No	No	Not Cov	No		
36015	SLCTV CATH PLMT SEGMENTAL SUBSEGMENTAL PULM ART	No	No	Not Cov	No		
36100	INTRO NEEDLE INTRACATH CAROTID VERTEBRAL ARTERY	No	No	Not Cov	No		
36140	INTRO OF NEEDLE OR INTRACATHETER UPR LXTR ARTERY	No	No	Not Cov	No		
36160	INTRO NEEDLE INTRACATH AORTIC TRANSLUMBAR	No	No	Not Cov	No		
36200	INTRODUCTION CATHETER AORTA	No	No	Not Cov	No		
36215	SLCTV CATHJ EA 1ST ORD THRC BRCH CPHLC BRNCH	No	No	Not Cov	No		
36216	SLCTV CATHJ 1ST 2ND ORD THRC BRCH CPHLC BRNCH	No	No	Not Cov	No		
36217	SLCTV CATHJ 3RD PLUS ORD SLCTV THRC BRCH CPHLC BRNCH	No	No	Not Cov	No		
36218	SLCTV CATHJ EA 2ND PLUS ORD THRC BRCH CPHLC BRNCH	No	No	Not Cov	No		
36221	NONSLCTV CATH THOR AORTA ANGIO INTR XTRCRANL ART	No	No	Not Cov	No		
36222	SLCTV CATH CAROTID INNOM ART ANGIO XTRCRANL ART	No	No	Not Cov	No		
36223	SLCTV CATH CAROTID INNOM ART ANGIO INTRCRANL ART	No	No	Not Cov	No		
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	No	No	Not Cov	No		
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	No	No	Not Cov	No		
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	No	No	Not Cov	No		
36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	No	No	Not Cov	No		
36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT VERT	No	No	Not Cov	No		
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL LXTR ART BRNCH	No	No	Not Cov	No		
36246	SLCTV CATHJ 2ND ORDER ABDL PEL LXTR ART BRNCH	No	No	Not Cov	No		

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
36247	SLCTV CATHJ 3RD PLUS ORD SLCTV ABDL PEL LXTR BRNCH	No	No	Not Cov	No		
36248	SLCTV CATHJ EA 2ND PLUS ORD ABDL PEL LXTR ART BRNCH	No	No	Not Cov	No		
36251	SLCTV CATH 1STORD W WO ART PUNCT FLUORO S AND I UN	No	No	Not Cov	No		
36252	SLCTV CATH 1STORD W WO ART PUNCT FLUOR S AND I BIL	No	No	Not Cov	No		
36253	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY S AN	No	No	Not Cov	No		
36254	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY S AN	No	No	Not Cov	No		
36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	No	No	No	No		
36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	No	No	No	No		
36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	No	No	No	No		
36299	UNLISTED PROCEDURE VASCULAR INJECTION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
36400	VNPNXR UNDER 3 YEARS PHY QHP SKILL FEMRAL JUGLAR VEIN	No	No	Not Cov	No		
36405	VNPNXR UNDER 3 YEARS PHYS QHP SKILL SCALP VEIN	No	No	Not Cov	No		
36406	VNPNXR UNDER 3 YEARS PHYS QHP SKILL OTHER VEIN	No	No	Not Cov	No		
36410	VNPNXR 3 YEARS OR GRT PHYS QHP SKILL	No	No	Not Cov	No		
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	No	No	Not Cov	No		
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	No	No	Not Cov	No		
36420	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	No	No	Not Cov	No		
36425	VENIPUNCTURE CUTDOWN AGE 1 YR OR GRT	No	No	Not Cov	No		
36430	TRANSFUSION BLOOD BLOOD COMPONENTS	No	No	Not Cov	No		
36440	PUSH TRANSFUSION BLOOD 2 YR UNDER	No	No	Not Cov	No		
36450	EXCHNG TRANSFUSION BLOOD NEWBORN	No	No	Not Cov	No		
36455	EXCHNG TRANSFUSION BLOOD OTHER THAN NEW BORN	No	No	No	No		
36456	PRTL EXCHANGE TRANSFUSE BLOOD PLSM CRYST NEWBORN	No	No	Not Cov	No		
36460	TRANSFUSION INTRAUTERINE FETAL	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	No	No	Not Cov	No		
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	No	No	Not Cov	No		
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	No	No	Not Cov	No		
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING	No	No	Not Cov	No		
3650F	ELECTROENCEPHALOGRAM ORDERED RVWD OR REQ	Not Cov	Not Cov	Not Cov	Not Cov		
36510	CATHJ UMBILICAL VEIN DX THER NB	No	No	Not Cov	No		
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	No	No	No	No		
36513	THERAPEUTIC APHERESIS PLATELETS	No	No	No	No		
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
36516	THER APHERESIS W EXTRACORPOREAL IMMUNOADSORPTION	No	No	Not Cov	No		
36522	PHOTOPHERESIS EXTRACORPOREAL	No	No	No	No		
36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE UNDER 5 Y	No	No	No	No		
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR OR GRT	No	No	No	No		
36557	INSERT TUNNELED CVC W O SUBQ PORT PMP AGE UNDER 5 YR	No	No	No	No		
36558	INSJ TUNNELED CVC W O SUBQ PORT PMP AGE 5 YR OR GRT	No	No	No	No		
36560	INSJ TUNNELED CTR VAD W SUBQ PORT UNDER 5 YR	No	No	No	No		
36561	INSJ TUNNELED CTR VAD W SUBQ PORT AGE 5 YR OR GRT	No	No	No	No		
36563	INSJ TUNNELED CTR VAD W SUBQ PUMP	No	No	No	No		
36565	INSJ TUN VAD REQ 2 CATH 2 SITS W O SUBQ PORT PMP	No	No	No	No		
36566	INSJ TUN VAD REQ 2 CATH 2 SITS W SUBQ PORT	No	No	No	No		
36568	INSJ PRPH CVC W O SUBQ PORT PMP UNDER 5 YR	No	No	No	No		
36569	INSJ PRPH CVC W O SUBQ PORT PMP AGE 5 YR OR GRT	No	No	No	No		
36570	INSJ PRPH CTR VAD W SUBQ PORT UNDER 5 YR	No	No	No	No		
36571	INSJ PRPH CTR VAD W SUBQ PORT AGE 5 YR OR GRT	No	No	No	No		
36572	INSERTION PICC W RS AND I UNDER 5 YR	No	No	Not Cov	No		
36573	INSERTION PICC W RS AND I 5 YR OR GRT	No	No	Not Cov	No		
36575	RPR TUN NON-TUN CTR VAD CATH W O SUBQ PORT PMP	No	No	No	No		
36576	RPR CTR VAD W SUBQ PORT PMP CTR PRPH INSJ SIT	No	No	No	No		
36578	RPLCMT CATH CTR VAD SUBQ PORT PMP	No	No	No	No		
36580	RPLCMT COMPL NON-TUN CVC W O SUBQ PORT PMP	No	No	No	No		
36581	RPLCMT COMPL TUN CVC W O SUBQ PORT PMP	No	No	No	No		
36582	RPLCMT COMPL TUN CTR VAD W SUBQ PORT	No	No	No	No		
36583	RPLCMT COMPL TUN CTR VAD W SUBQ PMP	No	No	No	No		
36584	RPLCMT COMPL PRPH CVC W O SUBQ PORT PMP	No	No	No	No		
36585	RPLCMT COMPL PRPH CTR VAD W SUBQ PORT	No	No	No	No		
36589	RMVL TUN CVC W O SUBQ PORT PMP	No	No	No	No		
36590	RMVL TUN CTR VAD W SUBQ PORT PMP CTR PRPH INSJ	No	No	No	No		
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	No	No	Not Cov	No		
36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE CATH	No	No	Not Cov	No		
36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	No	No	No	No		
36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	No	No	No	No		
36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	No	No	No	No		
36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG AND REPRT	No	No	Not Cov	No		
36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	No	No	Not Cov	No		
36620	ARTL CATHJ CANNULJ MNTR TRANSFUSION SPX PRQ	No	No	Not Cov	No		
36625	ARTL CATHJ CANNULJ MNTR TRANSFUSION SPX CUTDOWN	No	No	Not Cov	No		
36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	No	No	No	No		
36660	CATHETERIZATION UMBILICAL NEWBORN ART DX THERAPY	Not Cov	No	Not Cov	No		
36680	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	No	No	No	No		
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	No	No	No	No		
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	No	No	No	No		
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ CLSR	No	No	No	No		
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	No	No	No	No		
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	No	No	No	No		
36820	ARVEN ANAST OPN F ARM VEIN TRPOS	No	No	No	No		
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	No	No	No	No		
36823	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	No	No	Not Cov	No		
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	No	No	No	No		
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	No	No	No	No		
36831	THRMBC OPN ARVEN FSTL W O REVJ DIAL GRF	No	No	No	No		
36832	REVJ OPN ARVEN FSTL W O THRMBC DIAL GRF	No	No	No	No		
36833	REVJ OPN ARVEN FSTL W THRMBC DIAL GRF	No	No	No	No		
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	No	No	No	No		
36838	DSTL REVSC AND INTERVAL LIG UXTR HEMO ACCESS	No	No	Not Cov	No		
36860	XTRNL CANNULA DECLTNG SPX W O BALO CATH	No	No	No	No		
36861	XTRNL CANNULA DECLTNG SPX W BALO CATH	No	No	No	No		
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S AND I	No	No	Not Cov	No		
36902	INTRO CATH DIALYSIS CIRCUIT W TRLUML BALO ANGIOP	No	No	Not Cov	No		
36903	INTRO CATH DIALYSIS CIRCUIT W TCAT PLMT IV STENT	No	No	Not Cov	No		
36904	PERQ THRMBC NFS DIALYSIS CIRCUIT IMG DX ANGRPH	No	No	Not Cov	No		
36905	PERQ THRMBC NFS DIAL CIRCUIT TRLUML BALO ANGIOP	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
36906	PERQ THRMBC NFS DIAL CIRCUIT TCAT PLMT IV STENT	No	No	Not Cov	No		
36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W IMG S AND I	Not Cov	No	Not Cov	No		
36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	Not Cov	No	Not Cov	No		
36909	DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S AND I	Not Cov	No	Not Cov	No		
3700F	PSYCHIATRIC DISORDERS DISTURBANCES ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	Not Cov	No	Not Cov	No		
37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL	No	No	Not Cov	No		
37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	Not Cov	No	Not Cov	No		
37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	Not Cov	No	Not Cov	No		
37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	Not Cov	No	Not Cov	No		
37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	Not Cov	No	Not Cov	No		
37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	No	No	Not Cov	No		
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	No	No	No	No		
37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	No	No	No	No		
37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	No	No	No	No		
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	No	No	No	No		
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	No	No	No	No		
37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
37192	REPSNG INTRVAS VC FILTR W WO ACS VSL SELXN RS AND I	No	No	Not Cov	No		
37193	RTRVL INTRVAS VC FILTR W WO ACS VSL SELXN RS AND I	No	No	Not Cov	No		
37195	THROMBOLYSIS CEREBRAL IV INFUSION	No	No	Not Cov	No		
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	No	No	No	No		
37200	TRANSCATHETER BIOPSY	No	No	No	No		
3720F	COGNITIVE IMPAIRMENT DYSFUNCTION ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS AND I INIT TX	Not Cov	No	Not Cov	No		
37212	THROMBOLYSIS VENOUS INFUSION W IMAGING INIT TX	Not Cov	No	Not Cov	No		
37213	THROMBOLYSIS ART VENOUS INFSN W IMAGE SUBSQ TX	Not Cov	No	Not Cov	No		
37214	CESSATION THROMBOLYTIC THER W CATHETER REMOVAL	Not Cov	No	Not Cov	No		
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Not Cov	No	Not Cov	No		
37216	TCAT IV STENT CRV CRTD ART W O EMBOLIC PROTECJ	Not Cov	No	Not Cov	No		
37217	TCATH STENT PLACEMT RETROGRAD CAROTID INNOMINATE	Not Cov	No	Not Cov	No		
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID INNOMINATE	Not Cov	No	Not Cov	No		

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37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	No	No	No	No		
37221	REVSC OPN PRQ ILIAC ART W STNT PLMT AND ANGIOPLSTY	No	No	No	No		
37222	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	No	No	No	No		
37223	REVSC OPN PRQ ILIAC ART W STNT AND ANGIOP IPSILATL	No	No	No	No		
37224	REVSC OPN PRG FEM POP W ANGIOPLASTY UNI	No	No	No	No		
37225	REVSC OPN PRQ FEM POP W ATHRC ANGIOP SM VSL	No	No	No	No		
37226	REVSC OPN PRQ FEM POP W STNT ANGIOP SM VSL	No	No	No	No		
37227	REVSC OPN PRQ FEM POP W STNT ATHRC ANGIOP SM VSL	No	No	Not Cov	No		
37228	REVSC OPN PRQ TIB PERO W ANGIOPLASTY UNI	No	No	No	No		
37229	REVSC OPN PRQ TIB PERO W ATHRC ANGIOP SM VSL	No	No	No	No		
37230	REVSC OPN PRQ TIB PERO W STNT ANGIOP SM VSL	No	No	No	No		
37231	REVSC OPN PRQ TIB PERO W STNT ATHR ANGIOP SM VSL	No	No	Not Cov	No		
37232	REVSC OPN PRQ TIB PERO W ANGIOPLASTY UNI EA VSL	No	No	No	No		
37233	REVSC OPN PRQ TIB PERO W ATHRC ANGIOP UNI EA VSL	No	No	No	No		
37234	REVSC OPN PRQ TIB PERO W STNT ANGIOP UNI EA VSL	No	No	No	No		
37235	REVSC OPN PRQ TIB PERO W STNT ATHR ANGIOP EA VSL	No	No	No	No		
37236	OPEN PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	No	No	No	No		
37237	OPEN PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	No	No	No	No		
37238	OPEN PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	No	No	No	No		
37239	OPEN PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	No	No	No	No		
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS AND I	No	No	Not Cov	No		
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS AND I	No	No	Not Cov	No		
37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	No	No	Not Cov	No		
37246	TRLML BALO ANGIOP OPEN PERQ IMG S AND I 1ST ART	Not Cov	No	Not Cov	No		
37247	TRLML BALO ANGIOP OPEN PERQ IMG S AND I EA ADDL ART	Not Cov	No	Not Cov	No		
37248	TRLML BALO ANGIOP OPEN PERQ W IMG S AND I 1ST VEIN	Not Cov	No	Not Cov	No		
37249	TRLML BALO ANGIOP OPEN PERQ W IMG S AND I ADDL VEIN	Not Cov	No	Not Cov	No		
37252	INTRAVASCULAR US NONCORONARY RS AND I INTIAL VESSEL	No	No	Not Cov	No		
37253	INTRAVASCULAR US NONCORONARY RS AND I ADDL VESSEL	No	No	Not Cov	No		
3725F	SCREENING FOR DEPRESSION PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
37500	VASC ENDOSCOPY SURG W LIG PERFORATOR VEINS SPX	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
3750F	PT NOT RCVNG CORTICOSTERIDSGRT THN EQ10MG DAY 60 OR GRT D	Not Cov	Not Cov	Not Cov	Not Cov		
3751F	ELECTRODIAG STUDIES DSP DOCD RVWD W IN 6 MONTHS	Not Cov	Not Cov	Not Cov	Not Cov		
3752F	ELECTRODIAG STUDIES DSP NOT DOCD RVWD W IN 6 MON	Not Cov	Not Cov	Not Cov	Not Cov		
3753F	PT HAS CLINICAL SYMP AND SIGNS NEUROPATHY W CAUSE	Not Cov	Not Cov	Not Cov	Not Cov		
3754F	SCREENING TSTS DIABETES MELLITUS RVWD RQSTD ORD	Not Cov	Not Cov	Not Cov	Not Cov		
3755F	COGNITIVE AND BEHAVIORAL IMPAIRMENT SCRNG PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
37565	LIGATION INTERNAL JUGULAR VEIN	No	No	Not Cov	No		
3756F	PT HAS PSEUDOBULBAR AFFECT SIALORRHEA ALS SYMP	Not Cov	Not Cov	Not Cov	Not Cov		
3757F	NO PSEUDOBULBAR AFFECT SIALORRHEA ALS SYMP	Not Cov	Not Cov	Not Cov	Not Cov		
3758F	PULM FUNC TESTING PEAK COUGH EXPIRATORY FLOW	Not Cov	Not Cov	Not Cov	Not Cov		
3759F	PT SCRND DYSPHAGIA WT LOSS IMPAIRED NUTRITION	Not Cov	Not Cov	Not Cov	Not Cov		
37600	LIGATION EXTERNAL CAROTID ARTERY	No	No	Not Cov	No		
37605	LIGATION INTERNAL COMMON CAROTID ARTERY	No	No	Not Cov	No		
37606	LIG INT COMMON CAROTID ART W GRADUAL OCCLUSION	No	No	Not Cov	No		
37607	LIG BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	No	No	No	No		
37609	LIGATION BIOPSY TEMPORAL ARTERY	No	No	No	No		
3760F	PT W DYSPHAG WT LOSS IMPAIRED NUTRITION	Not Cov	Not Cov	Not Cov	Not Cov		
37615	LIGATION MAJOR ARTERY NECK	No	No	Not Cov	No		
37616	LIGATION MAJOR ARTERY CHEST	Not Cov	No	Not Cov	No		
37617	LIGATION MAJOR ARTERY ABDOMEN	Not Cov	No	Not Cov	No		
37618	LIGATION MAJOR ARTERY EXTREMITY	No	No	Not Cov	No		
37619	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	No	No	Not Cov	No		
3761F	PT WO DYSPHAG WT LOSS IMPAIRED NUTRITION	Not Cov	Not Cov	Not Cov	Not Cov		
3762F	PATIENT IS DYSARTHRIC	Not Cov	Not Cov	Not Cov	Not Cov		
3763F	PATIENT IS NOT DYSARTHRIC	Not Cov	Not Cov	Not Cov	Not Cov		
37650	LIGATION OF FEMORAL VEIN	No	No	No	No		
37660	LIGATION OF COMMON ILIAC VEIN	Not Cov	No	Not Cov	No		
37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes

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37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
3775F	ADENOMA(S) NEOPLASM DETECTED SCRNG CLNSCPY	Not Cov	Not Cov	Not Cov	Not Cov		
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	Yes	Yes	Not Cov	No		History and Physical (H&P) Progress Notes
3776F	ADENOMA(S) NEOPLASM NOT DETECTED SCRNG CLNSCPY	Not Cov	Not Cov	Not Cov	Not Cov		
37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
37788	PENILE REVASCULARIZATION ARTERY W WO VEIN GRAFT	Not Cov	No	Not Cov	No		
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	No	No	No	No		
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
38101	SPLENECTOMY TOTAL EN BLOC W OTHER PROCEDURE	Not Cov	No	Not Cov	No		
38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W OTH PX	Not Cov	No	Not Cov	No		
38115	RPR RPTD SPLEEN SPLENORRHAPHY W WO PRTL SPLENECT	Not Cov	No	Not Cov	No		
38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	No	No	Not Cov	No		
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
38200	INJECTION PROCEDURE SPLENOPORTOGRAPY	No	No	Not Cov	No		
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38220	DIAGNOSTIC BONE MARROW ASPIRATIONS	No	No	Not Cov	No		
38221	DIAGNOSTIC BONE MARROW BIOPSIES	No	No	Not Cov	No		
38222	DIAGNOSTIC BONE MARROW BIOPSIES AND ASPIRATIONS	No	No	Not Cov	No		
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Yes	Yes	Not Cov	No		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
38300	DRG LYMPH NODE ABSC LYMPHADENITIS SMPL	No	No	No	No		
38305	DRG LYMPH NODE ABSC LYMPHADENITIS EXTNSV	No	No	No	No		
38308	LYMPHANGIOTOMY OTH OPRATIONS LYMPHATIC CHANNELS	No	No	No	No		
38380	SUTR AND LIG THORACIC DUCT CERVICAL APPROACH	No	No	Not Cov	No		
38381	SUTR AND LIG THORACIC DUCT THORACIC APPROACH	Not Cov	No	Not Cov	No		
38382	SUTR AND LIG THORACIC DUCT ABDOMINAL APPROACH	Not Cov	No	Not Cov	No		
38500	BX EXC LYMPH NODE OPEN SUPERFICIAL	No	No	No	No		
38505	BX EXC LYMPH NODE NEEDLE SUPERFICIAL	No	No	No	No		
38510	BX EXC LYMPH NODE OPEN DEEP CERVICAL NODE	No	No	No	No		
38520	BX EXC LYMPH NODE OPN DP CRV NODE W EXC FAT PAD	No	No	No	No		
38525	BX EXC LYMPH NODE OPEN DEEP AXILLARY NODE	No	No	No	No		
38530	BX EXC LYMPH NODE OPEN INT MAMMARY NODE	No	No	No	No		
38531	OPEN BIOPSY EXCISION INGUINOFEMORAL NODES	No	No	Not Cov	No		
38542	DISSECTION DEEP JUGULAR NODE	No	No	No	No		
38550	EXC CSTIC HYGROMA AX CRV W O DP NEUROVASC DSJ	No	No	No	No		
38555	EXC CSTIC HYGROMA AX CRV W DP NEUROVASC DSJ	No	No	No	No		
38562	LMTD LMPHADEC STAGING SPX PEL AND PARA-AORTIC	Not Cov	No	Not Cov	No		
38564	LMTD LMPHADEC STAGING SPX RPR AORTIC AND SPLENIC	Not Cov	No	Not Cov	No		
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1 MLT	No	No	No	No		
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	No	No	No	No		
38572	LAPS BI TOT PEL LMPHADEC AND PRI-AORTIC LYMPH BX 1	No	No	No	No		
38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
38700	SUPRAHYOID LYMPHADENECTOMY	No	No	No	No		
38720	CERVICAL LYMPHADENECTOMY	No	No	Not Cov	No		
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	Not Cov	No	Not Cov	No		
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL	No	No	No	No		
38745	AXILLARY LYMPHADENECTOMY COMPLETE	No	No	No	No		
38746	THORCOM THRC W MEDSTNL AND REGIONAL LMPHADEC	No	No	Not Cov	No		
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	Not Cov	No	Not Cov	No		
38760	INGUINOFEM LMPHADEC SUPFC W CLOQUETS NODE SPX	No	No	No	No		
38765	INGUINOFEM LMPHADEC SUPFC W PEL LMPHADEC	Not Cov	No	Not Cov	No		
38770	PEL LMPHADEC W XTRNL ILIAC HYPOGSTR AND OBTURATOR	Not Cov	No	Not Cov	No		
38780	RPR TABDL LMPHADEC EXTNSV W PEL AORTIC AND RNL	Not Cov	No	Not Cov	No		
38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY	No	No	Not Cov	No		
38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	No	No	Not Cov	No		
38794	CANNULATION THORACIC DUCT	No	No	Not Cov	No		
38900	INTRAOP SENTINEL LYMPH NODE ID W DYE INJECTION	No	No	Not Cov	No		
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
39000	MEDIAST W EXPL DRG RMVL FB BX CRV APPR	No	No	Not Cov	No		
39010	MEDIAST W EXPL DRG RMVL FB BX TTHRC APPR	No	No	Not Cov	No		
39200	RESECTION OF MEDIASTINAL CYST	Not Cov	No	Not Cov	No		
39220	RESECTION MEDIASTINAL TUMOR	Not Cov	No	Not Cov	No		
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	No	No	Not Cov	No		
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY IES	No	No	Not Cov	No		
39499	UNLISTED PROCEDURE MEDIASTINUM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	Not Cov	No	Not Cov	No		

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39503	RPR NEONATAL DIPHRG HERNIA W WO CHEST TUBE INSJ	Not Cov	No	Not Cov	No		
39540	RPR DIPHRG HRNA OTH THN NEONATAL TRAUMTC AQT	Not Cov	No	Not Cov	No		
39541	RPR DIPHRG HRNA OTH THN NEONATAL TRAUMTC CHRNC	Not Cov	No	Not Cov	No		
39545	IMBRICATION DIAPHRAGM EVENTRATION	No	No	Not Cov	No		
39560	RESCJ DIAPHRAGM W SIMPLE REPAIR	Not Cov	No	Not Cov	No		
39561	RESCJ DIAPHRAGM W COMPLEX REPAIR	Not Cov	No	Not Cov	No		
39599	UNLISTED PROCEDURE DIAPHRAGM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
4000F	TOBACCO USE CESSATION IVNTJ COUNSELING	Not Cov	Not Cov	Not Cov	Not Cov		
4001F	TOBACCO USE CESSATION IVNTJ PHARMACOLOGIC THER	Not Cov	Not Cov	Not Cov	Not Cov		
4003F	PT EDUCATION WRTTN ORAL HRT FAILURE PTS PFRMD	Not Cov	Not Cov	Not Cov	Not Cov		
4004F	PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK	Not Cov	Not Cov	Not Cov	Not Cov		
4005F	PHARMACOLOGIC OSTEOPOROSIS THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4008F	BETA BLOCKER THERAPY RXD CURRENTLY BEING TAKEN	Not Cov	Not Cov	Not Cov	Not Cov		
4010F	ACE INHIBITOR ARB THERAPY RXD CURRENTLY TAKEN	Not Cov	Not Cov	Not Cov	Not Cov		
4011F	ORAL ANTIPLATELET THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4012F	WARFARIN THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4013F	STATIN THERAPY RXD CURRENTLY TAKEN	Not Cov	Not Cov	Not Cov	Not Cov		
4014F	DSCHRG INSTRUCTIONS HRT FAILURE XCP PTS 18 YR	Not Cov	Not Cov	Not Cov	Not Cov		
4015F	PRSISTENT ASTHMA LONG TERM CTRL MED PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4016F	ANTI-INFLAMMATORY ANALGESIC AGT PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4017F	GI PROPHYLAXIS NSAID USE PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4018F	THERAPEUTIC EXERCISE INVOLVED JTS INST PRESCRIBE	Not Cov	Not Cov	Not Cov	Not Cov		
4019F	DOCUMENT COUNSELING EXERCISE CALCIUM AND VITAMIN	Not Cov	Not Cov	Not Cov	Not Cov		
4025F	INHALED BRONCHODILATOR PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4030F	LONG-TERM OXYGEN THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4033F	PULMONARY REHABILITATION RECOMMENDED	Not Cov	Not Cov	Not Cov	Not Cov		
4035F	INFLUENZA IMMUNIZATION RECOMMENDED	Not Cov	Not Cov	Not Cov	Not Cov		
4037F	INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED	Not Cov	Not Cov	Not Cov	Not Cov		
4040F	PNEUMOCOCCAL VACCINE ADMIN RCVD PRIOR	Not Cov	Not Cov	Not Cov	Not Cov		
4041F	DOC ORDER CEFAZOLIN CEFUROXIME ANTIMICRB PROPHYL	Not Cov	Not Cov	Not Cov	Not Cov		

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4042F	DOC PROPHY ANTIBIO NOT GIVEN W IN 4 HR PRIOR SUR	Not Cov	Not Cov	Not Cov	Not Cov		
4043F	DOC ORDER DISCONT ANTIBIO W IN 48 HOURS OF SURG	Not Cov	Not Cov	Not Cov	Not Cov		
4044F	DOC ORDER VTE PROPHYL W IN 24 HRS PRIOR SURG	Not Cov	Not Cov	Not Cov	Not Cov		
4045F	APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4046F	DOCD ANTIBIO W IN 4 HRS PRIOR INTRAOP SURG INCIS	Not Cov	Not Cov	Not Cov	Not Cov		
4047F	DOC ORDER ANTIBIO GIVEN W IN 1 HR PRIOR SURG INC	Not Cov	Not Cov	Not Cov	Not Cov		
4048F	DOC ANTIBIO GIVEN W IN 1 HR PRIOR SURG INCIS	Not Cov	Not Cov	Not Cov	Not Cov		
40490	BIOPSY OF LIP	No	No	Not Cov	No		
4049F	DOC ORDER GIVEN TO STOP ANTIBIO W IN 24 HRS SURG	Not Cov	Not Cov	Not Cov	Not Cov		
40500	VERMILIONECTOMY LIP SHV W MUCOSAL ADVMNT	No	No	No	No		
4050F	HYPERTENSION PLAN OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
40510	EXC LIP TRANSVRS WEDGE EXC W PRIM CLSR	No	No	No	No		
4051F	REFERRED FOR AN ARTERIO-VENOUS (AV) FISTULA	Not Cov	Not Cov	Not Cov	Not Cov		
40520	EXC LIP V-EXC W PRIM DIR LINR CLSR	No	No	No	No		
40525	EXC LIP FULL THKNS RCNSTJ W LOCAL FLAP	No	No	No	No		
40527	EXC LIP FULL THKNS RCNSTJ W CROSS LIP FLAP	No	No	No	No		
4052F	HEMODIAL VIA FUNCTIONG AV FISTULA	Not Cov	Not Cov	Not Cov	Not Cov		
40530	RESCJ LIP OVER ONE-FOURTH W O RCNSTJ	No	No	No	No		
4053F	HEMODIALYSIS VIA FUNCTIONING AVGRAFT	Not Cov	Not Cov	Not Cov	Not Cov		
4054F	HEMODIALYSIS VIA CATHETER	Not Cov	Not Cov	Not Cov	Not Cov		
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
4056F	APPROPRIATE ORAL REHYD SOLUTION RECOMMENDED	Not Cov	Not Cov	Not Cov	Not Cov		
4058F	PAG PROVIDED TO CAREGIVER	Not Cov	Not Cov	Not Cov	Not Cov		
4060F	PSYCHOTHERAPY SERVICES PROVIDED	Not Cov	Not Cov	Not Cov	Not Cov		
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
4063F	ANTIDEPRESSANT RXTHXY CONSIDER AND NOT PRESCRIBE	Not Cov	Not Cov	Not Cov	Not Cov		
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
40650	RPR LIP FULL THICKNESS VERMILION ONLY	No	No	No	No		
40652	RPR LIP FULL THICKNESS HALF OR LESS VERTICAL HEIGHT	No	No	No	No		
40654	RPR LIP FULL THKNS OVER ONE-HALF VERT HEIGHT COMPLE	No	No	No	No		
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED	Not Cov	Not Cov	Not Cov	Not Cov		
4067F	PT REFERRAL ELECTROCONVULSIVE THXPY (ECT) DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
4069F	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS RCVD	Not Cov	Not Cov	Not Cov	Not Cov		

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40700	PLSTC RPR CL LIP NSL DFRM PRIM PRTL COMPL UNI	No	No	No	No		
40701	PLSTC RPR CL LIP NSL DFRM PRIM BI 1 STG PX	No	No	No	No		
40702	PLSTC RPR CL LIP NSL DFRM PRIM BI 1 2 STGS	No	No	Not Cov	No		
4070F	DEEP VEIN THROMB PROPHYL RECVD BY HOSP DAY 2	Not Cov	Not Cov	Not Cov	Not Cov		
40720	PLSTC RPR CL LIP NSL DFRM SEC RECRTJ DFCT AND RECL	No	No	No	No		
4073F	ORAL ANTIPLATELET THERAPY PRESCRBED AT DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
4075F	ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
40761	PLSTC RPR CL LIP NSL DFRM W CROSS LIP PEDCL FLAP	No	No	No	No		
4077F	DOC T-PA ADMINISTRATION WAS CONSIDERED	Not Cov	Not Cov	Not Cov	Not Cov		
40799	UNLISTED PROCEDURE LIPS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
4079F	DOC REHAB SERVICES WERE CONSIDERED	Not Cov	Not Cov	Not Cov	Not Cov		
40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	No	No	Not Cov	No		
40801	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	No	No	No	No		
40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	No	No	Not Cov	No		
40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	No	No	Not Cov	No		
40806	INCISION LABIAL FRENUM FRENOTOMY	No	No	Not Cov	No		
40808	BIOPSY VESTIBULE MOUTH	No	No	Not Cov	No		
40810	EXC LES MUCOSA AND SBMCSL VESTIBULE MOUTH W O RPR	No	No	Not Cov	No		
40812	EXC LESION MUCOSA AND SBMCSL VESTIBULE SMPL RPR	No	No	Not Cov	No		
40814	EXC LESION MUCOSA AND SBMCSL VESTIBULE CPLX RPR	No	No	No	No		
40816	EXC LESION MUCOSA AND SBMCSL VESTIBULE CPLX EXC MUSC	No	No	No	No		
40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	No	No	No	No		
40819	EXC FRENUM LABIAL BUCCAL	No	No	No	No		
40820	DSTRJ LES SCAR VESTIBULE MOUTH PHYSICAL METHS	No	No	Not Cov	No		
40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM OR LESS	No	No	No	No		
40831	CLOSURE LACERATION VESTIBULE MOUTH OVER 2.5 CM CPL	No	No	No	No		
40840	VESTIBULOPLASTY ANTERIOR	No	No	No	No		
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	No	No	No	No		
40843	VESTIBULOPLASTY POSTERIOR BILATERAL	No	No	No	No		
40844	VESTIBULOPLASTY ENTIRE ARCH	No	No	No	No		
40845	VESTIBULOPLASTY CPLX W RIDGE XTN MUSC RPSG	No	No	No	No		
4084F	ASPIRIN RECVD W IN 24 HRS PRIOR ED ARRIVAL STAY	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
4086F	ASPIRIN OR CLOPIDOGREL PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
4090F	PATIENT RECEIVING ERYTHROPOIETIN THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
4095F	PATIENT NOT RECEIVING ERYTHORPOIETIN THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
41000	INTRAORAL I AND D TONGUE FLOOR LINGUAL	No	No	Not Cov	No		
41005	INTRAORAL I AND D TONGUE FLOOR SUBLNGL SUPFC	No	No	No	No		
41006	INTRAORAL I AND D TONGUE FLOOR SUBLNGL DP SPRMLHYD	No	No	No	No		
41007	INTRAORAL I AND D TONGUE FLOOR SUBMENTAL SPACE	No	No	No	No		
41008	INTRAORAL I AND D TONGUE FLOOR SUBMNDBLR SPACE	No	No	No	No		
41009	INTRAORAL I AND D TONGUE FLOOR MASTICATOR SPACE	No	No	No	No		
4100F	BISPHOS THXPY VENOUS ORDERED OR RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
41010	INCISION LINGUAL FRENUM FRENOTOMY	No	No	No	No		
41015	XTRORAL I AND D ABSC CST HMTMA FLOOR MOUTH SUBLNGL	No	No	No	No		
41016	XTRORAL I AND D ABSC CST HMTMA FLOOR MOUTH SUBMENT	No	No	No	No		
41017	XTRORAL I AND D ABSC CST HMTMA FLOOR MOUTH SUBMNDB	No	No	No	No		
41018	XTRORAL I AND D FLOOR MASTICATOR SPACE	No	No	No	No		
41019	PLACEMENT NEEDLE HEAD NECK RADIOELEMENT APPLICAT	No	No	No	No		
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	No	No	Not Cov	No		
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	No	No	Not Cov	No		
41108	BIOPSY FLOOR MOUTH	No	No	Not Cov	No		
4110F	LIMA GRAFT USED IN 1ST ISOLATED CABG PXD	Not Cov	Not Cov	Not Cov	Not Cov		
41110	EXCISION LESION TONGUE W O CLOSURE	No	No	Not Cov	No		
41112	EXC LESION TONGUE W CLSR ANTERIOR TWO-THIRDS	No	No	No	No		
41113	EXC LESION TONGUE W CLSR POSTERIOR ONE-THIRD	No	No	No	No		
41114	EXC LESION TONGUE W CLSR W LOCAL TONGUE FLAP	No	No	No	No		
41115	EXCISION LINGUAL FRENUM FRENECTOMY	No	No	Not Cov	No		
41116	EXCISION LESION FLOOR MOUTH	No	No	No	No		
41120	GLOSSECTOMY UNDER ONE-HALF TONGUE	No	No	No	No		
41130	GLOSSECTOMY HEMIGLOSSECTOMY	No	No	Not Cov	No		
41135	GLOSSECTOMY PRTL W UNI RADICAL NECK DSJ	Not Cov	No	Not Cov	No		
41140	GLSSC COMPL TOT W WOTRACHS W O RAD NECK DSJ	Not Cov	No	Not Cov	No		
41145	GLSSC COMPL TOT W WO TRACHS W UNI RAD NECK DSJ	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
41150	GLSSC COMPOSIT W RESCJ FLOOR AND MANDIBULAR RESCJ	Not Cov	No	Not Cov	No		
41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	Not Cov	No	Not Cov	No		
41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ AND RAD NECK	Not Cov	No	Not Cov	No		
4115F	BETA BLOCKER GIVEN W IN 24 HRS PRIOR SURG INC	Not Cov	Not Cov	Not Cov	Not Cov		
4120F	ANTIBIOTIC PRESCRIBED OR DISPENSED	Not Cov	Not Cov	Not Cov	Not Cov		
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED	Not Cov	Not Cov	Not Cov	Not Cov		
41250	RPR LAC 2.5 CM OR LESS MOUTH AND ANT TWO-THIRDS TONG	No	No	No	No		
41251	RPR LAC 2.5 CM OR LESS PST ONE-THIRD TONGUE	No	No	No	No		
41252	RPR LAC TONGUE FLOOR MOUTH OVER 2.6 CM CPLX	No	No	No	No		
4130F	ACUTE OTITIS EXTERNA TOPICAL PREPS PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4131F	SYSTEMIC ANTIMICROBIAL TX PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4132F	SYSTEMIC ANTIMICROBIAL TX NOT PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4133F	ANTIHISTAMINE DECONGESTANT PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4134F	ANTIHISTAMINE DECONGESTANT NOT PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4135F	SYSTEMIC CORTICOSTEROIDS PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4136F	SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4140F	INHALED CORTICOSTEROIDS PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4142F	CORTICOSTEROID SPARING THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4144F	ALTERNATIVE LONG-TERM CONTROL MEDICATION RXD	Not Cov	Not Cov	Not Cov	Not Cov		
4145F	2 PLUS ANTI-HYPERTENSIVE AGENTS RXD OR TAKEN	Not Cov	Not Cov	Not Cov	Not Cov		
4148F	HEPATITIS A VACCINE ADMIN OR PREVIOSLY RECVD	Not Cov	Not Cov	Not Cov	Not Cov		
4149F	HEPATITIS B VACCCINE ADMIN OR PREVIOSLY RECVD	Not Cov	Not Cov	Not Cov	Not Cov		
4150F	CURRENT HEPATITIS C ANTIVIRAL TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		
41510	SUTURE TONGUE LIP MICROGNATHIA	No	No	No	No		
41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	No	No	No	No		
4151F	NO CURRENT HEPATITIS C ANTIVIRAL TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		
41520	FRENOPLASTY SURG REVJ FRENUM EG W Z-PLASTY	No	No	No	No		
41530	SUBMUCOSAL ABLTJ TONGUE RF 1 OR GRT SITES PR SESSION	No	No	No	No		
4153F	COMB PEGINTERF RIBAVIRIN TX PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4155F	HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
4157F	HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
4158F	PATIENT COUNSELED ABOUT RISKS ALCOHOL USE	Not Cov	Not Cov	Not Cov	Not Cov		

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41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
4159F	CONTRACEPTION COUNSEL BEFORE ANTIVIRAL TX	Not Cov	Not Cov	Not Cov	Not Cov		
4163F	PT COUNSELING TREATMENT OPTIONS PROSTATE CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
4164F	ADJUVANT HORMONAL THXPY RX ADMIN	Not Cov	Not Cov	Not Cov	Not Cov		
4165F	3D-CRT OR INTENSITY MODUL RAD THXPY RECVD	Not Cov	Not Cov	Not Cov	Not Cov		
4167F	HEAD-BED ELEV 30-45 DEG 1ST VENT DAY ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
4168F	PT RCVG CARE ICU AND RCVNG MECH VENT 24 HRS OR LESS	Not Cov	Not Cov	Not Cov	Not Cov		
4169F	PT NOT RCVG CARE IN ICU NOT RCVG MECHL VENT	Not Cov	Not Cov	Not Cov	Not Cov		
4171F	PATIENT RECEIVING (ESA) THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
4172F	PATIENT NOT RECEIVING (ESA) THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
4174F	TLK VIS FXN AND QUAL LIFE TRXMNT FOR PT CRGVR	Not Cov	Not Cov	Not Cov	Not Cov		
4175F	CORRECT VISUAL ACUIT 20 40 OR GRT W IN 90 DAYS SURG	Not Cov	Not Cov	Not Cov	Not Cov		
4176F	COUNSEL UV LITE PROTEC PREV PROG CATARACT DEVEL	Not Cov	Not Cov	Not Cov	Not Cov		
4177F	COUNSEL BENEF RISK AREDS PREV AGE RELATED AMD	Not Cov	Not Cov	Not Cov	Not Cov		
4178F	ANTI-D IMMUNE GLOBULIN RCVD 26-30 WKS GESTATION	Not Cov	Not Cov	Not Cov	Not Cov		
4179F	TAMOXIFEN OR AROMATASE INHIBITOR (AI) RXD	Not Cov	Not Cov	Not Cov	Not Cov		
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	No	No	No	No		
41805	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	No	No	Not Cov	No		
41806	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	No	No	Not Cov	No		
4180F	ADJVNT CHEMO RFRRD RXD RCVD STAGE III COLON CA	Not Cov	Not Cov	Not Cov	Not Cov		
4181F	CONFORMAL RADIATION THERAPY RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
41820	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	No	No	Not Cov	No		
41821	OPRCULECTOMY EXC PRICORONAL TISSUE	No	No	No	No		
41822	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	No	No	Not Cov	No		
41823	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	No	No	Not Cov	No		
41825	EXC LESION TUMOR DENTOALVEOLAR STRUX W O RPR	No	No	Not Cov	No		
41826	EXC LESION TUMOR DENTOALVEOLAR STRUX W SMPL RPR	No	No	Not Cov	No		
41827	EXC LESION TUMOR DENTALVEOLAR STRUX W CMPLX RPR	No	No	No	No		
41828	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	No	No	Not Cov	No		
4182F	CONFORMAL RADIATION THERAPY NOT RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
41830	ALVEOLECTOMY W CURTG OSTEITIS SEQUESTRECTOMY	No	No	Not Cov	No		
41850	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	No	No	Not Cov	No		

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4185F	NONSTOP 12MON THXPY W PPI OR H2 H2RA RCVD	Not Cov	Not Cov	Not Cov	Not Cov		
4186F	NO CONTIN 12MON THXPY W PPI OR H2 H2RA RCVD	Not Cov	Not Cov	Not Cov	Not Cov		
41870	PERIODONTAL MUCOSAL GRAFTING	No	No	No	No		
41872	GINGIVOPLASTY EACH QUADRANT SPECIFY	No	No	Not Cov	No		
41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY	No	No	Not Cov	No		
4187F	DIS MODFY ANTI-RHEU DRUG THXPY RX GVN	Not Cov	Not Cov	Not Cov	Not Cov		
4188F	APPROP ACE ARB THXP MONIT TEST ORDRD DONE	Not Cov	Not Cov	Not Cov	Not Cov		
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
4189F	APPROP DIGOXIN THXP MONIT TST ORDRD DONE	Not Cov	Not Cov	Not Cov	Not Cov		
4190F	APPROP DIURETIC THXP MONIT TST ORDRD DONE	Not Cov	Not Cov	Not Cov	Not Cov		
4191F	APPROP ANTICONVUL THXP MONIT TST ORDRD DONE	Not Cov	Not Cov	Not Cov	Not Cov		
4192F	PATIENT NOT RECEIVING GLUCOCORTICOID	Not Cov	Not Cov	Not Cov	Not Cov		
4193F	PATIENT RCVNG UNDER 10 MG DAILY PREDNISONE	Not Cov	Not Cov	Not Cov	Not Cov		
4194F	PATIENT RCVNG EQ OVER 10 MG DAILY PREDNISONE	Not Cov	Not Cov	Not Cov	Not Cov		
4195F	PT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXRPY FOR RA	Not Cov	Not Cov	Not Cov	Not Cov		
4196F	PT NOT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY RA	Not Cov	Not Cov	Not Cov	Not Cov		
42000	DRAINAGE ABSCESS PALATE UVULA	No	No	No	No		
4200F	EXTRNL BM RADIOTHXPY TO PROST W WO NODAL IRRAD	Not Cov	Not Cov	Not Cov	Not Cov		
4201F	EXTRNL BM RADIOTHXPY W WO NODAL IRRAD AS ADJV	Not Cov	Not Cov	Not Cov	Not Cov		
42100	BIOPSY PALATE UVULA	No	No	Not Cov	No		
42104	EXC LESION PALATE UVULA W O CLOSURE	No	No	Not Cov	No		
42106	EXC LESION PALATE UVULA W SMPL PRIM CLOSURE	No	No	Not Cov	No		
42107	EXC LESION PALATE UVULA W LOCAL FLAP CLOSURE	No	No	No	No		
4210F	ACE ARB MEDICATION THERAPY 6 MONTHS OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
42120	RESCJ PALATE EXTENSIVE RESCJ LESION	No	No	No	No		
42140	UVULECTOMY EXCISION UVULA	No	No	No	No		
42145	PALATOPHARYNGOPLASTY	No	No	No	No		
42160	DSTRJ LESION PALATE UVULA THERMAL CRYO CHEM	No	No	Not Cov	No		
42180	REPAIR LACERATION PALATE UNDER 2 CM	No	No	No	No		
42182	REPAIR LACERATION PALATE OVER 2 CM COMPLEX	No	No	No	No		
42200	PALATOP CL PALATE SOFT AND HARD PALATE ONLY	No	No	No	No		
42205	PALATOPLASTY W CLSR ALVEOLAR RIDGE SOFT TISSUE	No	No	No	No		

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4220F	DIGOXIN MEDICATION THERAPY 6 MONTHS OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	No	No	No	No		
42215	PALATOPLASTY CLEFT PALATE MAJOR REVJ	No	No	No	No		
4221F	DIURETIC MEDICATION THERAPY 6 MOS OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
42220	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	No	No	No	No		
42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	No	No	No	No		
42226	LENGTHENING PALATE AND PHARYNGEAL FLAP	No	No	No	No		
42227	LENGTHENING PALATE W ISLAND FLAP	No	No	No	No		
42235	REPAIR ANTERIOR PALATE W VOMER FLAP	No	No	No	No		
42260	REPAIR NASOLABIAL FISTULA	No	No	No	No		
42280	MAXILLARY IMPRESJ PALATAL PROSTHESIS	No	No	Not Cov	No		
42281	INSJ PIN-RETAINED PALATAL PROSTHESIS	No	No	No	No		
42299	UNLISTED PROCEDURE PALATE UVULA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
42300	DRAINAGE ABSCESS PAROTID SIMPLE	No	No	No	No		
42305	DRAINAGE ABSCESS PAROTID COMPLICATED	No	No	No	No		
4230F	ANTICONVUL MED THERAPY 6 MOS OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
42310	DRG ABSC SUBMAXILLARY SUBLINGUAL INTRAORAL	No	No	No	No		
42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	No	No	No	No		
42330	SIALOT SUBMNDBLR SUBLNGL PRTD UNCOMP INTRAORAL	No	No	Not Cov	No		
42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	No	No	Not Cov	No		
42340	SIALOLITHOTOMY PRTD XTRORAL COMP INTRAORAL	No	No	No	No		
42400	BIOPSY SALIVARY GLAND NEEDLE	No	No	Not Cov	No		
42405	BIOPSY SALIVARY GLAND INCISIONAL	No	No	No	No		
42408	EXC SUBLINGUAL SALIVARY CYST RANULA	No	No	No	No		
42409	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	No	No	No	No		
4240F	INSTR THER XRCS-DR FLLWUP PT EPSD BACK PN OVER 12 WK	Not Cov	Not Cov	Not Cov	Not Cov		
42410	EXC PRTD TUM PRTD GLND LAT LOBE W O NRV DSJ	No	No	No	No		
42415	EXC PRTD TUM PRTD GLND LAT DSJ AND PRSRV FACIAL NR	No	No	No	No		
42420	EXC PRTD TUM PRTD GLND TOT DSJ AND PRSRV FACIAL NR	No	No	No	No		
42425	EXCISION PAROTID TUMOR GLAND TOTAL EN BLOC RMVL	No	No	No	No		
42426	EXC PRTD TUM PRTD GLND TOT W UNI RAD NCK DSJ	Not Cov	No	Not Cov	No		
4242F	TLK RE SPRVSD XRCS PROG TO PTS BACK PN OVER 12WKS	Not Cov	Not Cov	Not Cov	Not Cov		

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42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	No	No	No	No		
42450	EXISION OF SUBLINGUAL GLAND	No	No	No	No		
4245F	PT TLK 1ST VST TO KEEP RESUME NORMAL ACTIVITIES	Not Cov	Not Cov	Not Cov	Not Cov		
4248F	COUNSEL INIT BACK PAIN AGNST BED REST 4 DAYS OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	No	No	No	No		
42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC COMP	No	No	No	No		
42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX	No	No	No	No		
42509	PAROTID DUCT DVRJ BI W EXC BOTH SUBMNDBLR GLANDS	No	No	No	No		
4250F	ACTV WRMNG INTRAOP FOR NORMOTHERMIA	Not Cov	Not Cov	Not Cov	Not Cov		
42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	No	No	No	No		
42550	INJECTION PROCEDURE SIALOGRAPHY	No	No	Not Cov	No		
4255F	DURATION GEN NEUR ANESTH 60 MINS OR GRT DOC RECORD	Not Cov	Not Cov	Not Cov	Not Cov		
4256F	DURATION GEN NEUR ANESTH UNDER 60 MIN DOCD RECORD	Not Cov	Not Cov	Not Cov	Not Cov		
42600	CLOSURE SALIVARY FISTULA	No	No	No	No		
4260F	WOUND SURFACE CULTURE TECHNIQUE USED	Not Cov	Not Cov	Not Cov	Not Cov		
4261F	TECH OTHER THAN SURFACE CULTURE WOUND EXUD USED	Not Cov	Not Cov	Not Cov	Not Cov		
42650	DILATION SALIVARY DUCT	No	No	Not Cov	No		
4265F	USE OF WET TO DRY DRESSINGS PRESCRIBED RECMD	Not Cov	Not Cov	Not Cov	Not Cov		
42660	DILAT AND CATHJ SALIVARY DUCT W WO INJECTION	No	No	Not Cov	No		
42665	LIGATION SALIVARY DUCT INTRAORAL	No	No	No	No		
4266F	USE WET TO DRY DRESSINGS NEITHER RXD NOR RECMD	Not Cov	Not Cov	Not Cov	Not Cov		
4267F	COMPRESSION THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
4268F	PT ED RE NEED LONG TERM COMPRESS THXPY RCVD	Not Cov	Not Cov	Not Cov	Not Cov		
42699	UNLISTED PX SALIVARY GLANDS DUCTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
4269F	APPROP METHOD OFFLOADING PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
42700	I AND D ABSCESS PERITONSILLAR	No	No	No	No		
4270F	PT RCVNG POTENT ANTI R-VIRAL THX 6 MON OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
4271F	PT RCVNG POT ANTI R-VIRAL THX UNDER 6 MON NOT RCVN	Not Cov	Not Cov	Not Cov	Not Cov		
42720	I AND D ABSC RTRPHRNGL PARAPHARYNGEAL INTRAORAL	No	No	No	No		
42725	I AND D ABSC RTRPHRNGL PARAPHARYNGEAL XTRNL APPR	No	No	No	No		
4274F	FLU IMMUNO ADMIND PREVIOUSLY RCVD	Not Cov	Not Cov	Not Cov	Not Cov		
4276F	POTENT ANTIRETROVIRAL THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		

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4279F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS RXD	Not Cov	Not Cov	Not Cov	Not Cov		
42800	BIOPSY OROPHARYNX	No	No	Not Cov	No		
42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	No	No	No	No		
42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	No	No	No	No		
42808	EXCISION DESTRUCTION LESION PHARYNX ANY METHOD	No	No	No	No		
42809	REMOVAL FOREIGN BODY PHARYNX	No	No	No	No		
4280F	PNEUMOCYS JIROVECI PNEUMO PRPHYLXS PRSCRBD 3 MON	Not Cov	Not Cov	Not Cov	Not Cov		
42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN AND SUBQ TIS	No	No	No	No		
42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS AND PHRYNX	No	No	No	No		
42820	TONSILLECTOMY AND ADENOIDECTOMY UNDER AGE 12	No	No	No	No		
42821	TONSILLECTOMY AND ADENOIDECTOMY AGE 12 OR GRT	No	No	No	No		
42825	TONSILLECTOMY PRIMARY SECONDARY UNDER AGE 12	No	No	No	No		
42826	TONSILLECTOMY PRIMARY SECONDARY AGE 12 OR GRT	No	No	No	No		
42830	ADENOIDECTOMY PRIMARY UNDER AGE 12	No	No	No	No		
42831	ADENOIDECTOMY PRIMARY AGE 12 OR GRT	No	No	No	No		
42835	ADENOIDECTOMY SECONDARY UNDER AGE 12	No	No	No	No		
42836	ADENOIDECTOMY SECONDARY AGE 12 OR GRT	No	No	No	No		
42842	RADICAL RESECTION TONSIL W O CLOSURE	No	No	Not Cov	No		
42844	RADICAL RESCJ TONSIL CLOSURE W LOCAL FLAP	No	No	Not Cov	No		
42845	RADICAL RESCJ TONSIL CLOSURE W OTHER FLAP	Not Cov	No	Not Cov	No		
42860	EXCISION TONSIL TAGS	No	No	No	No		
42870	EXC DSTRJ LINGUAL TONSIL ANY METHOD SPX	No	No	No	No		
42890	LIMITED PHARYNGECTOMY	No	No	No	No		
42892	RESCJ LAT PHRNGL WALL PYRIFORM SINUS DIR CLSR	No	No	No	No		
42894	RESCJ PHRNGL WALL CLSR W FLP OR FLP W MVASC ANAS	Not Cov	No	Not Cov	No		
42900	SUTURE PHARYNX WOUND INJURY	No	No	No	No		
4290F	PATIENT SCREENED FOR INJECTION DRUG USE	Not Cov	Not Cov	Not Cov	Not Cov		
4293F	PT SCRND HGH-RSK SEXUAL BEHAVIOR	Not Cov	Not Cov	Not Cov	Not Cov		
42950	PHARYNGOPLASTY PLSTC RCNSTV OPRATION PHARYNX	No	No	No	No		
42953	PHARYNGOESOPHAGEAL REPAIR	No	No	Not Cov	No		
42955	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	No	No	No	No		
42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	No	No	No	No		
42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	Not Cov	No	Not Cov	No		
42962	CTRL OROPHARYNGEAL HEMORRHAGE W SEC SURG IVNTJ	No	No	No	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W PST NSL PACKS	No	No	Not Cov	No		
42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	Not Cov	No	Not Cov	No		
42972	CTRL NASOPHARYNGEAL HEMORRHAGE W SEC SURG IVNTJ	No	No	No	No		
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
4300F	PT RCVNG WARFARIN THXPY NONVALV AFIB OR AFLUT	Not Cov	Not Cov	Not Cov	Not Cov		
4301F	PT NOT RCVNG WARFARIN THXPY NONVALV AFIB AFLUT	Not Cov	Not Cov	Not Cov	Not Cov		
43020	ESOPHAGOTOMY CERVICAL APPR W RMVL FB	No	No	Not Cov	No		
43030	CRICOPHARYNGEAL MYOTOMY	No	No	No	No		
43045	ESOPHAGOTOMY THORACIC APPR W RMVL FB	Not Cov	No	Not Cov	No		
4305F	PT EDUC FOOT CARE AND DAILY INSPCTN FEET RCVD	Not Cov	Not Cov	Not Cov	Not Cov		
4306F	PT COUNSEL PSYCHOSOC AND PHARM TX OPIOID ADDICTION	Not Cov	Not Cov	Not Cov	Not Cov		
43100	EXC LESION ESOPHOGUS W PRIM RPR CERVICAL APPR	No	No	Not Cov	No		
43101	EXC LESION ESOPHAGUS W PRIM RPR THRC ABDL APPR	Not Cov	No	Not Cov	No		
43107	TOT ESOPHAGECTOMY W O THORCOM W WO PYLOROPLASTY	Not Cov	No	Not Cov	No		
43108	TOT ESOPHG W O THORCOM COLON NTRPSTJ INT RCNSTJ	Not Cov	No	Not Cov	No		
43112	TOTAL ESOPHAGECTOMY W THORCOM W WO PYLORPLASTY	Not Cov	No	Not Cov	No		
43113	TOT ESOPHG W THORCOM W COLON NTRPSTJ INT RCNSTJ	Not Cov	No	Not Cov	No		
43116	PRTL ESOPHAGECTOMY CERVICAL W FREE INTSTINAL GRF	Not Cov	No	Not Cov	No		
43117	PRTL ESOPHECT DSTL W WO PROX GASTRECT PYLORPLSTY	Not Cov	No	Not Cov	No		
43118	PRTL ESOPH DSTL W WO PROX GASTRC W COLON NTRPSTJ	Not Cov	No	Not Cov	No		
43121	PRTL ESOPHAGEC W WO PROX GASTREC PYLOROPLASTY	Not Cov	No	Not Cov	No		
43122	PRTL ESOPHG THORACOABD W WO PROXGASTREC PYLOROPL	Not Cov	No	Not Cov	No		
43123	PRTL ESPHG THORACOABDL ABDL APPR NTRPSTJ RCNSTJ	Not Cov	No	Not Cov	No		
43124	TOT PRTL ESPHG W O RCNSTJ W CRV ESOPHAGOSTOMY	Not Cov	No	Not Cov	No		
43130	DIVERTICULECTOMY HYPOPHARYNX ESOPH CRV APPR	No	No	No	No		
43135	DIVERTICULECTOMY HYPOPHARYNX ESOPH THRC APPR	No	No	Not Cov	No		
43180	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	No	No	No	No		
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	No	No	No	No		
43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	No	No	No	No		
43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	No	No	No	No		
43194	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	No	No	No	No		
43195	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
43196	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	No	No	No	No		
43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	No	No	No	No		
43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	No	No	No	No		
43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	No	No	No	No		
43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	No	No	No	No		
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	No	No	No	No		
43204	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	No	No	No	No		
43205	ESPHGOSCOPY FLEX W BAND LIGATION ESOPHGL VARICES	No	No	No	No		
43206	ESOPHAGOSCOPY TRANSORAL W OPTICAL ENDOMICROSCOPY	Not Cov	Not Cov	Not Cov	Not Cov		
4320F	PT COUNSEL PSYCHSOC AND PHARM TX ALCOHOL DEPEND	Not Cov	Not Cov	Not Cov	Not Cov		
43210	EGD PARTIAL COMPL ESOPHAGOGASTRIC FUNDOPLASTY	No	No	No	No		
43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	No	No	No	No		
43212	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	No	No	No	No		
43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON OTHER	No	No	No	No		
43214	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	No	No	No	No		
43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	No	No	No	No		
43216	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	No	No	No	No		
43217	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	No	No	No	No		
43220	ESOPHAGOSCOPY FLEX BALLOON DILAT UNDER 30 MM DIAM	No	No	No	No		
43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	No	No	No	No		
43227	ESOPHAGOSCOPY FLEXIBLE W BLEEDING CONTROL	No	No	Not Cov	No		
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	No	No	No	No		
4322F	CRGVR PROVIDED W ED REFERRED ADDL RESOURCES	Not Cov	Not Cov	Not Cov	Not Cov		
43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	No	No	No	No		
43232	ESOPHAGOSCOPY INTRA TRANSMURAL NEEDLE ASPIRAT BX	No	No	No	No		
43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	No	No	No	No		
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	No	No	No	No		
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	No	No	No	No		
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W ADJ STRXRS	No	No	No	No		
43238	EGD INTRMURAL US NEEDLE ASPIRATE BIOPSY ESOPHAGS	No	No	No	No		
43239	EGD TRANSORAL BIOPSY SINGLE MULTIPLE	No	No	No	No		
43240	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	No	No	No	No		
43241	EGD INTRALUMINAL TUBE CATHETER INSERTION	No	No	No	No		
43242	EGD INTRMURAL NEEDLE ASPIR BIOP ALTERED ANATOMY	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
43243	EGD INJECTION SCLEROSIS ESOPHGL GASTRIC VARICES	No	No	No	No		
43244	EGD BAND LIGATION ESOPHGEAL GASTRIC VARICES	No	No	No	No		
43245	EGD DILATION GASTRIC DUODENAL STRICTURE	No	No	No	No		
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	No	No	No	No		
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	No	No	No	No		
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	No	No	No	No		
43249	EGD BALLOON DILATION ESOPHAGUS UNDER 30 MM DIAM	No	No	No	No		
4324F	PT QUERIED PARKINSONS MED-RELATED COMPLICATION	Not Cov	Not Cov	Not Cov	Not Cov		
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	No	No	No	No		
43251	EGD REMOVAL TUMOR POLYP OTHER LESION SNARE TECH	No	No	No	No		
43252	EGD FLEX TRANSORAL W OPTICAL ENDOMICROSCOPY	Not Cov	Not Cov	Not Cov	Not Cov		
43253	EGD US GUIDED TRANSMURAL INJXN FIDUCIAL MARKER	No	No	No	No		
43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	No	No	No	No		
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	No	No	No	No		
43257	EGD DELIVER THERMAL ENERGY SPHNCTR CARDIA GERD	Not Cov	Not Cov	Not Cov	Not Cov		
43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM JEJUNUM	No	No	No	No		
4325F	MEDICAL AND SURGICAL TREATMENT OPTION REVIEW W P	Not Cov	Not Cov	Not Cov	Not Cov		
43260	ERCP DX COLLECTION SPECIMEN BRUSHING WASHING	No	No	No	No		
43261	ERCP W BIOPSY SINGLE MULTIPLE	No	No	No	No		
43262	ERCP W SPHINCTEROTOMY PAPILLOTOMY	No	No	No	No		
43263	ERCP W PRESSURE MEASUREMENT SPHINCTER OF ODDI	No	No	No	No		
43264	ERCP REMOVE CALCULI DEBRIS BILIARY PANCREAS DUCT	No	No	No	No		
43265	ERCP DESTRUCTION LITHOTRIPSY CALCULI ANY METHOD	No	No	No	No		
43266	EGD ENDOSCOPIC STENT PLACEMENT W WIRE AND DILATION	No	No	No	No		
4326F	PT CAREGIVER QUERIED AUTONOMIC DYSFUNCJ SYMPTOMS	Not Cov	Not Cov	Not Cov	Not Cov		
43270	EGD ABLATE TUMOR POLYP LESION W DILATION AND WIRE	No	No	No	No		
43273	ENDOSCOPIC PAPILLA CANNULATION BILE PANCREATIC	No	No	No	No		
43274	ERCP STENT PLACEMENT BILIARY PANCREATIC DUCT	No	No	No	No		
43275	ERCP REMOVE FOREIGN BODY STENT BILIARY PANC DUCT	No	No	No	No		
43276	ERCP BILIARY PANC DUCT STENT EXCHANGE W DIL AND WIRE	No	No	No	No		
43277	ERCP BALLOON DILATE BILIARY PANC DUCT AMPULLA EA	No	No	No	No		
43278	ERCP TUMOR POLYP LESION ABLATION W DILATION AND WIRE	No	No	No	No		
43279	LAPS ESOPHAGOMYOTOMY W FUNDOPLASTY IF PERFORMED	No	No	Not Cov	No		
43280	LAPS SURG ESOPG GSTR FUNDOPLASTY	No	No	Not Cov	No		

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43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W O MESH	No	No	Not Cov	No		
43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W MESH	Not Cov	No	Not Cov	No		
43283	LAPS ESOPHAGEAL LENGTHENING ADDL	No	No	Not Cov	No		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	Not Cov	Not Cov	Not Cov	Not Cov		
43285	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
43286	ESOPHAGECTOMY TOTAL NEAR TOTAL W LAPS MOBLJ	Not Cov	No	Not Cov	No		
43287	ESOPHAGECTOMY DISTAL 2 3 W LAPAROSCOPIC MOBLJ	Not Cov	No	Not Cov	No		
43288	ESOPHAGECTOMY TOTAL NEAR TOTAL W THRSC MOBLJ	Not Cov	No	Not Cov	No		
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
4328F	PT CAREGIVER QUERIED SLEEP DISTURBANCES	Not Cov	Not Cov	Not Cov	Not Cov		
43300	ESPHGP CRV APPR W O RPR TRACHEOESOPHGL FSTL	No	No	Not Cov	No		
43305	ESPHGP CRV APPR W RPR TRACHEOESOPHGL FSTL	No	No	Not Cov	No		
4330F	EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
43310	ESPHGP THRC APPR W O RPR TRACHEOESOPHGL FSTL	Not Cov	No	Not Cov	No		
43312	ESPHGP THRC APPR W RPR TRACHEOESOPHGL FSTL	Not Cov	No	Not Cov	No		
43313	ESPHGP CGEN DFCT THRC APPR W O RPR FSTL	Not Cov	No	Not Cov	No		
43314	ESPHGP CGEN DFCT THRC APPR W RPR FSTL	Not Cov	No	Not Cov	No		
43320	EGST W WO VAGOTOMY AND PYLOROPLASTY TABDL TTHRC AP	No	No	Not Cov	No		
43325	ESOPG GSTR FUNDOPLASTY W FUNDIC PATCH	Not Cov	No	Not Cov	No		
43327	ESOPG GSTR FUNDOPLASTY W LAPAROTOMY	Not Cov	No	Not Cov	No		
43328	ESOPG GSTR FUNDOPLASTY W THORACOTOMY	Not Cov	No	Not Cov	No		
43330	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	Not Cov	No	Not Cov	No		
43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	Not Cov	No	Not Cov	No		
43332	RPR PARAESOPH HIATAL HERNIA W LAPT W O MESH	No	No	Not Cov	No		
43333	LAPT RPR PARAESOPH HIATAL HERNIA W MESH	No	No	Not Cov	No		
43334	RPR PARAESOPH HIATAL HERNIA W THORCOM W O MESH	No	No	Not Cov	No		
43335	RPR PARAESOPH HIATAL HERNIA W THORCOM W MESH	No	No	Not Cov	No		
43336	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W O MESH	No	No	Not Cov	No		
43337	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W MESH	No	No	Not Cov	No		
43338	ESOPHAGUS LENGTHENING	No	No	Not Cov	No		
43340	ESOPHAGOJEJUNOSTOMY W O TOT GSTRCT ABDL APPR	Not Cov	No	Not Cov	No		
43341	ESOPHAGOJEJUNOSTOMY W O TOT GSTRCT THRC APPR	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
43351	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	Not Cov	No	Not Cov	No		
43352	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	Not Cov	No	Not Cov	No		
43360	GI RCNSTJ PREV ESPHG EXCLUSION W STOMACH	Not Cov	No	Not Cov	No		
43361	GI RCNSTJ PREV ESPHG EXCLUSION W COLON SM INT	Not Cov	No	Not Cov	No		
43400	LIGATION DIRECT ESOPHAGEAL VARICES	Not Cov	No	Not Cov	No		
43401	TRNSXJ ESOPH W RPR ESOPHAGEAL VARICES	No	No	Not Cov	No		
43405	LIG STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	Not Cov	No	Not Cov	No		
4340F	COUNSEL WOMEN CHILDBEARING POTENTIAL W EPILEPSY	Not Cov	Not Cov	Not Cov	Not Cov		
43410	SUTR ESOPHGL WND INJ CRV APPR	No	No	Not Cov	No		
43415	SUTR ESOPHGL WND INJ TTHRC TABDL APPR	Not Cov	No	Not Cov	No		
43420	CLSR ESOPHAGOSTOMY FSTL CRV APPR	No	No	Not Cov	No		
43425	CLSR ESOPHAGOSTOMY FSTL TTHRC TABDL APPR	Not Cov	No	Not Cov	No		
43450	DILATION ESOPH UNGUIDED SOUND BOUGIE 1 MULT PASS	No	No	No	No		
43453	DILATION ESOPHAGUS GUIDE WIRE	No	No	No	No		
43460	ESOPG GSTR TAMPONADE W BALO SENGSTAKEN TYPE	Not Cov	No	Not Cov	No		
43496	FREE JEJUNUM TRSF W MICROVASC ANASTOMOSIS	Not Cov	No	Not Cov	No		
43499	UNLISTED PROCEDURE ESOPHAGUS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
43500	GASTROTOMY W EXPLORATION FOREIGN BODY REMOVAL	No	No	Not Cov	No		
43501	GASTROTOMY W SUTURE REPAIR BLEEDING ULCER	Not Cov	No	Not Cov	No		
43502	GASTROTOMY W SUTR RPR PRE-ESOPG GASTRIC LAC	Not Cov	No	Not Cov	No		
4350F	COUNSELING PROVIDED SYMP MNGMNT PALLIATION	Not Cov	Not Cov	Not Cov	Not Cov		
43510	GSTRT W ESOPHGL DILAT AND INSJ PRM INTRAL TUBE	No	No	Not Cov	No		
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	Not Cov	No	Not Cov	No		
43605	BIOPSY STOMACH LAPAROTOMY	Not Cov	No	Not Cov	No		
43610	EXC LOCAL ULCER BENIGN TUMOR STOMACH	Not Cov	No	Not Cov	No		
43611	EXC LOCAL MALIGNANT TUMOR STOMACH	Not Cov	No	Not Cov	No		
43620	GSTRCT TOT W ESOPHAGOENTEROSTOMY	Not Cov	No	Not Cov	No		
43621	GSTRCT TOT W ROUX-EN-Y RCNSTJ	Not Cov	No	Not Cov	No		
43622	GSTRCT TOT W FRMJ INTSTINAL POUCH ANY TYPE	Not Cov	No	Not Cov	No		
43631	GSTRCT PRTL DSTL W GASTRODUODENOSTOMY	Not Cov	No	Not Cov	No		
43632	GSTRCT PRTL DSTL W GASTROJEJUNOSTOMY	Not Cov	No	Not Cov	No		
43633	GSTRCT PRTL DSTL W ROUX-EN-Y RCNSTJ	Not Cov	No	Not Cov	No		

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43634	GSTRCT PRTL DSTL W FRMJ INTSTINAL POUCH	Not Cov	No	Not Cov	No		
43635	VAGOTOMY PFRMD W PRTL DSTL GSTRCT	No	No	Not Cov	No		
43640	VGTMY W PYLORPLSTY W WO GASTROST TRUNCAL SLCTV	Not Cov	No	Not Cov	No		
43641	VGTMY W PYLOROPLASTY W WO GASTROST PARIETAL CELL	Not Cov	No	Not Cov	No		
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	No	No	Not Cov	No		
43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV HILY SLCTV	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43752	NASO ORO-GASTRIC TUBE PLMT REQ PHYS AND FLUOR GDNCE	No	No	No	No		
43753	GASTRIC INTUBATJ AND ASPIRAJ W PHYS SKILL LAVAGE	No	No	No	No		
43754	GASTRIC INTUBAT DX W ASPIRATION SINGLE SPECIMEN	No	No	No	No		
43755	GASTRIC INTUBATION DX AND ASPIRATJ MULTIPLE SPEC	No	No	No	No		
43756	DUODENAL INTUBAT W IMAG GUIDED SINGLE SPECIMEN	No	No	No	No		
43757	DUODENAL INTUBAT W IMAG GUIDED MULTIPLE SPECIMEN	No	No	No	No		
43761	REPOS NASO ORO GASTRIC FEEDING TUBE THRU DUO	No	No	No	No		
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	No	No	Not Cov	No		
43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	No	No	Not Cov	No		
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43800	PYLOROPLASTY	Not Cov	No	Not Cov	No		
43810	GASTRODUODENOSTOMY	Not Cov	No	Not Cov	No		
43820	GASTROJEJUNOSTOMY W O VAGOTOMY	Not Cov	No	Not Cov	No		
43825	GASTROJEJUNOSTOMY W VAGOTOMY ANY TYPE	Not Cov	No	Not Cov	No		
43830	GASTROSTOMY OPN W O CONSTJ GSTR TUBE SPX	No	No	Not Cov	No		
43831	GASTROSTOMY OPN NEONATAL FEEDING	No	No	Not Cov	No		
43832	GASTROSTOMY OPN W CONSTJ GSTR TUBE	Not Cov	No	Not Cov	No		
43840	GASTRORRHAPHY SUTR PRF8 DUOL GSTR ULCER WND INJ	Not Cov	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43850	REVJ GASTRODUOL ANAST W RCNSTJ W O VAGOTOMY	Not Cov	No	Not Cov	No		
43855	REVJ GASTRODUOL ANAST W RCNSTJ W VGTMY	Not Cov	No	Not Cov	No		
43860	REVJ GSTR JJ ANAST W RCNSTJ W O VGTMY	Not Cov	No	Not Cov	No		
43865	REVJ GSTR JJ ANAST W RCNSTJ W VGTMY	Not Cov	No	Not Cov	No		
43870	CLOSURE GASTROSTOMY SURG	No	No	No	No		
43880	CLOSURE GASTROCOLIC FISTULA	No	No	Not Cov	No		
43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
43999	UNLISTED PROCEDURE STOMACH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	No	No	Not Cov	No		
4400F	REHAB THERAPY OPTIONS DISCUSSED W PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
44010	DUODENOTOMY EXPLORATION BX FOREIGN BODY REMOVAL	Not Cov	No	Not Cov	No		
44015	TUBE NEEDLE CATH JEJUNOSTOMY ANY METHOD	Not Cov	No	Not Cov	No		
44020	ENTEROTOMY SM INT OTH THN DUO EXPL BX FB RMVL	No	No	Not Cov	No		
44021	ENTEROTOMY SM INT OTH THN DUO DCMPRN	Not Cov	No	Not Cov	No		
44025	COLOTOMY EXPLORATION BIOPSY FOREIGN BODY REMOVAL	Not Cov	No	Not Cov	No		
44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	No	No	Not Cov	No		
44055	CORRJ MALROTATION BANDS AND RDCTJ VOLVULUS	No	No	Not Cov	No		
44100	BX INTESTINE CAPSULE TUBE PRORAL 1 OR GRT SPECIMENS	No	No	No	No		
44110	EXC 1 OR GRT SMALL LARGE LESIONS INTESTINE ENTEROTOM	No	No	Not Cov	No		
44111	EXC 1 OR GRT SM LG LESIONS INTESTNE MULT ENTEROTOMIE	Not Cov	No	Not Cov	No		
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ AND ANAST	Not Cov	No	Not Cov	No		
44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ AND ANA	Not Cov	No	Not Cov	No		
44125	ENTERECTOMY RESCJ SMALL INTESTINE W ENTEROSTOMY	No	No	Not Cov	No		
44126	ENTRC RESCJ ATRESIA RESCJ AND ANAST W O TAPRING	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
44127	ENTRC RESCJ ATRESIA RESCJ AND ANAST SGM W TAPRING	Not Cov	No	Not Cov	No		
44128	ENTRC RESCJ ATRESIA EA RESCJ AND ANASTOMOSIS	Not Cov	No	Not Cov	No		
44130	ENTEROENTEROST ANAST INT W WO CUTAN NTRSTM SPX	No	No	Not Cov	No		
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Not Cov	No	Not Cov	No		
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Not Cov	No	Not Cov	No		
44135	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	Not Cov	No	Not Cov	No		
44136	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	Not Cov	No	Not Cov	No		
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Not Cov	No	Not Cov	No		
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W PRTL COLCT	Not Cov	No	Not Cov	No		
44140	COLECTOMY PARTIAL W ANASTOMOSIS	Not Cov	No	Not Cov	No		
44141	COLECTOMY PRTL W SKIN LEVEL CECOST COLOSTOMY	No	No	Not Cov	No		
44143	COLECTOMY PRTL W END COLOSTOMY AND CLSR DSTL SGMT	No	No	Not Cov	No		
44144	COLECTOMY PRTL W COLOST ILEOST AND MUCOFISTULA	Not Cov	No	Not Cov	No		
44145	COLECTOMY PRTL W COLOPROCTOSTOMY	Not Cov	No	Not Cov	No		
44146	COLECTOMY PRTL W COLOPROCTOSTOMY AND COLOSTOMY	Not Cov	No	Not Cov	No		
44147	COLECTOMY PRTL ABDOMINAL AND TRANSANAL APPROACH	Not Cov	No	Not Cov	No		
44150	COLCT TOT ABDL W O PRCTECT W ILEOST ILEOPXTS	Not Cov	No	Not Cov	No		
44151	COLCT TOT ABDL W O PRCTECT W CONTINENT ILEOST	Not Cov	No	Not Cov	No		
44155	COLECTOMY TOT ABDL W PROCTECTOMY W ILEOSTOMY	Not Cov	No	Not Cov	No		
44156	COLECTOMY TOT ABDL W PROCTECTOMY W CONTNT ILEOST	Not Cov	No	Not Cov	No		
44157	COLECTOMY TOT ABD W PROCTECTOMY ILEOANAL ANAST	Not Cov	No	Not Cov	No		
44158	COLCT TTL ABD W PRCTECT ILEOANAL ANAST AND RSVR	Not Cov	No	Not Cov	No		
44160	COLECTOMY PRTL W RMVL TERMINAL ILEUM AND ILEOCOLOS	Not Cov	No	Not Cov	No		
44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	No	No	Not Cov	No		
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY	No	No	Not Cov	No		
44187	LAPAROSCOPY SURG ILEOSTOMY JEJUNOSTOMY NON-TUBE	No	No	Not Cov	No		
44188	LAPAROSCOPY SURG COLOSTOMY SKN LVL CECOSTOMY	No	No	Not Cov	No		
44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ AND ANA	Not Cov	No	Not Cov	No		
44203	LAPAROSCOPY SMALL INTESTINE RESCJ AND ANASTOMOSIS	Not Cov	No	Not Cov	No		
44204	LAPAROSCOPY COLECTOMY PARTIAL W ANASTOMOSIS	Not Cov	No	Not Cov	No		
44205	LAPS COLECTOMY PRTL W RMVL TERMINAL ILEUM	Not Cov	No	Not Cov	No		
44206	LAPS COLECTOMY PRTL W END CLST AND CLSR DSTL SGM	No	No	Not Cov	No		
44207	LAPS COLECTOMY PRTL W COLOPXTSTMY LW ANAST	No	No	Not Cov	No		
44208	LAPS COLECTMY PRTL W COLOPXTSTMY LW ANAST W CLST	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
44210	LAPS COLECTOMY TOT W O PRCTECT W ILEOST ILEOPXTS	Not Cov	No	Not Cov	No		
44211	LAPS COLCT TTL ABD W PRCTECT ILEOANAL ANASTOMSIS	Not Cov	No	Not Cov	No		
44212	LAPS COLECTOMY ABDL W PROCTECTOMY W ILEOSTOMY	Not Cov	No	Not Cov	No		
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W PRTL COLECTOMY	No	No	Not Cov	No		
44227	LAPS CLSR NTRSTM LG SM INT W RESCJ AND ANASTOMOSIS	Not Cov	No	Not Cov	No		
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
44300	PLACEMENT ENTEROSTOMY CECOSTOMY TUBE OPEN	Not Cov	No	Not Cov	No		
44310	ILEOSTOMY JEJUNOSTOMY NON-TUBE	Not Cov	No	Not Cov	No		
44312	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	No	No	No	No		
44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	Not Cov	No	Not Cov	No		
44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	Not Cov	No	Not Cov	No		
44320	COLOSTOMY SKIN LEVEL CECOSTOMY	Not Cov	No	Not Cov	No		
44322	COLOSTOMY SKN LVL CECOSTOMY W MULT BXS SPX	Not Cov	No	Not Cov	No		
44340	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	No	No	No	No		
44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	Not Cov	No	Not Cov	No		
44346	REVJ COLOSTOMY W RPR PARACLST HERNIA SPX	No	No	Not Cov	No		
44360	ENDOSCOPY UPPER SMALL INTESTINE	No	No	No	No		
44361	ENDOSCOPY UPPER SMALL INTESTINE W BIOPSY	No	No	No	No		
44363	ENTEROSCOPY OVER 2ND PRTN W RMVL FOREIGN BODY	No	No	No	No		
44364	ENTEROSCOPY OVER 2ND PRTN W RMVL LESION SNARE	No	No	No	No		
44365	ENTEROSCOPY OVER 2ND PRTN W RMVL LESION CAUTERY	No	No	No	No		
44366	ENTEROSCOPY OVER 2ND PRTN W CONTROL BLEEDING	No	No	No	No		
44369	ENTEROSCOPY OVER 2ND PRTN ABLTJ LESION	No	No	No	No		
44370	ENTEROSCOPY OVER 2ND PRTN TNDSC STENT PLMT	No	No	No	No		
44372	ENTEROSCOPY OVER 2ND PRTN W PLMT PRQ TUBE	No	No	No	No		
44373	ENTEROSCOPY OVER 2ND PRTN CONV GSTRST TUBE	No	No	No	No		
44376	ENTEROSC OVER 2ND PRTN W ILEUM W WO COLLJ SPEC SPX	No	No	No	No		
44377	ENTEROSC OVER 2ND PRTN W ILEUM W BX SINGLE MULTIPLE	No	No	No	No		
44378	ENTEROSCOPY OVER 2ND PRTN ILEUM CONTROL BLEEDING	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
44379	ENTEROSCOPY OVER 2ND PRTN W ILEUM W STENT PLMT	No	No	No	No		
44380	ILEOSCOPY THRU STOMA DX W COLLJ SPEC WHEN PRFMD	No	No	No	No		
44381	ILEOSCOPY STOMA W BALLOON DILATION	No	No	No	No		
44382	ILEOSCOPY STOMA W BX SINGLE MULTIPLE	No	No	No	No		
44384	ILEOSCOPY STOMA W PLMT OF ENDOSCOPIC STENT	No	No	No	No		
44385	NDSC EVAL INTSTINAL POUCH DX W COLLJ SPEC SPX	No	No	No	No		
44386	NDSC EVAL INTSTINAL POUCH W BX SINGLE MULTIPLE	No	No	No	No		
44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	No	No	No	No		
44389	COLONOSCOPY STOMA W BIOPSY SINGLE MULTIPLE	No	No	No	No		
44390	COLONOSCOPY STOMA W RMVL FOREIGN BODY	No	No	No	No		
44391	COLONOSCOPY STOMA CONTROL BLEEDING	No	No	No	No		
44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	No	No	No	No		
44394	COLONOSCOPY STOMA W RMVL TUM POLYP OTH LES SNARE	No	No	No	No		
44401	COLONOSCOPY STOMA ABLATION LESION	No	No	No	No		
44402	COLONOSCOPY STOMA W ENDOSCOPIC STENT PLCMT	No	No	No	No		
44403	COLONOSCOPY STOMA W ENDOSCOPIC MUCOSAL RESCJ	No	No	No	No		
44404	COLONOSCOPY STOMA W SUBMUCOSAL INJECTION	No	No	No	No		
44405	COLONOSCOPY STOMA W BALLOON DILATION	No	No	No	No		
44406	COLONOSCOPY STOMA W ENDOSCOPIC ULTRASOUND EXAM	No	No	No	No		
44407	COLONOSCOPY STOMA W US GID NDL ASPIR BX	No	No	No	No		
44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	No	No	No	No		
44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	No	No	No	No		
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
44602	ENTERORRHAPHY 1PERFORATION	No	No	Not Cov	No		
44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	No	No	Not Cov	No		
44604	SUTR LG INTESTINE 1 MULT PERFORAT W O COLOSTOMY	Not Cov	No	Not Cov	No		
44605	SUTR LG INTESTINE 1 MULT PERFORAT W COLOSTOMY	Not Cov	No	Not Cov	No		
44615	INTSTINAL STRICTUROPLASTY W WO DILAT OBSTRCJ	No	No	Not Cov	No		
44620	CLOSURE ENTEROSTOMY LG SMALL INTESTINE	No	No	Not Cov	No		
44625	CLSR NTRSTM LG SM RESCJ AND ANAST OTH THN CLRCT	Not Cov	No	Not Cov	No		
44626	CLSR NTRSTM LG SM RESCJ AND COLORECTAL ANASTOMOSIS	Not Cov	No	Not Cov	No		
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	No	No	Not Cov	No		
44650	CLSR ENTEROENTERIC ENTEROCOLIC FSTL	No	No	Not Cov	No		
44660	CLSR ENTEROVES FSTL W O INTSTINAL BLADDER RESCJ	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
44661	CLSR ENTEROVES FSTL W INTESTINE AND BLADDER RESCJ	Not Cov	No	Not Cov	No		
44680	INTESTINAL PLICATION SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
44700	EXCLUSION SM INT FROM PELVIS MESH PROSTH TISS	Not Cov	No	Not Cov	No		
44701	INTRAOPERATIVE COLONIC LAVAGE	No	No	Not Cov	No		
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	No	No	Not Cov	No		
4470F	IMPLANT CARDIOVERT-DEFIB (ICD) COUNSELING PROV	Not Cov	Not Cov	Not Cov	Not Cov		
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
44799	UNLISTED PROCEDURE SMALL INTESTINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
44800	EXC MECKEL'S DIVERTICULUM OMPHALOMESENTERIC DUCT	Not Cov	No	Not Cov	No		
4480F	PT RCVNG ACE ARB BETA BLOCKER TX 3 MONS LONGER	Not Cov	Not Cov	Not Cov	Not Cov		
4481F	PT RCVNG ACE ARB AND BETA BLOCKER UNDER 3 MONTHS	Not Cov	Not Cov	Not Cov	Not Cov		
44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE	No	No	Not Cov	No		
44850	SUTURE MESENTERY SEPARATE PROCEDURE	No	No	Not Cov	No		
44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
44900	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	No	No	Not Cov	No		
44950	APPENDECTOMY	No	No	Not Cov	No		
44955	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	No	No	Not Cov	No		
44960	APPENDEC RPTD APPENDIX ABSC PRITONITIS	Not Cov	No	Not Cov	No		
44970	LAPAROSCOPIC APPENDECTOMY	No	No	Not Cov	No		
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	No	No	No	No		
45005	I AND D SUBMUCOSAL ABSCESS RECTUM	No	No	No	No		
4500F	REFERRED TO OUTPT CARD REHABILITATION PROGRAM	Not Cov	Not Cov	Not Cov	Not Cov		
45020	I AND D DP SUPRALEVATOR PELVIRCT RETRORCT ABSC	No	No	No	No		
45100	BX ANORECTAL WALL ANAL APPROACH	No	No	No	No		
45108	ANORECTAL MYOMECTOMY	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
4510F	PREVIOUS CARDIAC REHAB FOR QUAL CARD EVENT DONE	Not Cov	Not Cov	Not Cov	Not Cov		
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W CLST	Not Cov	No	Not Cov	No		
45111	PRCTECT PRTL RESCJ RECTUM TABDL APPR	Not Cov	No	Not Cov	No		
45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	Not Cov	No	Not Cov	No		
45113	PRCTECT PRTL W MUCOSEC ILEOANAL ANAST RSVR	No	No	Not Cov	No		
45114	PRCTECT PRTL W ANAST ABDL AND TRANSSAC APPROACH	Not Cov	No	Not Cov	No		
45116	PRCTECT PRTL W ANAST TRANSSAC APPR ONLY	Not Cov	No	Not Cov	No		
45119	PRCTECT CMBN PULL-THRU W RSVR W NTRSTM	Not Cov	No	Not Cov	No		
45120	PRCTECT COMPL W PULL-THRU PX AND ANASTOMOSIS	Not Cov	No	Not Cov	No		
45121	PRCTECT COMPL W STOT TOT COLCT W MLT BXS	Not Cov	No	Not Cov	No		
45123	PRCTECT PRTL W O ANAST PRNL APPR	No	No	Not Cov	No		
45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	Not Cov	No	Not Cov	No		
45130	EXC RCT PROCIDENTIA W ANAST PERINEAL APPROACH	Not Cov	No	Not Cov	No		
45135	EXC RCT PROCIDENTIA W ANAST ABDL AND PRNL APPROACH	Not Cov	No	Not Cov	No		
45136	EXC ILEOANAL RSVR W ILEOSTOMY	No	No	Not Cov	No		
45150	DIVISION STRICTURE RECTUM	No	No	No	No		
45160	EXC RCT TUM PROCTOTOMY TRANSSAC TRANSCOCCYGEAL	No	No	No	No		
45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	No	No	No	No		
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA	No	No	No	No		
45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	No	No	No	No		
4525F	NEUROPSYCHIATRIC INTERVENTION ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
4526F	NEUROPSYCHIATRIC INTERVENTION RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
45300	PROCTOSGMDSC RGD DX W WO COLLJ SPEC BR WA SPX	No	No	Not Cov	No		
45303	PROCTOSGMDSC RIGID W DILATION	No	No	Not Cov	No		
45305	PROCTOSGMDSC RIGID W BX SINGLE MULTIPLE	No	No	No	No		
45307	PROCTOSGMDSC RIGID W RMVL FOREIGN BODY	No	No	No	No		
45308	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	No	No	No	No		
45309	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	No	No	No	No		
45315	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY SNARE	No	No	No	No		
45317	PROCTOSGMDSC RIGID CONTROL BLEEDING	No	No	No	No		
45320	PROCTOSGMDSC RIGID ABLATION LESION	No	No	No	No		
45321	PROCTOSGMDSC RIGID DCMPRN VOLVULUS	No	No	No	No		
45327	PROCTOSGMDSC RIGID TNDSC STENT PLMT	No	No	No	No		
45330	SIGMOIDOSCOPY FLX DX W COLLJ SPEC BR WA IF PFRMD	No	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
45331	SIGMOIDOSCOPY FLX W BIOPSY SINGLE MULTIPLE	No	No	No	No		
45332	SIGMOIDOSCOPY FLX W RMVL FOREIGN BODY	No	No	No	No		
45333	SIGMOIDOSCOPY FLX W RMVL TUMOR BY HOT BX FORCEPS	No	No	No	No		
45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING	No	No	No	No		
45335	SGMDSC FLX DIRED SBMCSL NJX ANY SBST	No	No	No	No		
45337	SGMDSC FLX W DCMPRN W PLMT DCMPRN TUBE	No	No	No	No		
45338	SGMDSC FLX RMVL TUM POLYP OTH LES SNARE TQ	No	No	No	No		
45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	No	No	No	No		
45341	SIGMOIDOSCOPY FLX NDSC US XM	No	No	No	No		
45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR BX	No	No	No	No		
45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP OTH LES	No	No	No	No		
45347	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	No	No	No	No		
45349	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	No	No	No	No		
45350	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	Not Cov	Not Cov	Not Cov	Not Cov		
45378	COLONOSCOPY FLX DX W COLLJ SPEC WHEN PFRMD	No	No	No	No		
45379	COLONOSCOPY FLX W REMOVAL OF FOREIGN BODY(S)	No	No	No	No		
45380	COLONOSCOPY W BIOPSY SINGLE MULTIPLE	No	No	No	No		
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	No	No	No	No		
45382	COLSC FLEXIBLE W CONTROL BLEEDING ANY METHOD	No	No	No	No		
45384	COLSC FLX W REMOVAL LESION BY HOT BX FORCEPS	No	No	No	No		
45385	COLSC FLX W RMVL OF TUMOR POLYP LESION SNARE TQ	No	No	No	No		
45386	COLSC FLEXIBLE W TRANSENDOSCOPIC BALLOON DILAT	No	No	No	No		
45388	COLONOSCOPY FLX ABLATION TUMOR POLYP OTHER LES	No	No	No	No		
45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	No	No	No	No		
45390	COLONOSCOPY FLX W ENDOSCOPIC MUCOSAL RESECTION	No	No	Not Cov	No		
45391	COLSC FLX W NDSC US XM RCTM ET AL LMTD AND ADJ STRUX	No	No	No	No		
45392	COLSC FLX W US GUID NDL ASPIR BX W US RCTM ET AL	No	No	No	No		
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	No	No	No	No		
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W COLOSTOMY	Not Cov	No	Not Cov	No		
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W RESERVOIR	Not Cov	No	Not Cov	No		
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
45399	UNLISTED PROCEDURE COLON	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	No	No	Not Cov	No		
45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	No	No	Not Cov	No		
4540F	DISEASE MODIFYING PHARMACOTHERAPY DISCUSSED	Not Cov	Not Cov	Not Cov	Not Cov		
4541F	TX PSEUDOBULBAR AFFECT SIALORRHEA ALS SYMP	Not Cov	Not Cov	Not Cov	Not Cov		
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
45500	PROCTOPLASTY STENOSIS	No	No	No	No		
45505	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	No	No	No	No		
4550F	OPTIONS NONINVASIVE RESP SUPPORT DISCUSSED W PT	Not Cov	Not Cov	Not Cov	Not Cov		
4551F	NUTRITIONAL SUPPORT OFFERED	Not Cov	Not Cov	Not Cov	Not Cov		
45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	No	No	Not Cov	No		
4552F	PT OFFERED REFERRAL SPEECH LANGUAGE PATHOLOGIST	Not Cov	Not Cov	Not Cov	Not Cov		
4553F	PT OFFERED ASSISTANCE PLANNING END LIFE ISSUES	Not Cov	Not Cov	Not Cov	Not Cov		
45540	PROCTOPEXY ABDOMINAL APPROACH	Not Cov	No	Not Cov	No		
45541	PROCTOPEXY PERINEAL APPROACH	No	No	No	No		
4554F	PT RECEIVED INHALATIONAL ANESTHETIC AGENT	Not Cov	Not Cov	Not Cov	Not Cov		
45550	PROCTOPEXY W SIGMOID RESCJ ABDL APPR	Not Cov	No	Not Cov	No		
4555F	PT DID NOT RECEIVE INHALATIONAL ANESTHETIC AGENT	Not Cov	Not Cov	Not Cov	Not Cov		
45560	REPAIR RECTOCELE SEPARATE PROCEDURE	No	No	No	No		
45562	EXPL RPR AND PRESACRAL DRG RECTAL INJURY	No	No	Not Cov	No		
45563	EXPL RPR AND PRESACRAL DRG RECTAL INJ W COLOSTOMY	Not Cov	No	Not Cov	No		
4556F	PT SHOWS 3 PLUS RISK FACTORS POST-OP NAUSEA AND VOMITING	Not Cov	Not Cov	Not Cov	Not Cov		
4557F	PT NO EXHIBIT 3 PLUS RISK FACTORS POST-OP NAUSEA VOM	Not Cov	Not Cov	Not Cov	Not Cov		
4558F	PT RCEVD 2 PROPHYLACTIC RX AGENTS PRE AND INTRA-OP	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
4559F	1BODY TEMP MEASGRT THN EQ35.5C IN 30-15 MINS POST ANESTH	Not Cov	Not Cov	Not Cov	Not Cov		
4560F	ANESTH DID NOT INVOLVE GENERAL NEURAXIAL ANESTH	Not Cov	Not Cov	Not Cov	Not Cov		
4561F	PATIENT HAS A CORONARY ARTERY STENT	Not Cov	Not Cov	Not Cov	Not Cov		
4562F	PATIENT DOES NOT HAVE A CORONARY ARTERY STENT	Not Cov	Not Cov	Not Cov	Not Cov		
4563F	PT RECVD ASPIRIN W IN 24 HRS PRIOR ANESTH START	Not Cov	Not Cov	Not Cov	Not Cov		
45800	CLOSURE RECTOVESICAL FISTULA	No	No	Not Cov	No		
45805	CLSR RECTOVESICAL FISTULA W COLOSTOMY	Not Cov	No	Not Cov	No		
45820	CLOSURE RECTOURETHRAL FISTULA	No	No	Not Cov	No		
45825	CLOSURE RECTOURETHRAL FISTULA W COLOSTOMY	Not Cov	No	Not Cov	No		
45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	No	No	No	No		
45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH THN LOCAL	No	No	No	No		
45910	DILAT RCT STRIX SPX UNDER ANES OTH THN LOCAL	No	No	No	No		
45915	RMVL FECAL IMPACTION FB SPX UNDER ANES	No	No	No	No		
45990	ANRCT XM SURG REQ ANES GENERAL SPI EDRL DX	No	No	No	No		
45999	UNLISTED PROCEDURE RECTUM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
46020	PLACEMENT SETON	No	No	No	No		
46030	REMOVAL ANAL SETON OTHER MARKER	No	No	No	No		
46040	I AND D ISCHIORECTAL AND PERIRECTAL ABSCESS SPX	No	No	No	No		
46045	I AND D INTRAMURAL IM ABSC TRANSANAL ANES	No	No	No	No		
46050	I AND D PERIANAL ABSCESS SUPERFICIAL	No	No	No	No		
46060	I AND D ISCHIORCT INTRAMURAL ABSC W WO SETON	No	No	No	No		
46070	INCISION ANAL SEPTUM INFANT	No	No	No	No		
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	No	No	No	No		
46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	No	No	Not Cov	No		
46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	No	No	No	No		
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	No	No	No	No		
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	No	No	Not Cov	No		
46230	EXCISION MULTIPLE EXTERNAL PAPILLAE TAGS ANUS	No	No	No	No		
46250	HEMORRHOIDECTOMY XTRNL 2 OR GRT COLUMN GROUP	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
46255	HEMORRHOIDECTOMY NTRNL AND XTRNL 1 COLUMN GROUP	No	No	No	No		
46257	HEMORRHOID NTRNL AND XTRNL 1 COLUMN W FISSURECTO	No	No	No	No		
46258	HRHC 1 COL GRP W FSTULECTMY INCL FSSRECTOMY	No	No	No	No		
46260	HEMORRHOIDECTOMY INT AND XTRNL 2 OR GRT COLUMN GRO	No	No	No	No		
46261	HRHC NTRNL AND XTRNL 2 OR GRT COLUMN GROUP W FISSU	No	No	No	No		
46262	HRHC 2 OR GRT COL GRP W FSTULECTMY INCL FSSRECTMY	No	No	No	No		
46270	SURG TX ANAL FISTULA SUBQ	No	No	No	No		
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	No	No	No	No		
46280	TX ANAL FSTL TRANS SUPRA XTRASPHNCTRC INCL SETON	No	No	No	No		
46285	SURG TX ANAL FISTULA 2ND STAGE	No	No	No	No		
46288	CLSR ANAL FSTL W RCT ADVMNT FLAP	No	No	No	No		
46320	EXC THROMBOSED HEMORRHOID XTRNL	No	No	Not Cov	No		
46500	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	No	No	Not Cov	No		
46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	No	No	No	No		
46600	ANOSCOPY DX W COLLJ SPEC BR WA SPX WHEN PRFRMD	No	No	Not Cov	No		
46601	ANOSCOPY DX W HRA AND CHEM AGNTS ENHANCEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
46604	ANOSCOPY W DILATION	No	No	Not Cov	No		
46606	ANOSCOPY W BX SINGLE MULTIPLE	No	No	Not Cov	No		
46607	ANOSCOPY DX W HRA AND CHEM AGNTS ENHANCEMENT W BX	Not Cov	Not Cov	Not Cov	Not Cov		
46608	ANOSCOPY W RMVL FOREIGN BODY	No	No	No	No		
46610	ANOSCOPY W RMVL LESION CAUTERY	No	No	No	No		
46611	ANOSC RMVL 1 TUM POLYP OTH LES SNARE TQ	No	No	No	No		
46612	ANOSC RMVL MULT TUMORS CAUTERY SNARE	No	No	No	No		
46614	ANOSCOPY CONTROL BLEEDING	No	No	Not Cov	No		
46615	ANOSCOPY ABLATION LESION	No	No	No	No		
46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	No	No	No	No		
46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	No	No	Not Cov	No		
46706	REPAIR ANAL FISTULA W FIBRIN GLUE	No	No	No	No		
46707	REPAIR ANORECTAL FISTULA PLUG	No	No	No	No		
46710	RPR ILEOANAL POUCH FSTL POUCH ADVMNT TPRNL APPR	No	No	Not Cov	No		
46712	RPR ILEOANAL POUCH FSTL POUCH ADVMNT CMBN APPR	No	No	Not Cov	No		
46715	RPR LW IMPERFORATE ANUS W ANOPRNL FSTL CUT-BK	No	No	Not Cov	No		
46716	RPR LW IMPERFORATE ANUS W TRPOS FISTULA	No	No	Not Cov	No		
46730	RPR HI IMPRF ANUS W O FSTL PRNL SACROPRNL APPR	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
46735	RPR HI IMPRF ANUS W O FISTULA CMBN APPR	Not Cov	No	Not Cov	No		
46740	RPR HI IMPRF ANUS W FSTL PRNL SACROPRNL APPR	No	No	Not Cov	No		
46742	RPR HI IMPRF ANUS W FSTL TABDL AND SACROPRNL	Not Cov	No	Not Cov	No		
46744	RPR CLOACAL ANOMALY SACROPERINEAL	Not Cov	No	Not Cov	No		
46746	RPR CLOACAL ANOMALY CMBN ABDL AND SACROPRNL	Not Cov	No	Not Cov	No		
46748	RPR CLOACAL ANOMALY CMBN ABDL AND SACROPRNL W GRF	Not Cov	No	Not Cov	No		
46750	SPHNCTROP ANAL INCONTINENCE PROLAPSE ADULT	No	No	No	No		
46751	SPHNCTROP ANAL INCONTINENCE PROLAPSE CHLD	No	No	Not Cov	No		
46753	GRAFT THIERSCH RCT INCONTINENCE AND PROLAPSE	No	No	No	No		
46754	RMVL THIERSCH WIRE SUTURE ANAL CANAL	No	No	No	No		
46760	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	No	No	No	No		
46761	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	No	No	No	No		
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	No	No	Not Cov	No		
46910	DSTRJ LESION ANUS SMPL ELTRDSICCATION	No	No	Not Cov	No		
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	No	No	Not Cov	No		
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	No	No	No	No		
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	No	No	No	No		
46924	DSTRJ LESION ANUS EXTENSIVE	No	No	No	No		
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	No	No	Not Cov	No		
46940	CURTG CAUT ANAL FISSURE W DILAT SPHNCTR SPX 1ST	No	No	Not Cov	No		
46942	CURTG CAUT ANAL FISSURE W DILAT SPHNCTR SPX SBSQ	No	No	Not Cov	No		
46945	HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL GRP	No	No	Not Cov	No		
46946	HRHC NTRNL LIG OTH THAN RBBR BAND 2 OR GRT COL GRP	No	No	No	No		
46947	HEMORRHOIDOPEXY STAPLING	No	No	No	No		
46999	UNLISTED PROCEDURE ANUS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS	No	No	No	No		
47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	No	No	Not Cov	No		
47010	HEPATOTOMY OPEN DRAINAGE ABSCESS CYST 1 2 STAGES	Not Cov	No	Not Cov	No		
47015	LAPT W ASPIR AND NJX HEPATC PARASITIC CYST ABSCESS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
47100	BIOPSY LIVER WEDGE	Not Cov	No	Not Cov	No		
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	Not Cov	No	Not Cov	No		
47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY	Not Cov	No	Not Cov	No		
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	Not Cov	No	Not Cov	No		
47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	Not Cov	No	Not Cov	No		
47133	DONOR HEPATECTOMY CADAVER DONOR	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
47143	BKBENCH PREP CADAVER DONOR	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
47300	MARSUPIALIZATION CST ABSC LVR	Not Cov	No	Not Cov	No		
47350	MGMT LVR HEMRRG SMPL SUTR LVR WND INJ	Not Cov	No	Not Cov	No		
47360	MGMT LVR HEMRRG CPLX SUTR WND INJ	Not Cov	No	Not Cov	No		
47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ SUTR	Not Cov	No	Not Cov	No		
47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	Not Cov	No	Not Cov	No		
47370	LAPS SURG ABLTJ 1 OR GRT LVR TUM RF	No	No	Not Cov	No		
47371	LAPS SURG ABLTJ 1 OVER LVR TUM CRYOSURG	No	No	Not Cov	No		
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47380	ABLTJ OPN 1 OR GRT LVR TUM RF	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47381	ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
47382	ABLTJ 1 OR GRT LVR TUM PRQ RF	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47383	ABLATION 1 OR GRT LIVER TUMOR PERQ CRYOABLATION	No	No	No	No		
47399	UNLISTED PROCEDURE LIVER	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47400	HEPATCOTOMY HEPATCOSTOMY W EXPL DRG RMVL ST1	Not Cov	No	Not Cov	No		
47420	CHOLEDOCHOT OST W O SPHNCTROTOMY SPHNCTROP	Not Cov	No	Not Cov	No		
47425	CHOLEDOCHOT OST W SPHNCTROTOMY SPHNCTROP	Not Cov	No	Not Cov	No		
47460	TRANSDUOL SPHINCTEROT PLASTY W WO RMVL CALCULUS	Not Cov	No	Not Cov	No		
47480	CHOLECSTOT CHOLECSTOST W EXPL DRG RMVL ST1 SPX	Not Cov	No	Not Cov	No		
47490	CHOLECYSTOSTOMY PRQ W IMAGING AND CATHETER PLMT	No	No	Not Cov	No		
47531	NJX CHOLANGIO PRQ W IMG GID RS AND I EXISTING ACCESS	No	No	Not Cov	No		
47532	NJX CHOLANGIO PRQ W IMG GID RS AND I NEW ACCESS	No	No	Not Cov	No		
47533	PRQ PLMT BILIARY DRG CATH W IMG GID RS AND I EXTERNL	No	No	No	No		
47534	PRQ PLMT BILIARY DRG CATH W IMG GID RS AND I INT-EXT	No	No	No	No		
47535	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	No	No	No	No		
47536	EXCHANGE BILIARY DRG CATHETER PRQ W IMG GID RS AND I	No	No	No	No		
47537	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS AND I	No	No	No	No		
47538	PLMT BILE DUCT STENT PRQ EXISTING ACCESS	No	No	No	No		
47539	PLMT BILE DUCT STENT PRQ NEW ACCESS W O SEP CATH	No	No	No	No		
47540	PLMT BILE DUCT STENT PRQ NEW ACCESS W SEP CATH	No	No	No	No		
47541	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	No	No	No	No		
47542	BALLOON DILAT BILIARY DUCT AMPULLA PRQ EACH DUCT	No	No	Not Cov	No		
47543	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1 MLT	No	No	Not Cov	No		
47544	REMOVAL BILIARY DUCT AND GLBLDR CALCULI PERQ RS AND I	No	No	Not Cov	No		
47550	BILIARY NDSC INTRAOPERATIVE	Not Cov	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
47552	BILIARY ENDO PRQ T-TUBE DX W COLLECT SPEC BRUSH	No	No	No	No		
47553	BILIARY NDSC PRQ T-TUBE W BX SINGLE MULTIPLE	No	No	No	No		
47554	BILIARY ENDOSCOPY PRQ VIA T-TUBE W RMVL CALCULUS	No	No	No	No		
47555	BILIARY NDSC PRQ T-TUBE W DIL DUCT W O STENT	No	No	No	No		
47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W STENT	No	No	No	No		
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	No	No	No	No		
47563	LAPS SURG CHOLECYSTECTOMY W CHOLANGIOGRAPHY	No	No	No	No		
47564	LAPS SURG CHOLECSTC W EXPL COMMON DUCT	No	No	No	No		
47570	LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	No	No	Not Cov	No		
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47600	CHOLECYSTECTOMY	Not Cov	No	Not Cov	No		
47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
47700	EXPL CONGENITAL ATRESIA BILE DUCTS	Not Cov	No	Not Cov	No		
47701	PORTOENETEROSTOMY	Not Cov	No	Not Cov	No		
47711	EXC BILE DUX TUM W WO PRIM RPR XTRHEPATC	Not Cov	No	Not Cov	No		
47712	EXC BILE DUX TUM W WO PRIM RPR INTRAHEPATC	Not Cov	No	Not Cov	No		
47715	EXCISION CHOLEDOCHAL CYST	Not Cov	No	Not Cov	No		
47720	CHOLECYSTOENTEROSTOMY DIRECT	Not Cov	No	Not Cov	No		
47721	CHOLECYSTOENTEROSTOMY W GASTROENTEROSTOMY	Not Cov	No	Not Cov	No		
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	Not Cov	No	Not Cov	No		
47741	CHOLECSTONTRSTM ROUX-EN-Y W GASTRONTRSTM	Not Cov	No	Not Cov	No		
47760	ANAST XTRHEPATC BILIARY DUCTS AND GI TRACT	Not Cov	No	Not Cov	No		
47765	ANAST INTRAHEPATC DUCTS AND GI TRACT	Not Cov	No	Not Cov	No		
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS AND GI	Not Cov	No	Not Cov	No		
47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS AND GI	Not Cov	No	Not Cov	No		
47800	RCNSTJ PLSTC BILIARY DUCTS W END-TO-END ANAST	Not Cov	No	Not Cov	No		
47801	PLACEMENT CHOLEDOCHAL STENT	No	No	Not Cov	No		
47802	U-TUBE HEPATICOENTEROSTOMY	Not Cov	No	Not Cov	No		
47900	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	Not Cov	No	Not Cov	No		
47999	UNLISTED PROCEDURE BILIARY TRACT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	No	No	Not Cov	No		
48001	PLACE DRAIN PERIPANCREATIC W CHOLECYSTOSTOMY	No	No	Not Cov	No		
48020	REMOVAL PANCREATIC CALCULUS	Not Cov	No	Not Cov	No		
48100	BIOPSY PANCREAS OPEN	Not Cov	No	Not Cov	No		
48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE	No	No	No	No		

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48105	RESECJ DBRDMT PANCREAS NECROTIZING PANCREATITIS	Not Cov	No	Not Cov	No		
48120	EXCISION LESION PANCREAS	Not Cov	No	Not Cov	No		
48140	PNCRTECT DSTL STOT W O PNCRTCOJEJUNOSTOMY	No	No	Not Cov	No		
48145	PNCRTECT DSTL STOT W PNCRTCOJEJUNOSTOMY	Not Cov	No	Not Cov	No		
48146	PNCRTECT DSTL NR-TOT W PRSRV DUO CHLD-TYP PX	Not Cov	No	Not Cov	No		
48148	EXCISION AMPULLA VATER	Not Cov	No	Not Cov	No		
48150	PNCRTECT PROX STOT W PANCREATOJEJUNOSTOMY	Not Cov	No	Not Cov	No		
48152	PNCRTECT WHIPPLE W O PANCREATOJEJUNOSTOMY	Not Cov	No	Not Cov	No		
48153	PNCRTECT W PANCREATOJEJUNOSTOMY	Not Cov	No	Not Cov	No		
48154	PNCRTECT PROX STOT W O PANCREATOJEJUNOSTOMY	Not Cov	No	Not Cov	No		
48155	PANCREATECTOMY TOTAL	Not Cov	No	Not Cov	No		
48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	Not Cov	No	Not Cov	No		
48500	MARSUPIALIZATION PANCREATIC CYST	Not Cov	No	Not Cov	No		
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	No	No	Not Cov	No		
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT	Not Cov	No	Not Cov	No		
48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	Not Cov	No	Not Cov	No		
48545	PANCREATORRHAPHY INJURY	Not Cov	No	Not Cov	No		
48547	DUOL EXCLUSION W GASTROJEJUNOSTOMY PNCRTC INJ	Not Cov	No	Not Cov	No		
48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
48999	UNLISTED PROCEDURE PANCREAS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W WO BIOPSY SPX	No	No	Not Cov	No		
49002	REOPENING RECENT LAPAROTOMY	No	No	Not Cov	No		
49010	EXPL RETROPERITONEUM W WO BX SPX	No	No	Not Cov	No		
49020	DRAINAGE PERITON ABSCESS LOCAL PERITONITIS OPEN	Not Cov	No	Not Cov	No		
49040	DRAINAGE SUBDIAPHRAGMATIC SUBPHREN ABSCESS OPEN	Not Cov	No	Not Cov	No		
49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	Not Cov	No	Not Cov	No		
49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	Not Cov	No	Not Cov	No		
49082	ABDOM PARACENTESIS DX THER W O IMAGING GUIDANCE	No	No	No	No		
49083	ABDOM PARACENTESIS DX THER W IMAGING GUIDANCE	No	No	No	No		
49084	PERITONEAL LAVAGE W WO IMAGING GUIDANCE	No	No	No	No		

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49180	BX ABDL RETROPERITONEAL MASS PRQ NEEDLE	No	No	No	No		
49185	SCLEROTHERAPY FLUID COLLECTION PRQ W IMG GID	No	No	Not Cov	No		
49203	EXCISION DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM OR LESS	Not Cov	No	Not Cov	No		
49204	EXC DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	Not Cov	No	Not Cov	No		
49205	EXC DESTRUCTION OPEN ABDOMINAL TUMORS OVER 10.0 CM	Not Cov	No	Not Cov	No		
49215	EXC PRESAC SACROCOCCYGEAL TUMOR	No	No	Not Cov	No		
49220	STAGING LAPAROTOMY HODGKINS DISEASE LYMPHOMA	No	No	Not Cov	No		
49250	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	No	No	No	No		
49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
49320	LAPS ABD PRTM AND OMENTUM DX W WO SPEC BR WA SPX	No	No	No	No		
49321	LAPAROSCOPY SURG W BX SINGLE MULTIPLE	No	No	No	No		
49322	LAPS SURG W ASPIR CAVITY CYST SINGLE MULTIPLE	No	No	No	No		
49323	LAPS SURG W DRG LYMPHOCELE PRTL CAVITY	No	No	Not Cov	No		
49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	No	No	No	No		
49325	LAPS W REVISION INTRAPERITONEAL CATHETER	No	No	No	No		
49326	LAPAROSCOPY W OMENTOPEXY	No	No	No	No		
49327	LAPS W INSERTION NTRSTL DEV W IMG GUID 1 MLT	No	No	No	No		
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
49400	INJECTION AIR CONTRAST PERITONEAL CAVITY SPX	No	No	Not Cov	No		
49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	No	No	No	No		
49405	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	No	No	Not Cov	No		
49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	No	No	No	No		
49407	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC VAGINAL	No	No	No	No		
49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1 MLT	No	No	No	No		

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49412	PLACEMENT INTRSTL DEV OPN W IMG GUID 1 MLT	No	No	Not Cov	No		
49418	INSJ INTRAPERITONEAL CATHETER W IMG GUID	No	No	No	No		
49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	No	No	No	No		
49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	No	No	No	No		
49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	No	No	No	No		
49423	EXCHNG ABSC CST DRG CATH RAD GID SPX	No	No	No	No		
49424	CNTRST NJX ASSMT ABSC CST VIA DRG CATH TUBE SPX	No	No	Not Cov	No		
49425	INSERTION PERITONEAL-VENOUS SHUNT	No	No	Not Cov	No		
49426	REVIS PERITONEAL-VENOUS SHUNT	No	No	No	No		
49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	No	No	Not Cov	No		
49428	LIGATION PERITONEAL-VENOUS SHUNT	Not Cov	No	Not Cov	No		
49429	RMVL PERITONEAL-VENOUS SHUNT	No	No	No	No		
49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	No	No	No	No		
49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	No	No	No	No		
49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS	No	No	No	No		
49441	INSERT DUODENOSTOMY JEJUNOSTOMY TUBE PERQ	No	No	No	No		
49442	INSERT CECOSTOMY OTHER COLONIC TUBE PERCUTANEOUS	No	No	No	No		
49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	No	No	No	No		
49450	REPLACE GASTROSTOMY CECOSTOMY TUBE PERCUTANEOUS	No	No	No	No		
49451	REPLACE DUODENOSTOMY JEJUNOSTOMY TUBE PERQ	No	No	No	No		
49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	No	No	No	No		
49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	No	No	No	No		
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	No	No	No	No		
49491	RPR 1ST INGUN HRNA PRETERM INFT RDC	No	No	Not Cov	No		
49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	No	No	Not Cov	No		
49495	RPR 1ST INGUN HRNA FULL TERM INFT UNDER 6 MO RDC	No	No	No	No		
49496	RPR 1ST INGUN HRNA FULL TERM INFT UNDER 6 MO INCARCER	No	No	No	No		
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	No	No	No	No		
49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	No	No	No	No		
49505	RPR 1ST INGUN HRNA AGE 5 YRS OR GRT REDUCIBLE	No	No	No	No		
49507	RPR 1ST INGUN HRNA AGE 5 YRS OR GRT INCARCERATED	No	No	No	No		
49520	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	No	No	No	No		
49521	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	No	No	No	No		
49525	RPR INGUN HERNIA SLIDING ANY AGE	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
49540	REPAIR LUMBAR HERNIA	No	No	No	No		
49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	No	No	No	No		
49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	No	No	No	No		
49555	RPR RECRT FEM HERNIA REDUCIBLE	No	No	No	No		
49557	RPR RECRT FEM HRNA INCARCERATED	No	No	No	No		
49560	REPAIR FIRST ABDOMINAL WALL HERNIA	No	No	No	No		
49561	RPR 1ST INCAL VNT HERNIA INCARCERATED	No	No	No	No		
49565	RPR RECRT INCAL VNT HERNIA REDUCIBLE	No	No	No	No		
49566	RPR RECRT INCAL VNT HERNIA INCARCERATED	No	No	No	No		
49568	IMPLANT MESH OPN HERNIA RPR DEBRIDEMENT CLOSURE	No	No	No	No		
49570	RPR EPIGASTRIC HERNIA REDUCIBLE SPX	No	No	No	No		
49572	RPR EPIGASTRIC HERNIA INCARCERATED	No	No	No	No		
49580	RPR UMBILICAL HERNIA UNDER 5 YRS REDUCIBLE	No	No	No	No		
49582	RPR UMBILICAL HERNIA UNDER 5 YRS INCARCERATED	No	No	No	No		
49585	RPR UMBILICAL HRNA 5 YRS OR GRT REDUCIBLE	No	No	No	No		
49587	RPR UMBILICAL HERNIA AGE 5 YRS OR GRT INCARCERATED	No	No	No	No		
49590	RPR SPIGELIAN HERNIA	No	No	No	No		
49600	RPR SMALL OMPHALOCELE W PRIMARY CLOSURE	No	No	No	No		
49605	RPR LG OMPHALOCELE GASTROSCHISIS W WO PROSTH	Not Cov	No	Not Cov	No		
49606	RPR LG OMPHALOCELE GASTROSCHISIS RMVL PROSTH	No	No	Not Cov	No		
49610	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	No	No	Not Cov	No		
49611	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	Not Cov	No	Not Cov	No		
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	No	No	No	No		
49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA	No	No	No	No		
49652	LAPS REPAIR HERNIA EXCEPT INCAL INGUN REDUCIBLE	No	No	No	No		
49653	LAP RPR HRNA XCPT INCAL INGUN NCRC8 STRANGULATED	No	No	No	No		
49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	No	No	No	No		
49655	LAPS RPR INCISIONAL HERNIA NCRC8 STRANGULATED	No	No	No	No		
49656	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	No	No	No	No		
49657	LAPS RPR RECURRENT INCAL HRNA NCRC8 STRANGULATED	No	No	No	No		

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49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
49900	SEC ABDOMINAL WALL SUTURE EVISCERATION DEHSN	No	No	Not Cov	No		
49904	OMENTAL FLAP EXTRA-ABDOMINAL	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
49905	OMENTAL FLAP INTRA-ABDOMINAL	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
50010	RNL EXPL X NECESSITATING OTH SPEC PX	Not Cov	No	Not Cov	No		
50020	DRAINAGE PERIRENAL RENAL ABSCESS OPEN	No	No	Not Cov	No		
50040	NEPHROSTOMY NEPHROTOMY W DRAINAGE	Not Cov	No	Not Cov	No		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

*****All Inpatient services require prior authorization*****

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
50045	NEPHROTOMY W EXPLORATION	Not Cov	No	Not Cov	No		
5005F	COUNSEL NEW CHANGING MOLES SELF-EXAMINATION	Not Cov	Not Cov	Not Cov	Not Cov		
50060	NEPHROLITHOTOMY REMOVAL STAGE 1	Not Cov	No	Not Cov	No		
50065	NEPHROLITHOTOMY SECONDARY FOR CALCULUS	Not Cov	No	Not Cov	No		
50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	Not Cov	No	Not Cov	No		
50075	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1	Not Cov	No	Not Cov	No		
50080	PRQ NEPHROSTOLITHOTOMY PYELOSTOLITHOTOMY UNDER 2 CM	No	No	No	No		
50081	PRQ NEPHROSTOLITHOTOMY PYELOSTOLITHOTOMY OVER 2 CM	No	No	No	No		
50100	TRNSXJ REPOSITIONING ABERRANT RENAL VESSEL SPX	Not Cov	No	Not Cov	No		
5010F	DILATED MACULAR FUNDUS XM COMMUNJ TX PHYS QHP	Not Cov	Not Cov	Not Cov	Not Cov		
50120	PYELOTOMY W EXPLORATION	Not Cov	No	Not Cov	No		
50125	PYELOTOMY W DRAINAGE PYELOSTOMY	Not Cov	No	Not Cov	No		
50130	PYELOTOMY W REMOVAL CALCULUS	Not Cov	No	Not Cov	No		
50135	PYELOTOMY COMPLICATED	Not Cov	No	Not Cov	No		
5015F	DOCD CONTACT THAT FX EXISTED AND PT TSTED TXD OP	Not Cov	Not Cov	Not Cov	Not Cov		
50200	RENAL BIOPSY PRQ TROCAR NEEDLE	No	No	No	No		
50205	RENAL BIOPSY SURG EXPOSURE KIDNEY	Not Cov	No	Not Cov	No		
5020F	TX SUMM RPRT COMMUN PHYS AND PT 1 MO COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
50220	NEPHRECTOMY W PRTL URETERECTOMY W OPEN RIB RESCJ	Not Cov	No	Not Cov	No		
50225	NEPHRECTOMY W PRTL URETERECT OPN RIB RESCJ COMPL	Not Cov	No	Not Cov	No		
50230	NEPHRECTOMY W PRTL URETERECT OPEN RIB RESCJ RAD	No	No	Not Cov	No		
50234	NEPHRECTOMY W TOT URETERECT AND BLDR CUFF SAME INC	Not Cov	No	Not Cov	No		
50236	NEPHRECTOMY TOT URETEREC AND BLDR CUFF SEPAR INCISN	Not Cov	No	Not Cov	No		
50240	NEPHRECTOMY PARTIAL	Not Cov	No	Not Cov	No		
50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	Not Cov	Not Cov	Not Cov	Not Cov		
50280	EXCISION UNROOFING CYST KIDNEY	Not Cov	No	Not Cov	No		
50290	EXCISION PERINEPHRIC CYST	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
50382	RMVL AND RPLCMT INTLY DWELLING URETERAL STENT PRQ	No	No	No	No		
50384	REMOVAL INDWELLING URETERAL STENT PRQ	No	No	No	No		
50385	REMOVE AND REPLACE INDWELL URETERAL STENT TRURTHRL	No	No	No	No		
50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	No	No	Not Cov	No		
50387	RMVL AND RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	No	No	No	No		
50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE	No	No	No	No		
50390	ASPIR AND NJX RENAL CYST PELVIS NEEDLE PRQ	No	No	No	No		

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50391	INSTLJ THER AGENT RENAL PELVIS AND URETER VIA TUB	No	No	Not Cov	No		
50396	MANOMETRIC STDS THRU TUBE NDWELLG URTRL CATH	No	No	No	No		
50400	PYELOPLASTY SIMPLE	Not Cov	No	Not Cov	No		
50405	PYELOPLASTY COMPLICATED	Not Cov	No	Not Cov	No		
50430	NJX PX ANTEGRDE NFROSGRM AND URTRGRM NEW ACCESS	No	No	Not Cov	No		
50431	NJX PX ANTEGRDE NFROSGRM AND URTRGRM EXSTNG ACESS	No	No	Not Cov	No		
50432	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS AND I	No	No	No	No		
50433	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS AND I	No	No	No	No		
50434	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	No	No	No	No		
50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W IMG GID RS AND I	No	No	No	No		
50436	PERQ DILATION XST TRC ENDOUROLOGIC PX W IMG	No	No	Not Cov	No		
50437	PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	No	No	Not Cov	No		
50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND INJURY	Not Cov	No	Not Cov	No		
5050F	TX COMMUN PROVIDERS CONTINUING CARE 1 MO DX	Not Cov	Not Cov	Not Cov	Not Cov		
50520	CLOSURE NEPHROCUTANEOUS PYELOCUTANEOUS FISTULA	Not Cov	No	Not Cov	No		
50525	CLSR NEPHROVISCERAL FISTULA W VISC RPR ABDL APPR	Not Cov	No	Not Cov	No		
50526	CLSR NEPHROVISCERAL FISTULA W VISC RPR THRC APPR	Not Cov	No	Not Cov	No		
50540	SYMPHYSIOTOMY HORSESHOE KDN W WO PLOP UNI BI	Not Cov	No	Not Cov	No		
50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	No	No	Not Cov	No		
50542	LAPS ABLTJ RENAL MASS LESION W INTRAOP US	No	No	Not Cov	No		
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	No	No	Not Cov	No		
50544	LAPAROSCOPY SURG PYELOPLASTY	No	No	Not Cov	No		
50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Not Cov	No	Not Cov	No		
50546	LAPAROSCOPY NEPHRECTOMY W PARTIAL URETERECT	Not Cov	No	Not Cov	No		
50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	Not Cov	No	Not Cov	No		
50548	LAPAROSCOPY NEPHRECTOMY W TOTAL URETERECTOMY	Not Cov	No	Not Cov	No		
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
50551	RENAL ENDOSCOPY NEPHROSTOMY W WO IRRIGATION	No	No	No	No		
50553	RENAL NDSC NEPHROST W URETERAL CATH W WO DILA	No	No	No	No		

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50555	RENAL NDSC NEPHROS PYELOSTOMY BIOPSY	No	No	No	No		
50557	RENAL NDSC NEPHROS PYELOSTOMY FULG AND INC W WO BI	No	No	No	No		
50561	RENAL NDSC NEPHROS PYELOSTOMY RMVL FB CALCULUS	No	No	No	No		
50562	RENAL NDSC NEPHROS PYELOSTOMY RESCJ TUMOR	No	No	No	No		
50570	RENAL NDSC NEPHROTOMY W WO IRRIGATION	No	No	No	No		
50572	RNL NDSC NFROT W URTRL CATHJ W WO DILAT URETER	No	No	No	No		
50574	RENAL NDSC NEPHROTOMY W BIOPSY	No	No	No	No		
50575	RNL NDSC NFROT PLOT W ENDOPYELOTOMY	No	No	No	No		
50576	RNL NDSC NFROT FULGURATION AND INCISION W WO BX	No	No	No	No		
50580	RNL NDSC NFROT PLOT W RMVL FB CALCULUS	No	No	No	No		
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
50592	ABLTJ 1 OR GRT RENAL TUMOR PRQ UNI RADIOFREQUENCY	No	No	No	No		
50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	No	No	Not Cov	No		
50600	URTROTOMY W EXPL DRG SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	Not Cov	No	Not Cov	No		
50606	ENDOLUMINAL BX URTR AND RNL PELVIS NONENDOSCOPIC	No	No	Not Cov	No		
5060F	FINDNGS DIAG MAM TO MNGNG PRACT 3 DAYS INTERP	Not Cov	Not Cov	Not Cov	Not Cov		
50610	URTROLITHOTOMY UPPER ONE-THIRD URETER	Not Cov	No	Not Cov	No		
50620	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	Not Cov	No	Not Cov	No		
5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE PERSON	Not Cov	Not Cov	Not Cov	Not Cov		
50630	URTROLITHOTOMY LOWER ONE-THIRD URETER	Not Cov	No	Not Cov	No		
50650	URETRECECTOMY W BLADDER CUFF SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
50660	URETERECTOMY TOT ECTOPIC URETER CMBN APPR	Not Cov	No	Not Cov	No		
50684	INJ PX URETEROGRAPHY URETEROPYLOGRAPHY CATH	No	No	Not Cov	No		
50686	MANOMETRIC STDS THRU URTROST NDWELLG URTRL CATH	No	No	Not Cov	No		
50688	CHNG URTROST TUBE XTRNLLY ACCESSIBLE STENT ILEAL	No	No	No	No		
50690	NJX VISUALIZATION ILEAL CONDUIT AND URETEROPYELOG	No	No	Not Cov	No		
50693	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	No	No	No	No		
50694	PLMT URTRL STNT PRQ NEW ACESS W O SEP NFROS CATH	No	No	No	No		

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50695	PLMT URTRL STENT PRQ NEW ACCESS W SEP NFROS CATH	No	No	No	No		
50700	URETEROPLASTY PLASTIC OPERATION URETER	Not Cov	No	Not Cov	No		
50705	URETERAL EMBOLIZATION OCCLUSION W IMG GID RS AND I	No	No	Not Cov	No		
50706	BALLOON DILAT URETERAL STRICTURE W IMG GID RS AND I	No	No	Not Cov	No		
50715	URETEROLYSIS W WORPSG URETER RETROPERIT FIBROSIS	Not Cov	No	Not Cov	No		
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	Not Cov	No	Not Cov	No		
50725	URTROLSS RETROCAVAL URTR W REANAST	Not Cov	No	Not Cov	No		
50727	REVJ URINARY-CUTANEOUS ANASTAMOSIS	No	No	No	No		
50728	REVJ UR-CUTAN ANAST RPR FSCAL DFCT AND HERNIA	No	No	Not Cov	No		
50740	EXC URACHAL CYST SINUS W WO UMBILICAL HERNIA RPR	Not Cov	No	Not Cov	No		
50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	Not Cov	No	Not Cov	No		
50760	URETEROURETEROSTOMY	Not Cov	No	Not Cov	No		
50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	Not Cov	No	Not Cov	No		
50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	Not Cov	No	Not Cov	No		
50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	Not Cov	No	Not Cov	No		
50783	URETERONEOCYSTOSTOMY W URETERAL TAILORING	Not Cov	No	Not Cov	No		
50785	URTRONEOCSTOST W VESICO-PSOAS HITCH BLDR FLAP	Not Cov	No	Not Cov	No		
50800	URETEROENTEROSTOMY ANAST URETER INTESTINE	Not Cov	No	Not Cov	No		
50810	URETEROSIGMOIDOSTOMY W SIGMOID BLADDER AND COLOSTO	Not Cov	No	Not Cov	No		
50815	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	Not Cov	No	Not Cov	No		
50820	URETEROILEAL CONDUIT W INTESTINE ANASTOMOSIS	Not Cov	No	Not Cov	No		
50825	CONTINENT DVRJ W INT ANAST ANY SGM SM AND LG INTSTN	Not Cov	No	Not Cov	No		
50830	URINARY UNIDIVERSION	Not Cov	No	Not Cov	No		
50840	RPLCMT ALL PART URETER INTESTINE SGM W ANAST	Not Cov	No	Not Cov	No		
50845	CUTANANEOUS APPENDICO-VESICOSTOMY	No	No	Not Cov	No		
50860	URETEROSTOMY TRANSPLANTATION URETER SKIN	Not Cov	No	Not Cov	No		
50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
50920	CLOSURE URETEROCUTANEOUS FISTULA	Not Cov	No	Not Cov	No		
50930	CLOSURE URETEROCUTANEOUS FISTULA W VISC RPR	Not Cov	No	Not Cov	No		
50940	DELIGATION URETER	Not Cov	No	Not Cov	No		
50945	LAPAROSCOPY URTROLITHOTOMY	No	No	Not Cov	No		
50947	LAPS URTRONEOCSTOST W CSTSC AND URTRL STENT PLMT	No	No	No	No		
50948	LAPS URTRONEOCSTOST W O CSTSC AND URTRL STENT PLMT	No	No	No	No		

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50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
50951	URETERAL ENDOSCOPY VIA URETEROSTOMY	No	No	No	No		
50953	URETERAL ENDOSCOPY VIA URETEROST W WO DIL URETER	No	No	No	No		
50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W BIOPSY	No	No	No	No		
50957	URETERAL ENDOSCOPY W DEST AND INC W WO BIOPSY	No	No	No	No		
50961	URETERAL ENDOSCOPY VIA URETEROST W RMVL FB STONE	No	No	No	No		
50970	URETERAL ENDOSCOPY VIA URETEROTOMY W O IMAGING	No	No	No	No		
50972	NDSC URETEROTOMY URTRL CATHJ W WO DILAT URETER	No	No	No	No		
50974	URETERAL ENDOSCOPY VIA URETEROT W O IMAGING W BX	No	No	No	No		
50976	URETERAL ENDOSC VIA URETEROT W DEST AND INC W WO BX	No	No	No	No		
50980	NDSC URETEROTOMY RMVL FB CALCULUS	No	No	No	No		
5100F	FX RISK REF PHYS QHP COMMJ 24 HRS IMAGING STUDY	Not Cov	Not Cov	Not Cov	Not Cov		
51020	CYSTOTOMY CYSTOSTOMY FULG AND INSJ RADACT MATRL	No	No	No	No		
51030	CSTOTOMY CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	No	No	No	No		
51040	CYSTOSTOMY CYSTOTOMY W DRAINAGE	No	No	No	No		
51045	CYSTOTOMY W INSJ URETERAL CATH STENT SPX	No	No	No	No		
51050	CYSTOLITHOTOMY CYSTOTOMY W RMVL CALCULUS	No	No	No	No		
51060	TRANSVESICAL URETROLITHOTOMY	No	No	Not Cov	No		
51065	CYSTOTOMY W CALCULUS BASKET XTRJ AND FRAGMENTATIO	No	No	No	No		
51080	DRG PRIVESICAL PREVESICAL SPACE ABSC	No	No	No	No		
51100	ASPIRATION BLADDER NEEDLE	No	No	Not Cov	No		
51101	ASPIRATION BLADDER TROCAR INTRACATHETER	No	No	Not Cov	No		
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	No	No	No	No		
51500	EXC URACHAL CYST SINUS W WO UMBILICAL HERNIA RPR	No	No	No	No		
51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	No	No	No	No		
51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1 MULTIPLE	Not Cov	No	Not Cov	No		
51530	CYSTOTOMY EXCISION BLADDER TUMOR	Not Cov	No	Not Cov	No		
51535	CYSTOTOMY EXCISE INCISE REPAIR URETEROCELE	No	No	No	No		
51550	CYSTECTOMY PARTIAL SIMPLE	Not Cov	No	Not Cov	No		

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51555	CYSTECTOMY PARTIAL COMPLICATED	Not Cov	No	Not Cov	No		
51565	CSTC PRTL W RIMPLTJ URTR IN BLDR URTRONEOCSTOST	Not Cov	No	Not Cov	No		
51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
51575	CYSTECTOMY W BI PELVIC LYMPHADENECTOMY	Not Cov	No	Not Cov	No		
51580	CYSTECTOMY W URETEROSIGMOIDOSTOMY W NODES	Not Cov	No	Not Cov	No		
51585	CYSTECTOMY W URETEROSIGMOID BI PELV LYMPH NODES	Not Cov	No	Not Cov	No		
51590	CSTC COMPL W URTROILEAL CONDUIT BLDR W INT ANAST	Not Cov	No	Not Cov	No		
51595	CSTC COMPL W CONDUIT SIGMOID BLDR PEL LMPHADEC	Not Cov	No	Not Cov	No		
51596	CSTC COMPL W CONTINENT DVRJ OPN NEOBLDR	Not Cov	No	Not Cov	No		
51597	PELVIC EXENTERATION COMPLETE MALIGNANCY	Not Cov	No	Not Cov	No		
51600	NJX CSTOGRAPY VOIDING URETHROCSTOGRAPY	No	No	Not Cov	No		
51605	NJX AND PLACEMENT CHAIN CONTRAST AND URETHROCSTOGRAPY	No	No	Not Cov	No		
51610	NJX RETROGRADE URETHROCSTOGRAPY	No	No	Not Cov	No		
51700	BLDR IRRIGATION SMPL LAVAGE AND INSTLJ	No	No	Not Cov	No		
51701	INSJ NON-NDWELLG BLADDER CATHETER	No	No	Not Cov	No		
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	No	No	Not Cov	No		
51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	No	No	Not Cov	No		
51705	CHANGE CYSTOSTOMY TUBE SIMPLE	No	No	Not Cov	No		
51710	CHANGE CYSTOSTOMY TUBE COMPLICATED	No	No	No	No		
51715	NDSC NJX IMPLT MATRL URT AND BLDR NCK	No	No	No	No		
51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	No	No	Not Cov	No		
51725	SIMPLE CYSTOMETROGRAM	No	No	Not Cov	No		
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING	No	No	No	No		
51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	No	No	Not Cov	No		
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	No	No	Not Cov	No		
51729	COMPLX CYSTOMETRO W VOID PRESS AND URETHRAL PROFIL	No	No	Not Cov	No		
51736	SIMPLE UROFLOMETRY	No	No	Not Cov	No		
51741	COMPLEX UROFLOMETRY	No	No	Not Cov	No		
51784	EMG STDS ANAL URTL SPHNCTR OTH THN NDL	No	No	Not Cov	No		
51785	NDL EMG STDS EMG ANAL URTL SPHNCTR ANY TQ	No	No	No	No		
51792	STIMULUS EVOKED RESPONSE	No	No	Not Cov	No		
51797	VOID PRESSURE STUDIES INTRAABDOMINAL	No	No	Not Cov	No		
51798	MEAS POST-VOIDING RESIDUAL URINE AND BLADDER CAP	No	No	Not Cov	No		
51800	CSTOPLASTY CSTOURTP PLSTC ANY	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
51820	CSTOURTP W UNI BI URTRONEOCSTOST	Not Cov	No	Not Cov	No		
51840	ANT VESICOURETHROPEXY URETHROPEXY SMPL	No	No	Not Cov	No		
51841	ANT VESICOURETHROPEXY URETHROPEXY COMP	Not Cov	No	Not Cov	No		
51845	ABDOMINO-VAG VESICAL NCK SSP W WO NDSC CTRL	No	No	Not Cov	No		
51860	CYSTORRHAPHY SUTR BLDR WND INJ RPT SIMPLE	No	No	Not Cov	No		
51865	CYSTORRHAPHY SUTR BLDR WND INJ RPT COMPLICATED	Not Cov	No	Not Cov	No		
51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	No	No	No	No		
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	Not Cov	No	Not Cov	No		
51920	CLOSURE VESICOUTERINE FISTULA	Not Cov	No	Not Cov	No		
51925	CLSR VESICOUTERINE FISTULA W HYSTERECTOMY	Not Cov	No	Not Cov	No		
51940	CLOSURE EXSTROPHY BLADDER	Not Cov	No	Not Cov	No		
51960	ENTEROCYSTOPLASTY W INTESTINAL ANASTOMOSIS	Not Cov	No	Not Cov	No		
51980	CUTANEOUS VESICOSTOMY	Not Cov	No	Not Cov	No		
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	No	No	Not Cov	No		
51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	No	No	No	No		
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
52000	CYSTOURETHROSCOPY	No	No	No	No		
52001	CYSTO W IRRIG AND EVAC MULTPLE OBSTRUCTING CLOTS	No	No	No	No		
52005	CYSTO BLADDER W URETERAL CATHETERIZATION	No	No	No	No		
52007	CYSTO W URTRL CATHJ BRUSH BX URTR AND RENAL PELVIS	No	No	No	No		
5200F	CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS	Not Cov	Not Cov	Not Cov	Not Cov		
52010	CYSTO W EJACULATORY DUCT CATHETERIZATION	No	No	No	No		
52204	CYSTOURETHROSCOPY WITH BIOPSY	No	No	No	No		
52214	CYSTO W DESTRUCTION OF LESIONS	No	No	No	No		
52224	CYSTO W REMOVAL OF LESIONS SMALL	No	No	No	No		
52234	CYSTO W REMOVAL OF TUMORS SMALL	No	No	No	No		
52235	CYSTOURETHROSCOPY W DEST AND RMVL MED BLADDER TUM	No	No	No	No		
52240	CYSTOURETHROSCOPY W DEST AND RMVL TUMOR LARGE	No	No	No	No		
52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W WOBX FULG	No	No	No	No		

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52260	CYSTOURETHROSCOPY W DIL BLADDER GENERAL ANESTH	No	No	No	No		
52265	CYSTOURETHROSCOPY W DIL BLADDER LOCAL ANESTHESIA	No	No	Not Cov	No		
52270	CYSTOURETHROSCOPY W INTERNAL URETHROTOMY FEMALE	No	No	No	No		
52275	CYSTOURETHROSCOPY W INTERNAL URETHROTOMY MALE	No	No	No	No		
52276	CYSTOURETHROSCOPY W INTERNAL URETHROTOMY MALE	No	No	No	No		
52277	CYSTOURETHROSCOPY W RESECJ EXTERNAL SPHINCTER	No	No	No	No		
52281	CYSTO CALIBRATION DILAT URTL STRIX STENOSIS	No	No	No	No		
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	No	No	No	No		
52283	CYSTOURETHROSCOPY W STEROID INJECTION STRICTURE	No	No	No	No		
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	No	No	No	No		
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	No	No	No	No		
52290	CYSTOURETHROSCOPY W URETERAL MEATOTOMY UNI BI	No	No	No	No		
52300	CYSTO W RESCJ FULG ORTHOPIC URETEROCELE UNI BI	No	No	No	No		
52301	CYSTO W RESECJ ECTOPIC URETEROCELE UNI BI	No	No	No	No		
52305	CYSTO INC RESCJ ORIFICE BLDR DIVERTICULUM 1 MLT	No	No	No	No		
52310	CYSTO W SIMPLE REMOVAL STONE AND STENT	No	No	No	No		
52315	CYSTO W COMPLEX REMOVAL STONE AND STENT	No	No	No	No		
52317	LITHOLAPAXY SMPL SM UNDER 2.5 CM	No	No	No	No		
52318	LITHOLAPAXY COMP LG OVER 2.5 CM	No	No	No	No		
52320	CYSTOURETHROSCOPY W RMVL URETERAL CALCULUS	No	No	No	No		
52325	CYSTO FRAGMENTATION URETERAL STONE	No	No	No	No		
52327	CYSTO W SUBURTRIC NJX IMPLT MATRL	No	No	No	No		
52330	CYSTO MANJ W O RMVL URETERAL STONE	No	No	No	No		
52332	CYSTO W INSERT URETERAL STENT	No	No	No	No		
52334	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	No	No	No	No		
52341	CYSTO W TX URETERAL STRICTURE	No	No	No	No		
52342	CYSTO W TX URETEROPELVIC JUNCTION STRICTURE	No	No	No	No		
52343	CYSTO W TX INTRA-RENAL STRICTURE	No	No	No	No		
52344	CYSTO W URTROSCOPY W TX URETERAL STRICTURE	No	No	No	No		
52345	CYSTO W URTROSCOPY W TX URTROPEL JUNCT STRIX	No	No	No	No		
52346	CYSTO W URTROSCOPY W TX INTRA-RENAL STRICTURE	No	No	No	No		
52351	CYSTO W URTROSCOPY AND PYELOSCOPY DX	No	No	No	No		
52352	CYSTO W URETEROSCOPY W RMVL MANJ STONES	No	No	No	No		
52353	CYSTO W URETEROSCOPY W LITHOTRIPSY	No	No	No	No		

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52354	CYSTO PYELOSCOPY BX AND FULGURATION PELIVC LESION	No	No	No	No		
52355	CYSTO PYELOSCOPY RESCJ PELVIC TUMOR	No	No	No	No		
52356	CYSTO URETERO W LITHOTRIPSY AND INDWELL STENT INSRT	No	No	No	No		
52400	CYSTO INC FULG RESCJ URTL VALVES FOLDS	No	No	No	No		
52402	CSTO W TRURL RESCJ INC EJACULATORY DUXS	No	No	No	No		
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	Not Cov	Not Cov	Not Cov	Not Cov		
52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	Not Cov	Not Cov	Not Cov	Not Cov		
52450	TRANSURETHRAL INCISION PROSTATE	No	No	No	No		
52500	TRANSURETHRAL RESECTION BLADDER NECK	No	No	No	No		
5250F	ASTHMA DISCHARGE PLAN PRESENT	Not Cov	Not Cov	Not Cov	Not Cov		
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	No	No	No	No		
52630	TRURL RESCJ RESIDUAL REGROWTH OBSTR PRSTATE TISS	No	No	No	No		
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	No	No	No	No		
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	No	No	No	No		
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	No	No	No	No		
52649	LASER ENUCLEATION PROSTATE W MORCELLATION	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
52700	TRURL DRAINAGE PROSTATIC ABSCESS	No	No	No	No		
53000	URTT URTS XTRNL SPX PENDULOUS URETHRA	No	No	No	No		
53010	URETHROTOMY URETHROSTOMY XT SPX PERINEAL URETHRA	No	No	No	No		
53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	No	No	No	No		
53025	MEATOTOMY CUTTING MEATUS SPX INFANT	No	No	Not Cov	No		
53040	DRAINAGE DEEP PERIURETHRAL ABSCESS	No	No	No	No		
53060	DRG OF SKENE'S GLAND ABSCESS OR CYST	No	No	Not Cov	No		
53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	No	No	No	No		
53085	DRG PERINEAL URINARY XTRVASATION COMPLIC	No	No	No	No		
53200	BIOPSY URETHRA	No	No	No	No		
53210	URETHRECTOMY TOT W CYSTOST FEMALE	No	No	No	No		
53215	URETHRECTOMY TOT W CYSTOST MALE	No	No	No	No		
53220	EXC FULGURATION CARCINOMA URETHRA	No	No	No	No		

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53230	EXC URETHRAL DIVERTICULUM SPX FEMALE	No	No	No	No		
53235	EXC URETHRAL DIVERTICULUM SPX MALE	No	No	No	No		
53240	MARSUPIALIZATION URTL DIVERTICULUM MALE FEMALE	No	No	No	No		
53250	EXCISION OF BULBOURETHRAL GLAND	No	No	No	No		
53260	EXC FULGURATION URETHRAL POLYP DSTL URETHRA	No	No	No	No		
53265	EXC FULGURATION URETHRAL CARUNCLE	No	No	No	No		
53270	EXCISION OR FULGURATION SKENES GLANDS	No	No	No	No		
53275	EXCISION FULGURATION URETHRAL PROLAPSE	No	No	No	No		
53400	URETHROPLASTY 1ST STG FISTULA DIVERTICULUM STRIX	No	No	No	No		
53405	URETHROPLASTY 2ND STAGE W URINARY DIVERSION	No	No	No	No		
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	No	No	No	No		
53415	URTP TRANSPUBIC PRNL 1 STG RCNSTJ RPR URT	No	No	Not Cov	No		
53420	URTP 2-STG RCNSTJ RPR PROSTAT URETHRA 1ST STAGE	No	No	No	No		
53425	URTP 2-STG RCNSTJ RPR PROSTAT URETHRA 2ND STAGE	No	No	No	No		
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	No	No	No	No		
53431	URTP W TUBULARIZATION POST URT AND LWR BLDR	No	No	No	No		
53440	SLING OPRATION CORRJ MALE URINARY INCONTINENCE	No	No	No	No		
53442	RMVL REVJ SLING MALE URINARY INCONTINENCE	No	No	No	No		
53444	INSERTION TANDEM CUFF	No	No	No	No		
53445	INSJ INFLATABLE URETHRAL BLADDER NECK SPHINCTER	No	No	No	No		
53446	REMVL INFLATABLE URETHRAL BLADDER NECK SPHINCTER	No	No	No	No		
53447	RMVL AND RPLCMT NFLTL URETHRAL BLADDER NECK SPHINC	No	No	No	No		
53448	RMVL AND RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	No	No	Not Cov	No		
53449	RPR NFLTBL URETHRAL BLADDER NECK SPHINCTER	No	No	No	No		
53450	URETHROMEATOPLASTY W MUCOSAL ADVANCEMENT	No	No	No	No		
53460	URETHROMEATOPLASTY W PRTL EXC DSTL URTL SGM	No	No	No	No		
53500	URETHROLSS TRVG SEC OPN W CSTO	No	No	Not Cov	No		
53502	URETHRORRHAPHY SUTR URETHRAL WOUND INJ FEMALE	No	No	No	No		
53505	URETHRORRHAPHY SUTR URETHRAL WOUND INJ PENILE	No	No	No	No		
53510	URETHRORRHAPHY SUTR URETHRAL WOUND INJ PERINEAL	No	No	No	No		
53515	URTORR SUTR URETHRAL WND INJ PROSTATOMEMBRANOUS	No	No	No	No		
53520	CLSR URETHROSTOMY URETHROQ FSTL MALE SPX	No	No	No	No		
53600	DILAT URETHRAL STRIX DILATOR MALE 1ST	No	No	Not Cov	No		
53601	DILAT URETHRAL STRIX DILATOR MALE SBSQ	No	No	Not Cov	No		

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53605	DILAT URETHRAL STRIX VESICAL NCK DILAT MALE ANES	No	No	No	No		
53620	DILAT URETHRAL STRIX FILIFORM AND FOLLWR MALE 1ST	No	No	Not Cov	No		
53621	DILAT URETHRAL STRIX FILIFORM AND FOLLWR MALE SBSQ	No	No	Not Cov	No		
53660	DILAT FEMALE URETHRA W SUPPOSITORY AND INSTLJ INI	No	No	Not Cov	No		
53661	DILAT FEMALE URT W SUPPOSITORY AND INSTLJ SBSQ	No	No	Not Cov	No		
53665	DILAT FEMALE URETHRA GENERAL CNDJ SPINAL ANES	No	No	No	No		
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
53855	INSERT TEMP PROSTATIC URETH STENT W MEASUREMENT	No	No	Not Cov	No		
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	Not Cov	Not Cov	Not Cov	Not Cov		
53899	UNLISTED PROCEDURE URINARY SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
54000	SLITTING PREPUCE DORSAL LATERAL SPX NEWBORN	No	No	No	No		
54001	SLITTING PREPUCE DORSAL LAT SPX XCP NEWBORN	No	No	No	No		
54015	I AND D PENIS DEEP	No	No	No	No		
54050	DSTRJ LESION PENIS SIMPLE CHEMICAL	No	No	Not Cov	No		
54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	No	No	Not Cov	No		
54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	No	No	Not Cov	No		
54057	DSTRJ LESION PENIS SIMPLE LASER	No	No	No	No		

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54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION	No	No	No	No		
54065	DSTRJ LESION PENIS EXTENSIVE	No	No	No	No		
54100	BIOPSY PENIS SEPARATE PROCEDURE	No	No	No	No		
54105	BIOPSY PENIS DEEP STRUCTURES	No	No	No	No		
54110	EXCISION OF PENILE PLAQUE	No	No	No	No		
54111	EXC PENILE PLAQUE GRAFT AND 5 CM LENGTH	No	No	No	No		
54112	EXC PENILE PLAQUE GRAFT OVER 5 CM LENGTH	No	No	No	No		
54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	No	No	No	No		
54120	AMPUTATION PENIS PARTIAL	No	No	No	No		
54125	AMPUTATION PENIS COMPLETE	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
54130	AMPUTATION PENIS RADW BI INGUINOFEMORAL LMPHADE	Not Cov	No	Not Cov	No		
54135	AMPUTATION PENIS RADICAL W LYMPH NODES	Not Cov	No	Not Cov	No		
54150	CIRCUMCISION W CLAMP OTH DEV W BLOCK	No	No	No	No		
54160	CIRCUMCISION NEONATE	No	No	No	No		
54161	CIRCUMCISION AGE OVER 28 DAYS	No	No	No	No		
54162	LYSIS EXCISION PENILE POSTCIRCUMCISION ADHESIONS	No	No	No	No		
54163	REPAIR INCOMPLETE CIRCUMCISION	No	No	No	No		
54164	FRENULOTOMY PENIS	No	No	No	No		
54200	INJECTION PEYRONIE DISEASE	No	No	Not Cov	No		
54205	NJX PEYRONIE W SURG EXPOS PLAQUE	No	No	No	No		
54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM	No	No	No	No		
54230	INJECTION CORPORA CAVERNOSOGRAPY	No	No	Not Cov	No		
54231	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	No	No	Not Cov	No		
54235	NJX C P A CAVERNOSA W PHARMACOLOGIC AGT	No	No	Not Cov	No		
54240	PENILE PLETHYSMOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
54250	NOCTURNAL PENILE TUMESCENCE AND RIGIDITY TEST	Not Cov	Not Cov	Not Cov	Not Cov		
54300	PENIS STRAIGHTENING CHORDEE	No	No	No	No		
54304	PENIS CORRJ CHORDEE 1ST STAGE HYPOSPADIAS RPR	No	No	No	No		
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR UNDER 3 CM	No	No	No	No		

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54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR OVER 3 CM	No	No	No	No		
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	No	No	No	No		
54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	No	No	No	No		
54322	1 STG DSTL HYPOSPADIAS RPR W SMPL MEATAL ADVMNT	No	No	No	No		
54324	1 STG DSTL HYPOSPADIAS RPR W URTP SKIN FLAPS	No	No	No	No		
54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	No	No	No	No		
54328	1 STAGE DSTL HYPOSPADIAS RPR W EXTENSIVE DSJ	No	No	No	No		
54332	1 STAGE PROX PENILE PENOSCROTAL HYPOSPADIAS RPR	No	No	Not Cov	No		
54336	1 STG PERINEAL HYPOSPADIAS RPR W GRF AND FLAP	No	No	Not Cov	No		
54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC EXC SIMPLE	No	No	No	No		
54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS AND URTP	No	No	No	No		
54348	RPR HYPOSPADIAS COMPLCTJS DSJ AND URTP FLAP GRF	No	No	No	No		
54352	RPR HYPOSPADIAS CRIPPLE W DSJ AND EXC AND GRFS FLAP	No	No	No	No		
54360	PLASTIC RPR PENIS CORRECT ANGULATION	No	No	No	No		
54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	No	No	No	No		
54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W INCONT	No	No	No	No		
54390	PLASTIC RPR PENIS EPISPADIAS W EXSTROPHY BLADDER	No	No	Not Cov	No		
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	Not Cov	Not Cov	Not Cov	Not Cov		
54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Not Cov	Not Cov	Not Cov	Not Cov		
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Not Cov	Not Cov	Not Cov	Not Cov		
54406	RMVL INFLATABLE PENILE PROSTH W O RPLCMT PROSTH	No	No	No	No		
54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESS	Not Cov	Not Cov	Not Cov	Not Cov		
54411	RMVL AND RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	Not Cov	Not Cov	Not Cov	Not Cov		
54415	RMVL NON-NFLTBL NFLTBL PENILE PROSTH W O RPLCMT	No	No	No	No		
54416	RMVL AND RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESI	No	No	No	No		
54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	No	No	Not Cov	No		
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI BI	No	No	No	No		
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI BI	No	No	Not Cov	No		
54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	No	No	No	No		
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	No	No	No	No		
54438	REPLANTATION PENIS COMP AMPUTATION W URETH REP	No	No	Not Cov	No		
54440	PLASTIC OPERATION PENIS INJURY	No	No	No	No		
54450	FORESKN MANJ W LSS PREPUTIAL ADS AND STRETCHING	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	No	No	No	No		
54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	No	No	No	No		
54512	EXC XTRPARENCHYMAL LESION TESTIS	No	No	No	No		
54520	ORCHIECTOMY SIMPLE SCROTAL INGUINAL APPROACH	No	No	No	No		
54522	ORCHIECTOMY PARTIAL	No	No	No	No		
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	No	No	No	No		
54535	ORCHIECTOMY RADICAL TUMOR W ABDOMINAL EXPL	No	No	Not Cov	No		
54550	EXPL UNDESCENDED TSTIS INGUN SCROTAL AREA	No	No	No	No		
54560	EXPL UNDESCENDED TESTIS W ABDOMINAL EXPL	No	No	No	No		
54600	RDCTJ TORSION TSTIS W WO FIXJ CLAT TESTIS	No	No	No	No		
54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	No	No	No	No		
54640	ORCHIOPEXY INGUINAL APPROACH W WO HERNIA RPR	No	No	No	No		
54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	No	No	Not Cov	No		
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
54670	SUTURE REPAIR TESTICULAR INJURY	No	No	No	No		
54680	TRANSPLANTATION TESTIS TO THIGH	No	No	No	No		
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	No	No	No	No		
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	No	No	No	No		
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
54700	I AND D EPIDIDYMIS TSTIS AND SCROTAL SPACE	No	No	No	No		
54800	BIOPSY EPIDIDYMIS NEEDLE	No	No	No	No		
54830	EXCISION LOCAL LESION EPIDIDYMIS	No	No	No	No		
54840	EXCISION SPERMATOCELE W WO EPIDIDYMECTOMY	No	No	No	No		
54860	EPIDIDYMECTOMY UNILATERAL	No	No	No	No		
54861	EPIDIDYMECTOMY BILATERAL	No	No	No	No		
54865	EXPLORATION EPIDIDYMIS W WO BIOPSY	No	No	No	No		
54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	No	No	No	No		
54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	No	No	No	No		
55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W WO NJX MED	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
55040	EXCISION HYDROCELE UNILATERAL	No	No	No	No		
55041	EXCISION HYDROCELE BILATERAL	No	No	No	No		
55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	No	No	No	No		
55100	DRAINAGE SCROTAL WALL ABSCESS	No	No	No	No		
55110	SCROTAL EXPLORATION	No	No	No	No		
55120	REMOVAL FOREIGN BODY SCROTUM	No	No	No	No		
55150	RESECTION SCROTUM	No	No	No	No		
55175	SCROTOPLASTY SIMPLE	No	No	No	No		
55180	SCROTOPLASTY COMPLICATED	No	No	No	No		
55200	VASOTOMY CANNULIZATION W WO VAS INC UNI BI SPX	No	No	No	No		
55250	VASECTOMY UNI BI SPX W POSTOP SEMEN EXAMS	No	No	No	No		
55300	VASOTOMY VASOGRAMS UNI BI	No	No	Not Cov	No		
55400	VASOVASOSTOMY VASOVASORRHAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
55500	EXC HYDROCELE SPRMATIC CORD UNI SPX	No	No	No	No		
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	No	No	No	No		
55530	EXC VARICOCELE LIGATION SPERMATIC VEINS SPX	No	No	No	No		
55535	EXC VARICOCELE LIGATION SPERMATIC VEINS ABDL	No	No	No	No		
55540	EXC VARICOCELE LIGATION VEINS W HERNIA RPR	No	No	No	No		
55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE	No	No	No	No		
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
55600	VESICULOTOMY	No	No	Not Cov	No		
55605	VESICULOTOMY COMPLICATED	No	No	Not Cov	No		
55650	VESICULECTOMY ANY APPROACH	No	No	Not Cov	No		
55680	EXCISION MULLERIAN DUCT CYST	No	No	No	No		
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	No	No	No	No		
55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH	No	No	No	No		
55706	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	No	No	No	No		
55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	No	No	No	No		
55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	No	No	No	No		

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55801	PROSTATECTOMY PERINEAL SUBTOTAL	Not Cov	No	Not Cov	No		
55810	PROSTATECTOMY PERINEAL RADICAL	Not Cov	No	Not Cov	No		
55812	PROSTATECTOMY PERINEAL RADICAL W LYMPH NODE BX	Not Cov	No	Not Cov	No		
55815	PROSTATECTOMY PERINEAL RAD W BI PELVIC LYMPH EXC	Not Cov	No	Not Cov	No		
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1 2 STAGES	Not Cov	No	Not Cov	No		
55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	Not Cov	No	Not Cov	No		
55840	PROSTATECTOMY RETROPUBIC W WO NERVE SPARING	Not Cov	No	Not Cov	No		
55842	PROSTECT RETROPUBIC RAD W WO NRV SPAR W LYMPH BX	No	No	Not Cov	No		
55845	PROSTECT RETROPUB RAD W WO NRV SPAR AND BI PLV LYM	Not Cov	No	Not Cov	No		
55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	No	No	No	No		
55862	EXPOS PROSTATE INSJ RADIOACT SBST W LYMPH BX	Not Cov	No	Not Cov	No		
55865	EXPOS PROSTATE INSJ RADIOAC SBST W BI PELV LYMPH	Not Cov	No	Not Cov	No		
55866	LAPS PROSTECT RETROPUBIC RAD W NRV SPARING ROBOT	No	No	Not Cov	No		
55870	ELECTROEJACULATION	Not Cov	Not Cov	Not Cov	Not Cov		
55873	CRYOSURGICAL ABLATION PROSTATE W US AND MONITORI	No	No	No	No		
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Not Cov	Not Cov	Not Cov	Not Cov		
55875	TRANSPERINEAL PLMT NDL CATHS PROSTATE RADJ INSJ	No	No	No	No		
55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1 MULT	No	No	Not Cov	No		
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	No	No	No	No		
55970	INTERSEX SURG MALE FEMALE	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
55980	INTERSEX SURG FEMALE MALE	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
56405	I AND D VULVA PERINEAL ABSCESS	No	No	Not Cov	No		
56420	I AND D OF BARTHOLINS GLAND ABSCESS	No	No	Not Cov	No		
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	No	No	No	No		
56441	LYSIS LABIAL ADHESIONS	No	No	No	No		
56442	HYMENOTOMY SIMPLE INCISION	No	No	No	No		
56501	DESTRUCTION LESIONS VULVA SIMPLE	No	No	Not Cov	No		
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	No	No	No	No		

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56605	BIOPSY VULVA PERINEUM 1 LESION SPX	No	No	Not Cov	No		
56606	BIOPSY VULVA PERINEUM EACH ADDL LESION	No	No	Not Cov	No		
56620	VULVECTOMY SIMPLE PARTIAL	No	No	No	No		
56625	VULVECTOMY SIMPLE COMPLETE	No	No	No	No		
56630	VULVECTOMY RADICAL PARTIAL	Not Cov	No	Not Cov	No		
56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	Not Cov	No	Not Cov	No		
56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	Not Cov	No	Not Cov	No		
56633	VULVECTOMY RADICAL COMPLETE	Not Cov	No	Not Cov	No		
56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	Not Cov	No	Not Cov	No		
56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	Not Cov	No	Not Cov	No		
56640	VULVECTOMY RAD COMPL ILIAC AND PELVIC LMPHADECTOMY	Not Cov	No	Not Cov	No		
56700	PRTL HYMENECTOMY REVJ HYMENAL RING	No	No	No	No		
56740	EXC BARTHOLINS GLAND CYST	No	No	No	No		
56800	PLASTIC REPAIR INTROITUS	No	No	No	No		
56805	CLITOROPLASTY INTERSEX STATE	No	No	No	No		
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	No	No	No	No		
56820	COLPOSCOPY VULVA	No	No	Not Cov	No		
56821	COLPOSCOPY VULVA W BIOPSY	No	No	Not Cov	No		
57000	COLPOTOMY W EXPLORATION	No	No	No	No		
57010	COLPOTOMY W DRAINAGE PELVIC ABSCESS	No	No	No	No		
57020	COLPOCENTESIS SEPARATE PROCEDURE	No	No	No	No		
57022	I AND D VAGINAL HEMATOMA OBSTETRICAL POSTPARTUM	No	No	Not Cov	No		
57023	I AND D VAGINAL HEMATOMA NON-OBSTETRICAL	No	No	No	No		
57061	DESTRUCTION VAGINAL LESIONS SIMPLE	No	No	Not Cov	No		
57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE	No	No	No	No		
57100	BIOPSY VAGINAL MUCOSA SIMPLE	No	No	Not Cov	No		
57105	BIOPSY VAGINAL MUCOSA EXTENSIVE	No	No	No	No		
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	No	No	Not Cov	No		
57107	VAGINECTOMY PRTL RMVL VAG WALL AND PARAVAGINAL T	No	No	Not Cov	No		
57109	VAGNC PRTL RMVL VAG WALL W BI TOT PEL LMPHADEC	No	No	Not Cov	No		
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Not Cov	No	Not Cov	No		
57111	VAGINECTOMY COMPL RMVL VAG WALL AND PARAVAG TISS	Not Cov	No	Not Cov	No		
57112	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX	Not Cov	No	Not Cov	No		
57120	COLPOCLEISIS LE FORT TYPE	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
57130	EXCISION VAGINAL SEPTUM	No	No	No	No		
57135	EXCISION VAGINAL CYST TUMOR	No	No	No	No		
57150	IRRIGATION VAGINA AND APPL MEDICAMENT TX DISEASE	No	No	Not Cov	No		
57155	INSERTION UTERINE TANDEM AND VAGINAL OVOIDS	No	No	No	No		
57156	INSERTION VAGINAL RADIATION DEVICE	No	No	No	No		
57160	FIT AND INSJ PESSARY OTH INTRAVAGINAL SUPPORT DEVI	No	No	Not Cov	No		
57170	DIAPHRAGM CERVICAL CAP FITTING W INSTRUCTIONS	No	No	Not Cov	No		
57180	INTRO ANY HEMOSTATIC AGENT PACK VAG HEMRRG SPX	No	No	No	No		
57200	COLPORRHAPHY SUTURE INJURY VAGINA	No	No	No	No		
57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA AND PERINEU	No	No	No	No		
57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	No	No	No	No		
57230	PLASTIC REPAIR URETHROCELE	No	No	No	No		
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W CYSTO	No	No	No	No		
57250	POST COLPORRHAPHY RECTOCELE W WO PERINEORRHAPHY	No	No	No	No		
57260	CMBND ANTERPOST COLPORRAPHY W CYSTO	No	No	No	No		
57265	CMBND ANTERPOST COLPORRAPHY W CYSTO W NTRCL RPR	No	No	No	No		
57267	INSJ MESH PROSTH PELVIC FLOOR DEFECT EACH SITE	No	No	No	No		
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX	No	No	No	No		
57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	Not Cov	No	Not Cov	No		
57280	COLPOPEXY ABDOMINAL APPROACH	Not Cov	No	Not Cov	No		
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	No	No	Not Cov	No		
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	No	No	Not Cov	No		
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	No	No	Not Cov	No		
57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	No	No	Not Cov	No		
57287	RMVL REVJ SLING STRESS INCONTINENCE	No	No	No	No		
57288	SLING OPERATION STRESS INCONTINENCE	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
57291	CONSTRUCTION ARTIFICIAL VAGINA W O GRAFT	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
57292	CONSTRUCTION ARTIFICIAL VAGINA W GRAFT	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
57295	REVJ RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	No	No	No	No		
57296	REVJ W RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	No	No	Not Cov	No		
57300	CLSR RECTOVAGINAL FISTULA VAGINAL TRANSANAL APPR	No	No	No	No		
57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	Not Cov	No	Not Cov	No		
57307	CLSR RECTOVAG FSTL ABDL APPR W CONCOMITANT CLST	Not Cov	No	Not Cov	No		
57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	Not Cov	No	Not Cov	No		
57310	CLOSURE URETHROVAGINAL FISTULA	No	No	No	No		
57311	CLSR URETHROVAG FSTL W BULBOCAVERNOSUS TRNSPL	Not Cov	No	Not Cov	No		
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	No	No	No	No		
57330	CLSR VESICOVAG FSTL TRANSVESICAL AND VAG APPR	No	No	Not Cov	No		
57335	VAGINOPLASTY INTERSEX STATE	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
57400	DILATION VAGINA W ANESTHESIA OTHER THAN LOCAL	No	No	No	No		
57410	PELVIC EXAMINATION W ANESTHESIA OTHER THAN LOCAL	No	No	No	No		
57415	REMOVAL IMPACTED VAG FB SPX W ANES OTH THN LOCAL	No	No	No	No		
57420	COLPOSCOPY ENTIRE VAGINA W CERVIX IF PRESENT	No	No	Not Cov	No		
57421	COLPOSCOPY ENTIRE VAGINA W VAGINA CERVIX BX	No	No	Not Cov	No		
57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	No	No	Not Cov	No		
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	No	No	Not Cov	No		
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	No	No	No	No		
57452	COLPOSCOPY CERVIX UPPER ADJACENT VAGINA	No	No	Not Cov	No		
57454	COLPOSCOPY CERVIX BX CERVIX AND ENDOCRV CURRETAGE	No	No	Not Cov	No		
57455	COLPOSCOPY CERVIX UPPR ADJCNT VAGINA W CERVIX BX	No	No	Not Cov	No		
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	No	No	Not Cov	No		
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	No	No	Not Cov	No		
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	No	No	Not Cov	No		
57500	BIOPSY CERVIX SINGLE MULT EXCISION OF LESION SPX	No	No	Not Cov	No		

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57505	ENDOCERVICAL CURETTAGE W DILATION AND CURETTAGE	No	No	Not Cov	No		
57510	CAUTERY CERVIX ELECTRO THERMAL	No	No	Not Cov	No		
57511	CAUTERY CERVIX CRYOCAUTERY INITIAL REPEAT	No	No	Not Cov	No		
57513	CAUTERY CERVIX LASER ABLATION	No	No	No	No		
57520	CONIZATION CERVIX W WO D AND C RPR KNIFE LASER	No	No	No	No		
57522	CONIZATION CERVIX W WO D AND C RPR ELTRD EXC	No	No	No	No		
57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	No	No	No	No		
57531	RAD TRACHELECTOMY W BI PEL LMPHADEC	Not Cov	No	Not Cov	No		
57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	Not Cov	No	Not Cov	No		
57545	EXC CERVICAL STUMP ABDL APPR W PELVIC FLOOR RPR	Not Cov	No	Not Cov	No		
57550	EXCISION CERVICAL STUMP VAGINAL APPROACH	No	No	No	No		
57555	EXC CRV STUMP VAG APPR W ANT AND POST REPAIR	No	No	Not Cov	No		
57556	EXC CRV STUMP VAG APPR W RPR NTRCL	No	No	No	No		
57558	DILATION AND CURETTAGE CERVICAL STUMP	No	No	No	No		
57700	CERCLAGE UTERINE CERVIX NONOBSTETRICAL	No	No	No	No		
57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	No	No	No	No		
57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX	No	No	Not Cov	No		
58100	ENDOMETRIAL BX W WO ENDOCERVIX BX W O DILAT SPX	No	No	Not Cov	No		
58110	ENDOMETRIAL BX CONJUNCT W COLPOSCOPY	No	No	Not Cov	No		
58120	DILATION AND CURETTAGE DX AND THER NONOBSTETRIC	No	No	No	No		
58140	MYOMECTOMY 1-4 MYOMAS W 250 GM OR LESS ABDOMINAL APPR	Not Cov	No	Not Cov	No		
58145	MYOMECTOMY 1-4 MYOMAS 250 GM OR LESS VAGINAL APPR	No	No	No	No		
58146	MYOMECTOMY 5 OR GRT MYOMAS AND OR GRT 250 GM ABDOMINA	Not Cov	No	Not Cov	No		
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58240	PEL EXNTJ GYNECOLOGIC MAL	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58293	VAG HYST OVER 250 GM COLPOURTCSTOPEXY W WO NDSC CTR	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58300	INSERTION INTRAUTERINE DEVICE IUD	No	No	Not Cov	No		
58301	REMOVAL INTRAUTERINE DEVICE IUD	No	No	Not Cov	No		
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	Not Cov	Not Cov	Not Cov	Not Cov		
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Not Cov	Not Cov	Not Cov	Not Cov		
58323	SPERM WASHING ARTIFICIAL INSEMINATION	Not Cov	Not Cov	Not Cov	Not Cov		
58340	CATH AND SALINE CONTRAST SONOHYSTER HYSTEROSALPI	No	No	Not Cov	No		
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	Not Cov	Not Cov	Not Cov	Not Cov		
58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	No	No	No	No		
58350	CHROMOTUBATION OVIDUCT W MATERIALS	Not Cov	Not Cov	Not Cov	Not Cov		
58353	ENDOMETRIAL ABLTJ THERMAL W O HYSTEROSCOPIC GUID	No	No	No	No		
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
58400	UTERINE SUSPENSION W WO SHORTENING LIGAMENTS SPX	No	No	Not Cov	No		
58410	UTERINE SUSP W WO SHORT LIGAMNTS W SYMPATHECTOMY	No	No	Not Cov	No		
58520	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	No	No	Not Cov	No		
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	No	No	No	No		
58558	HYSTEROSCOPY BX ENDOMETRIUM AND POLYPC W WO D AND C	No	No	No	No		
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	No	No	No	No		
58560	HYSTEROSCOPY DIV RESCJ INTRAUTERINE SEPTUM	No	No	No	No		
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	No	No	No	No		
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	No	No	No	No		
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	No	No	No	No		
58565	HYSTEROSCOPY BI TUBE OCCLUSION W PERM IMPLNTS	No	No	No	No		
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W OMNTC	Not Cov	No	Not Cov	No		
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58600	LIG TRNSXJ FLP TUBE ABDL VAG APPR UNI BI	No	No	No	No		
58605	LIG TRNSXJ FLP TUBE ABDL VAG POSTPARTUM SPX	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
58611	LIG TRNSXJ FALOPIAN TUBE CESAREAN DEL ABDML SURG	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58615	OCCLUSION FLP TUBE DEV VAG SUPRAPUBIC APPR	No	No	No	No		
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	No	No	No	No		
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	No	No	No	No		
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	No	No	No	No		
58670	LAPAROSCOPY FULGURATION OVIDUCTS	No	No	No	No		
58671	LAPAROSCOPY W PLMT OCCLUSION DEVICE OVIDUCTS	No	No	No	No		
58672	LAPAROSCOPY FIMBRIOPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
58673	LAPAROSCOPY SALPINGOSTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58674	LAPS ABLTJ UTERINE FIBROIDS W INTRAOP US GDN	No	No	Not Cov	No		
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58740	LYSIS OF ADHESIONS SALPINX OVARY	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58750	TUBOTUBAL ANASTATOMOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
58752	TUBOUTERINE IMPLANTATION	Not Cov	Not Cov	Not Cov	Not Cov		
58760	FIMBRIOPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
58770	SALPINGOSTOMY	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58800	DRAINAGE OVARIAN CYST UNI BI SPX VAGINAL APPR	No	No	No	No		
58805	DRAINAGE OVARIAN CYST UNI BI SPX ABDOMINAL	No	No	No	No		
58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	No	No	No	No		
58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	Not Cov	No	Not Cov	No		
58825	TRANSPOSITION OVARY	Not Cov	No	Not Cov	No		
58900	BIOPSY OVARY UNI BI SEPARATE PROCEDURE	No	No	No	No		
58920	WEDGE RESCJ BISCTJ OVARY UNI BI	No	No	Not Cov	No		
58925	OVARIAN CYSTECTOMY UNI BI	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58957	RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
58960	LAPT STG RESTG OVARIAN TUBAL PRIM MAL 2ND LOOK	No	No	Not Cov	No		
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Not Cov	Not Cov	Not Cov	Not Cov		
58974	EMBRYO TRANSFER INTRAUTERINE	Not Cov	Not Cov	Not Cov	Not Cov		
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	Not Cov	Not Cov	Not Cov	Not Cov		

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58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
59000	AMNIOCENTESIS DIAGNOSIC	No	No	Not Cov	No		
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	No	No	Not Cov	No		
59012	CORDOCENTESIS INTRAUTERINE	No	No	No	No		
59015	CHORIONIC VILLUS SAMPLING	No	No	Not Cov	No		
59020	FETAL CONTRACTION STRESS TEST	No	No	Not Cov	No		
59025	FETAL NONSTRESS TEST	No	No	Not Cov	No		
59030	FETAL SCALP BLOOD SAMPLING	No	No	Not Cov	No		
59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT	No	No	Not Cov	No		
59051	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	Not Cov	No	Not Cov	No		
59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
59072	FETAL UMBILICAL CORD OCCLUSION W ULTRSND GUIDNCE	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
59100	HYSTEROTOMY ABDOMINAL	No	No	Not Cov	No		
59120	TX ECTOPIC PREGNANCY ABDOMINAL VAGINAL APPR	No	No	Not Cov	No		
59121	TX ECTOPIC PREGNANCY W O SALPING AND OOPHORECTOMY	No	No	Not Cov	No		
59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY	Not Cov	No	Not Cov	No		
59135	TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST	Not Cov	No	Not Cov	No		
59136	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	Not Cov	No	Not Cov	No		
59140	TX ECTOPIC PREGNANCY CERVICAL W EVACUATION	Not Cov	No	Not Cov	No		
59150	LAPS TX ECTOPIC PREG W O SALPING AND OOPHORECTOMY	No	No	No	No		
59151	LAPS TX ECTOPIC PREG W SALPING AND OOPHORECTOMY	No	No	No	No		
59160	CURETTAGE POSTPARTUM	No	No	No	No		
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	No	No	Not Cov	No		
59300	EPISIOTOMY VAG RPR OTH THN ATTENDING	No	No	Not Cov	No		
59320	CERCLAGE CERVIX PREGNANCY VAGINAL	No	No	No	No		
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL	No	No	Not Cov	No		
59350	HYSTERORRHAPHY RUPTURED UTERUS	Not Cov	No	Not Cov	No		
59400	OB CARE ANTEPARTUM VAG DLVR AND POSTPARTUM	Not Cov	No	Not Cov	No		
59409	VAGINAL DELIVERY ONLY	No	No	Not Cov	No		
59410	VAGINAL DELIVERY ONLY W POSTPARTUM CARE	Not Cov	No	Not Cov	No		
59412	EXTERNAL CEPHALIC VERSION W WO TOCOLYSIS	No	No	No	No		
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	No	No	No	No		
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	Not Cov	No	Not Cov	No		
59426	ANTEPARTUM CARE ONLY 7 OR GRT VISITS	Not Cov	No	Not Cov	No		
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	Not Cov	No	Not Cov	No		
59510	OB ANTEPARTUM CARE CESAREAN DLVR AND POSTPARTUM	Not Cov	No	Not Cov	No		
59514	CESAREAN DELIVERY ONLY	Not Cov	No	Not Cov	No		
59515	CESAREAN DELIVERY ONLY W POSTPARTUM CARE	Not Cov	No	Not Cov	No		
59525	STOT TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	Not Cov	No	Not Cov	No		
59610	ROUTINE OB CARE VAG DLVRY AND POSTPARTUM CARE VB	Not Cov	No	Not Cov	No		

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59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	No	No	Not Cov	No		
59614	VAGINAL DELIVERY AND POSTPARTUM CARE VBAC	Not Cov	No	Not Cov	No		
59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	Not Cov	No	Not Cov	No		
59620	CESAREAN DELIVERY ATTEMPTED VBAC	Not Cov	No	Not Cov	No		
59622	CESAREAN DLVRY AND POSTPARTUM CARE ATTEMPTED VBA	Not Cov	No	Not Cov	No		
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	No	No	No	No		
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	No	No	No	No		
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	No	No	No	No		
59830	TX SEPTIC ABORTION SURGICAL	No	No	Not Cov	No		
59840	INDUCED ABORTION DILATION AND CURETTAGE	No	No	Yes	No		
59841	INDUCED ABORTION DILATION AND EVACUATION	No	No	Yes	No		
59850	INDUCED ABORTION 1 OR GRT AMNIOTIC INJX W D AND C EVACJ	No	No	Not Cov	No		
59851	INDUCE ABORT 1 OR GRT AMNIOT NJXS DLVR FETUS D AND C	No	No	Not Cov	No		
59852	INDUCE ABORT 1 OR GRT AMNIOT NJXS DLVR FETUS HYSTOTM	Not Cov	No	Not Cov	No		
59855	INDUCED ABORT 1 OR GRT VAG SUPPOSITORIES DLVR FETUS	Not Cov	No	Not Cov	No		
59856	INDUCED ABORT 1 OR GRT VAG SUPP DLVR FETUS D AND C AND	Not Cov	No	Not Cov	No		
59857	INDUCED ABORT 1 OR GRT VAG SUPPOS DLVR FETUS HYSTOT	Not Cov	No	Not Cov	No		
59866	MULTIFETAL PREGNANCY REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
59870	UTERINE EVACUATION AND CURETTAGE HYDATIDIFORM MOLE	No	No	No	No		
59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	No	No	No	No		
59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
60000	I AND D THYROGLOSSAL DUCT CYST INFECTED	No	No	No	No		
6005F	RATIONALE FOR LEVEL OF CARE DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	No	No	Not Cov	No		
6010F	DYSPHAGIA SCREENING PRIOR ORAL INTAKE	Not Cov	Not Cov	Not Cov	Not Cov		
6015F	PATIENT OK FOR PER ORAL INTAKE (FOOD MEDICATION)	Not Cov	Not Cov	Not Cov	Not Cov		
60200	EXC CYST ADENOMA THYROID TRANSECTION ISTHMUS	No	No	No	No		
6020F	NOTHING BY MOUTH ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
60210	PRTL THYROID LOBECTOMY UNI W WO ISTHMUSECTOMY	No	No	No	No		
60212	PRTL THYROID LOBEC UNI W CONTRATLAT STOT LOBEC	No	No	No	No		
60220	TOTAL THYROID LOBECTOMY UNI W WO ISTHMUSECTOMY	No	No	No	No		
60225	TOTAL THYROID LOBEC UNI W CONTRALAT STOT LOBEC	No	No	No	No		
60240	THYROIDECTOMY TOTAL COMPLETE	No	No	No	No		
60252	THYROIDECTOMY TOTAL SUBTOTAL LMTD NECK DISSECT	No	No	Not Cov	No		
60254	THYROIDECTOMY TOTAL SUBTOTAL RAD NECK DISSECT	Not Cov	No	Not Cov	No		
60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	No	No	Not Cov	No		
60270	THYROIDECT W SUBSTERNAL SPLIT TRANSTHORACIC	Not Cov	No	Not Cov	No		
60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	No	No	Not Cov	No		
60280	EXCISION THYROGLOSSAL DUCT CYST SINUS	No	No	No	No		
60281	EXCISION THYROGLOSSAL DUCT CYST SINUS RECURRENT	No	No	No	No		
60300	ASPIRATION AND OR INJECTION THYROID CYST	No	No	Not Cov	No		
6030F	ALL ELEM OF MAX STERILE BARRIER TECHNQ FLWD	Not Cov	Not Cov	Not Cov	Not Cov		
6040F	USE APPROP RAD DOSE RDXN DEV MAN TECHS DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
6045F	RAD EXPOS TIME IN LAST RPRT FLUORO PRXD DOCD	Not Cov	Not Cov	Not Cov	Not Cov		
60500	PARATHYROIDECTOMY EXPLORATION PARATHYROIDS	No	No	Not Cov	No		
60502	PARATHYROIDECTOMY EXPLOR PARATHYROIDS RE-EXPLOR	No	No	Not Cov	No		
60505	PARATHYRDEC EXPL PARATHYR MEDSTNL STERNAL TTHRC	Not Cov	No	Not Cov	No		
60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON	No	No	Not Cov	No		
60520	THYMECTOMY PRTL TOT TRANSCERVICAL APPR SPX	No	No	Not Cov	No		

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60521	THYMECTOMY PRTL TOT W O RAD MEDSTNL DSJ SPX	Not Cov	No	Not Cov	No		
60522	THYMECTOMY PRTL TOT RAD MEDSTNL DSJ SPX	Not Cov	No	Not Cov	No		
60540	ADRENALECTOMY W EXPL W WO BX ABDL LMBR DRSAL SPX	Not Cov	No	Not Cov	No		
60545	ADRENALECTOMY EXPL W EXC RETROPERTINEAL TUMOR	Not Cov	No	Not Cov	No		
60600	EXC CAROTID BODY TUMOR W O EXC CAROTID ARTERY	Not Cov	No	Not Cov	No		
60605	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	Not Cov	No	Not Cov	No		
60650	LAPAROSCOPY ADRENALECTOMY PRTL COMPL TABDL	Not Cov	No	Not Cov	No		
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
6070F	PATIENT QUERIED COUNSELED RE AED SIDE EFFECTS	Not Cov	Not Cov	Not Cov	Not Cov		
6080F	PATIENT QUERIED ABOUT FALLS	Not Cov	Not Cov	Not Cov	Not Cov		
6090F	PATIENT SAFETY COUNSEL DISEASE STAGE APPROPRIATE	Not Cov	Not Cov	Not Cov	Not Cov		
61000	SUBDURAL TAP FONTANELLE SUTUR INFANT UNI BI INIT	No	No	Not Cov	No		
61001	SUBDURAL TAP FONTANELLE SUTUR INFANT UNI BI SBSQ	No	No	Not Cov	No		
6100F	VERIFY CORRECT PT SITE PXD DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
6101F	SAFETY COUNSELING DEMENTIA PROVIDED	Not Cov	Not Cov	Not Cov	Not Cov		
61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W O NJX	No	No	No	No		
61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W INJ	No	No	No	No		
6102F	SAFETY COUNSELING DEMENTIA ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
61050	CISTERNAL LATERAL C1-C2 PUNCTURE W O INJ SPX	No	No	No	No		
61055	CISTERNAL LATERAL C1-C2 PUNCTURE W INJECTION	No	No	No	No		
61070	PUNCTURE SHUNT TUBE RESERVOIR ASPIRATION INJ PX	No	No	No	No		
61105	TWIST DRILL HOLE SUBDURAL VENTRICULAR PUNCTURE	Not Cov	No	Not Cov	No		
61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH DEVICE	Not Cov	No	Not Cov	No		

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61108	TWIST DRILL HOLE EVAC AND DRG SUBDURAL HEMATOMA	Not Cov	No	Not Cov	No		
6110F	COUNSELING PROV RE RISKS DRIVING ALT TO DRIVING	Not Cov	Not Cov	Not Cov	Not Cov		
61120	BURR HOLE VENTRICULAR PUNCTURE	Not Cov	No	Not Cov	No		
61140	BURR HOLE TREPHINE W BX BRAIN INTRACRNIAL LESION	Not Cov	No	Not Cov	No		
61150	BURR HOLE TREPHINE W DRG BRAIN ABSCESS CYST	Not Cov	No	Not Cov	No		
61151	BURR HOLE TREPHINE W SBSQ TAPPING ICRA ABSC CST	Not Cov	No	Not Cov	No		
61154	BURR HOLE W EVAC AND DRG HEMATOMA XDRL SDRL	Not Cov	No	Not Cov	No		
61156	BURR HOLE W ASPIR HEMATOMA CYST INTRACEREBRAL	Not Cov	No	Not Cov	No		
61210	BURR HOLE IMPLANT VENTRICULAR CATH OTHER DEVICE	Not Cov	No	Not Cov	No		
61215	INSJ SUBQ RSVR PUMP INFUSION SYSTEM VENTRIC CATH	No	No	No	No		
61250	BURR HOLE TREPHINE SUPRATENTORIAL W O OTH SURG	Not Cov	No	Not Cov	No		
61253	BURR HOLE TREPHINE INFRATENTORIAL UNI BI	Not Cov	No	Not Cov	No		
61304	CRANIECTOMY CRANIOTOMY EXPL SUPRATENTORIAL	Not Cov	No	Not Cov	No		
61305	CRANIECTOMY CRANIOTOMY EXPL INFRATENTORIAL	Not Cov	No	Not Cov	No		
61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA SUBDURAL	Not Cov	No	Not Cov	No		
61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	Not Cov	No	Not Cov	No		
61314	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA SUBDURAL	Not Cov	No	Not Cov	No		
61315	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	Not Cov	No	Not Cov	No		
61316	INCISION AND SUBCUTANEOUS PLMT CRANIAL BONE GRAF	Not Cov	No	Not Cov	No		
61320	CRANIECTOMY CRANIOTMY DRG ABSCESS SUPRATENTORIAL	Not Cov	No	Not Cov	No		
61321	CRANIECTOMY CRANIOTMY DRG ABSCESS INFRATENTORIAL	Not Cov	No	Not Cov	No		
61322	CRANIECT CRANIOT W WO DURAPLASTY W O LOBECTOMY	Not Cov	No	Not Cov	No		
61323	CRANIECT CRANIOT W WO DURAPLASTY W LOBECTOMY	Not Cov	No	Not Cov	No		
61330	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	No	No	No	No		
61333	EXPL ORBIT TRANSCRANIAL APPROACH W RMVL LESION	Not Cov	No	Not Cov	No		
61340	SUBTEMPORAL CRANIAL DECOMPRESSION	Not Cov	No	Not Cov	No		
61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA AND CORD	Not Cov	No	Not Cov	No		
61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	Not Cov	No	Not Cov	No		
61450	CRNEC STPL SCTJ COMPRESSION DCMPRN GANGLION	Not Cov	No	Not Cov	No		
61458	CRNEC SOPL EXPL DCMPRN CRNL NRV	Not Cov	No	Not Cov	No		
61460	CRANIECTOMY SUBOCCIPITAL SECTION 1 OR GRT CRANIAL NR	Not Cov	No	Not Cov	No		
61500	CRANIECTOMY W EXCISION TUMOR LESION SKULL	Not Cov	No	Not Cov	No		
61501	CRANIECTOMY OSTEOMYELITIS	Not Cov	No	Not Cov	No		
6150F	PT NOT RCVNG 1ST COURSE OF ANTI-TNF THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Not Cov	No	Not Cov	No		
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	Not Cov	No	Not Cov	No		
61514	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	Not Cov	No	Not Cov	No		
61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	Not Cov	No	Not Cov	No		
61517	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	Not Cov	No	Not Cov	No		
61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL POST FOSSA	Not Cov	No	Not Cov	No		
61519	CRNEC EXC TUM INFRATENTOR POST FOSSA MENINGIOMA	Not Cov	No	Not Cov	No		
61520	CRNEC TUM INFRATTL POSTFOSSA CRBLOPNT ANGLE TUM	Not Cov	No	Not Cov	No		
61521	CRNEC TUM INFRATTL PFOSSA MIDLINE TUM BASE SKULL	Not Cov	No	Not Cov	No		
61522	CRNEC INFRATNTORIAL POST FOSSA EXC BRAIN ABSCESS	Not Cov	No	Not Cov	No		
61524	CRNEC INFRATNTOR POSTFOSSA EXC FENESTRATION CYST	Not Cov	No	Not Cov	No		
61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	Not Cov	No	Not Cov	No		
61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID POSTFOSSA	Not Cov	No	Not Cov	No		
61531	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	Not Cov	No	Not Cov	No		
61533	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	Not Cov	No	Not Cov	No		
61534	CRANIOT EPILEPTOGENIC FOC W O ELECTRCORTICOGRPHY	Not Cov	No	Not Cov	No		
61535	CRANIOT RMVL EPID SUBDURL ELCTRD W O EXC TIS SPX	Not Cov	No	Not Cov	No		
61536	CRANIOT EPILEPTOGENIC FOCUS W ELECTROCORTCOGRPHY	Not Cov	No	Not Cov	No		
61537	CRANIOT TEMPORAL LOBE W O ELECTROCORTICOGRAPHY	Not Cov	No	Not Cov	No		
61538	CRANIOT LOBEC TEMPORAL LOBE W ELECTROCORTCOGRPHY	Not Cov	No	Not Cov	No		
61539	CRANIOT LOBECTOMY OTH THN TEMPORAL LOBE W ECOG	Not Cov	No	Not Cov	No		
61540	CRANIOT LOBECTOMY OTH THN TEMPORAL LOBE W O ECOG	Not Cov	No	Not Cov	No		
61541	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	Not Cov	No	Not Cov	No		
61543	CRANIOTOMY PARTIAL SUBTOTAL HEMISPHERECTOMY	Not Cov	No	Not Cov	No		
61544	CRANIOTOMY EXCISION COAGULATION CHOROID PLEXUS	Not Cov	No	Not Cov	No		
61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	Not Cov	No	Not Cov	No		
61546	CRANIOT HYPOPHYSEC EXC PITUITARY TUMOR ICRL APPR	Not Cov	No	Not Cov	No		
61548	HYPOPHYSEC EXC PITUITARY TUM TRANSNASAL SEPTAL	Not Cov	No	Not Cov	No		
61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	Not Cov	No	Not Cov	No		
61552	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	Not Cov	No	Not Cov	No		
61556	CRANIEC CRANIOSYNOSTOSIS FRONT PARIET BONE FLAP	Not Cov	No	Not Cov	No		
61557	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	Not Cov	No	Not Cov	No		
61558	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	Not Cov	No	Not Cov	No		
61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W BONE GRAFT	Not Cov	No	Not Cov	No		

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61563	EXC BENIGN TUM CRANIAL BONE W O OPTIC NRV DCMPRN	Not Cov	No	Not Cov	No		
61564	EXC BENIGN TUM CRANIAL BONE W OPTIC NRV DCMPRN	Not Cov	No	Not Cov	No		
61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	Not Cov	No	Not Cov	No		
61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W ECOG	Not Cov	No	Not Cov	No		
61570	CRANIECTOMY CRANIOTOMY EXC FOREIGN BODY BRAIN	Not Cov	No	Not Cov	No		
61571	CRANIECTOMY CRANIOTOMY TX PENETRATNG WOUND BRAIN	Not Cov	No	Not Cov	No		
61575	TRNSRAL SKULL BSE BR STEM CORD BX DCOMPR EXC LES	Not Cov	No	Not Cov	No		
61576	TRNSRL SKUL BSE BR STM CORD BX DCMP SPLT TONGUE	No	No	Not Cov	No		
61580	CRANIOFACIAL ANT CRANIAL FOSSA W O ORBITAL EXNTJ	Not Cov	No	Not Cov	No		
61581	CRANIOFACIAL ANT CRANIAL FOSSA W ORBITAL EXNTJ	Not Cov	No	Not Cov	No		
61582	CRANFCL ANT CRANIAL FOSSA UNI BI CRANIOT OSTEOT	Not Cov	No	Not Cov	No		
61583	CRANFCL ANT CRANIAL FOSSA UNI BIFRNTL ELEV LOBE	Not Cov	No	Not Cov	No		
61584	ORBITOCRANIAL ANT CRANIAL FOSSA W O ORBIT EXNTJ	Not Cov	No	Not Cov	No		
61585	ORBITOCRANIAL ANT CRANIAL FOSSA W ORBITAL EXNTJ	Not Cov	No	Not Cov	No		
61586	BICORONAL TRANSZYGMTC AND LEFORT I W O BONE GRFT	Not Cov	No	Not Cov	No		
61590	INFRATEMPORAL MID CRANIAL FOSSA W WO DISARTICLTN	Not Cov	No	Not Cov	No		
61591	INFRATEMPO MID CRANIAL FOSSA W WO DCOMPR AND MOBI	Not Cov	No	Not Cov	No		
61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	Not Cov	No	Not Cov	No		
61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS NRV	Not Cov	No	Not Cov	No		
61596	TRANSCOCHLR POST CRNL FOSSA W WO MOBIL NRV ART	Not Cov	No	Not Cov	No		
61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W WO MOBIL	Not Cov	No	Not Cov	No		
61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS FORAMN MAGNUM	Not Cov	No	Not Cov	No		
61600	RESCJ EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	Not Cov	No	Not Cov	No		
61601	RESCJ EXC LES BASE ANT CRNL FOSSA INDRL W WO GRF	Not Cov	No	Not Cov	No		
61605	RESCJ EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	Not Cov	No	Not Cov	No		
61606	RESCJ EXC LES ITPRL FOSSA SPACE APEX IDRL W RPR	Not Cov	No	Not Cov	No		
61607	RESCJ EXC LES PARASELLAR SINUS CLIVUS MSB XDRL	Not Cov	No	Not Cov	No		
61608	RESCJ EXC LES PARASELLAR SINUS CLIVUS MSB IDRL	Not Cov	No	Not Cov	No		
61611	TRNSXJ LIG CAROTID ARTERY PETROUS CANAL W O RPR	Not Cov	No	Not Cov	No		
61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	Not Cov	No	Not Cov	No		
61615	RESCJ EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	Not Cov	No	Not Cov	No		
61616	RESCJ EXC LES BASE PCF FORAMEN VRT BODIES IDRL	Not Cov	No	Not Cov	No		
61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	Not Cov	No	Not Cov	No		
61619	SEC RPR DURA CSF LEAK LOCAL REGIONALIZED FLAP	Not Cov	No	Not Cov	No		

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61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD NECK	No	No	Not Cov	No		
61624	TCAT PERMANENT OCCLUSION EMBOLIZATION PRQ CNS	Not Cov	No	Not Cov	No		
61626	TCAT PERMANT OCCLUSION EMBOLIZATION PRQ NON-CNS	No	No	Not Cov	No		
61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	Not Cov	Not Cov	Not Cov	Not Cov		
61635	TCAT PLMT IV STENT ICRA W BALO ANGIOP IF PFRMD	Not Cov	Not Cov	Not Cov	Not Cov		
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	No	No	Not Cov	No		
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	No	No	Not Cov	No		
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	No	No	Not Cov	No		
61645	PERQ ART TRLUML M-THROMBEC AND NFS INTRACRANIAL	No	No	Not Cov	No		
61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	No	No	Not Cov	No		
61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	Not Cov	No	Not Cov	No		
61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	Not Cov	No	Not Cov	No		
61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	Not Cov	No	Not Cov	No		
61684	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	Not Cov	No	Not Cov	No		
61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	Not Cov	No	Not Cov	No		
61690	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	Not Cov	No	Not Cov	No		
61692	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	Not Cov	No	Not Cov	No		
61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	Not Cov	No	Not Cov	No		
61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	Not Cov	No	Not Cov	No		
61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	Not Cov	No	Not Cov	No		
61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	Not Cov	No	Not Cov	No		
61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	Not Cov	No	Not Cov	No		
61705	ARYSM VASC MALFRMJ CRTD-OCCLUSION CRTD ART	Not Cov	No	Not Cov	No		
61708	ARYSM VASC MALFRMJ ICRA ELECTROTHROMBOSIS	Not Cov	No	Not Cov	No		
61710	ARYSM VASC MALFRMJ IA EMBOLIZATION	Not Cov	No	Not Cov	No		
61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	Not Cov	No	Not Cov	No		
61720	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS THALAMUS	No	No	Not Cov	No		
61735	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH THN	Not Cov	No	Not Cov	No		
61750	STEREOTACTIC BX ASPIR EXC BURR INTRACRANIAL LES	Not Cov	No	Not Cov	No		
61751	STRTCTC BX ASPIR EXC BURR ICRA LESION W CT AND I MR	Not Cov	No	Not Cov	No		
61760	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Not Cov	No	Not Cov	No		
61770	STRTCTC LOCLZJ INSJ CATH PRB PLMT RADJ SRC	No	No	No	No		
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	No	No	Not Cov	No		
61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	No	No	Not Cov	No		
61790	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	No	No	No	No		
61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	No	No	No	No		
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	No	No	Not Cov	No		
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	No	No	Not Cov	No		
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	No	No	Not Cov	No		
61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	No	No	Not Cov	No		
61850	TWIST BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	No	No	Not Cov	No		
61860	CRNEC CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	Not Cov	No	Not Cov	No		
61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
61864	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD EA ARRAY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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61868	STRTCTC IMPLTJ NSTIM ELTRD W RECORD EA ARRAY	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
61870	CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	Not Cov	No	Not Cov	No		
61880	REVJ RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	No	No	No	No		
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	Yes	Yes	Yes	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
61888	REVJ RMVL NEUROSTIMULATOR PULSE GENERATOR	No	No	No	No		
62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	No	No	Not Cov	No		
62005	ELVTN DEPRS SKL FX COMPOUND COMMIND XDRL	Not Cov	No	Not Cov	No		
62010	ELVTN DEPRS SKL FX W RPR DURA AND DBRDMT BRN	Not Cov	No	Not Cov	No		
62100	CRX RPR DURAL CSF LEAK RHINORRHEA OTORRHEA	Not Cov	No	Not Cov	No		
62115	RDCTJ CRANIOMEGALIC SKULL W O GRAFT CRANIOPLASTY	Not Cov	No	Not Cov	No		
62117	RDCTJ CRANIOMEGALIC CRANIO AND RECNSTJ W WO GRAFT	Not Cov	No	Not Cov	No		
62120	RPR ENCEPHALOCELE SKULL VAULT W CRANIOPLASTY	Not Cov	No	Not Cov	No		
62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	Not Cov	No	Not Cov	No		
62140	CRANIOPLASTY SKULL DEFECT UNDER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
62141	CRANIOPLASTY SKULL DEFECT OVER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
62142	RMVL BONE FLAP PROSTHETIC PLATE SKULL	Not Cov	No	Not Cov	No		
62143	RPLCMT BONE FLAP PROSTHETIC PLATE SKULL	Not Cov	No	Not Cov	No		
62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	Not Cov	No	Not Cov	No		

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62146	CRANIOPLASTY W AUTOGRAFT UNDER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
62147	CRANIOPLASTY W AUTOGRAFT OVER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
62148	INCISE AND RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	Not Cov	No	Not Cov	No		
62160	NUNDSC ICRA PLMT RPLCMT VENTR CATH SHUNT SYS	No	No	Not Cov	No		
62161	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	Not Cov	No	Not Cov	No		
62162	NUNDSC ICRA FENESTEXC CYST W VENTRIC CATH DRG	Not Cov	No	Not Cov	No		
62163	NEUROENDOSCOPY ICRA W RETRIEVAL FOREIGN BODY	Not Cov	No	Not Cov	No		
62164	NEUROENDOSCOPY ICRA W RETRIEVAL FOREIGN BODY	Not Cov	No	Not Cov	No		
62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL SPHENOID	Not Cov	No	Not Cov	No		
62180	VENTRICULOCISTERNOSTOMY	Not Cov	No	Not Cov	No		
62190	CRTJ SHUNT SARACH SDRL-ATR-JUG-AUR	Not Cov	No	Not Cov	No		
62192	CRTJ SHUNT SARACH SDRL-PRTL-PLEURAL OTH	Not Cov	No	Not Cov	No		
62194	RPLCMT IRRG SUBARACHNOID SUBDURAL CATHETER	No	No	No	No		
62200	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	Not Cov	No	Not Cov	No		
62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	Not Cov	No	Not Cov	No		
62220	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	Not Cov	No	Not Cov	No		
62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	Not Cov	No	Not Cov	No		
62225	RPLCMT IRRIGATION VENTRICULAR CATHETER	No	No	No	No		
62230	RPLCMT REVJ CSF SHUNT VALVE CATH SHUNT SYS	No	No	No	No		
62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	No	No	Not Cov	No		
62256	RMVL COMPL CSF SHUNT SYSTEM W O RPLCMT SHUNT	Not Cov	No	Not Cov	No		
62258	RMVL COMPLETE CSF SHUNT SYSTEM W RPLCMT SHUNT	Not Cov	No	Not Cov	No		
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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62267	PRQ ASPIR PULPOSUS INTERVERTEBRAL DISC PVRT TISS	No	No	No	No		
62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST SYRINX	No	No	No	No		
62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	No	No	No	No		
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	No	No	No	No		
62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	No	No	No	No		
62273	INJECTION EPIDURAL BLOOD CLOT PATCH	No	No	No	No		
62280	INJX INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	No	No	No	No		
62281	INJX INFUS NEUROLYT SUBST EPIDURAL CERV THORACIC	No	No	No	No		
62282	INJX INFUS NEUROLYT SBST EPIDURAL LUMBAR SACRAL	No	No	No	No		
62284	INJECTION PROCEDURE MYELOGRAPHY CT LUMBAR	No	No	Not Cov	No		
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1 OR GRT LEVELS LUMBAR	No	No	No	No		
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	No	No	Not Cov	No		
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL THORACIC	No	No	Not Cov	No		
62292	INJECTION PX CHEMONUCLEOLYSIS 1 MLT LUMBAR	Not Cov	Not Cov	Not Cov	Not Cov		
62294	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	No	No	No	No		
62302	MYELOGRAPHY VIA LUMBAR INJECTION RS AND I CERVICAL	No	No	Not Cov	No		
62303	MYELOGRAPHY VIA LUMBAR INJECTION RS AND I THORACIC	No	No	Not Cov	No		
62304	MYELOGRAPHY VIA LUMBAR INJECT RS AND I LUMBOSACRAL	No	No	Not Cov	No		
62305	MYELOGRAPHY VIA LUMBAR INJECTION RS AND I 2 PLUS REGIONS	No	No	Not Cov	No		
62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62350	IMPLTJ REVJ RPSG ITHCL EDRL CATH PMP W O LAM	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62355	RMVL PREVIOUSLY IMPLTED ITHCL EDRL CATH	No	No	No	No		
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62365	RMVL SUBQ RSVR PUMP INTRATHECAL EPIDURAL INFUS	No	No	No	No		
62367	ELECT ANLYS IMPLT ITHCL EDRL PMP W O REPRG REFIL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
62368	ELECT ANALYS IMPLT ITHCL EDRL PUMP W REPRGRMG	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62369	ELECT ANLYS IMPLT ITHCL EDRL PMP W REPRG AND REFIL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
62370	ELEC ANLYS IMPLT ITHCL EDRL PMP W REPR PHYS QHP	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63035	LAMNOTMY W DCMPRSN NRV EACH ADDL CRVCL LMBR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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63044	LAMOT W PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC LMBR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC LUMBAR	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Yes	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63088	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR EA SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63091	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC EA SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC LMBR EA SEG	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63170	LAM W MYELOTOMY CERVICAL THORACIC THORACOLUMBAR	Not Cov	No	Not Cov	No		
63172	LAM W DRG INTRMEDULLARY CYST SYRINX SUBARACHNOID	Not Cov	No	Not Cov	No		
63173	LAM W DRG INTRMEDULRY CYST SYRINX PRTL PLEURAL	Not Cov	No	Not Cov	No		
63180	LAM AND SCTJ DENTATE LIG W WO DURAL GRF CRV 1 2 SEG	Not Cov	No	Not Cov	No		
63182	LAM AND SCTJ DENTATE LIG W WO DURAL GRF CRV OVER 2 SEG	Not Cov	No	Not Cov	No		
63185	LAMINECTOMY W RHIZOTOMY 1 2 SEGMENTS	Not Cov	No	Not Cov	No		
63190	LAMINECTOMY W RHIZOTOMY OVER 2 SEGMENTS	Not Cov	No	Not Cov	No		
63191	LAMINECTOMY W SECTION SPINAL ACCESSORY NERVE	No	No	Not Cov	No		
63194	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	Not Cov	No	Not Cov	No		
63195	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT THORACIC	Not Cov	No	Not Cov	No		
63196	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	Not Cov	No	Not Cov	No		
63197	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACT THRC	Not Cov	No	Not Cov	No		
63198	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	Not Cov	No	Not Cov	No		
63199	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES THORACIC	Not Cov	No	Not Cov	No		
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	Not Cov	No	Not Cov	No		
63250	LAM EXC OCCLUSION AVM SPINAL CORD CERVICAL	Not Cov	No	Not Cov	No		
63251	LAM EXC OCCLUSION AVM SPINAL CORD THORACIC	Not Cov	No	Not Cov	No		
63252	LAM EXC OCCLUSION AVM SPI CORD THORACOLUMBAR	Not Cov	No	Not Cov	No		
63265	LAM EXC EVAC ISPI LES OTH THN NEO XDRL CERVICAL	Not Cov	No	Not Cov	No		
63266	LAM EXC EVAC ISPI LES OTH THN NEO XDRL THORACIC	Not Cov	No	Not Cov	No		
63267	LAM EXC EVAC ISPI LESION OTH THN NEO XDRL LUMBAR	No	No	Not Cov	No		
63268	LAM EXC EVAC ISPI LES OTH THN NEO XDRL SACRAL	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
63270	LAM EXC ISPI LES OTH THN NEO IDRL CERVICAL	Not Cov	No	Not Cov	No		
63271	LAM EXC ISPI LES OTH THN NEO IDRL THORACIC	Not Cov	No	Not Cov	No		
63272	LAM EXC ISPI LES OTH THN NEO IDRL LUMBAR	Not Cov	No	Not Cov	No		
63273	LAM EXC ISPI LES OTH THN NEO IDRL SACRAL	Not Cov	No	Not Cov	No		
63275	LAMINECTOMY BX EXC ISPI NEO XDRL CERVICAL	Not Cov	No	Not Cov	No		
63276	LAMINECTOMY BX EXC ISPI NEO XDRL THORACIC	Not Cov	No	Not Cov	No		
63277	LAMINECTOMY BX EXC ISPI NEO XDRL LUMBAR	Not Cov	No	Not Cov	No		
63278	LAMINECTOMY BX EXC ISPI NEO XDRL SACRAL	Not Cov	No	Not Cov	No		
63280	LAM BX EXC ISPI NEO IDRL XMED CERVICAL	Not Cov	No	Not Cov	No		
63281	LAM BX EXC ISPI NEO IDRL XMED THORACIC	Not Cov	No	Not Cov	No		
63282	LAM BX EXC ISPI NEO IDRL XMED LUMBAR	Not Cov	No	Not Cov	No		
63283	LAM BX EXC ISPI NEO IDRL SACRAL	Not Cov	No	Not Cov	No		
63285	LAM BX EXC ISPI NEO IDRL IMED CERVICAL	Not Cov	No	Not Cov	No		
63286	LAM BX EXC ISPI NEO IDRL IMED THORACIC	Not Cov	No	Not Cov	No		
63287	LAM BX EXC ISPI NEO IDRL IMED THORACOLMBR	Not Cov	No	Not Cov	No		
63290	LAM BX EXC ISPI NEO XDRL-IDRL LES ANY LVL	Not Cov	No	Not Cov	No		
63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	Not Cov	No	Not Cov	No		
63300	VCRPEC LES 1 SGM XDRL CERVICAL	Not Cov	No	Not Cov	No		
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	Not Cov	No	Not Cov	No		
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	Not Cov	No	Not Cov	No		
63303	VCRPEC LES 1 SEG XDRL LMBR SAC TRANSPRTL RPR	Not Cov	No	Not Cov	No		
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	Not Cov	No	Not Cov	No		
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	Not Cov	No	Not Cov	No		
63306	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	Not Cov	No	Not Cov	No		
63307	VCRPEC LES 1 SEG IDRL LMBR SAC TRANSPRTL RPR	Not Cov	No	Not Cov	No		
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	Not Cov	No	Not Cov	No		
63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	No	No	No	No		
63610	STRTCTC STIMJ SPI CORD PRQ SPX N FLWD OTH SURG	No	No	No	No		
63620	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	No	No	Not Cov	No		
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63662	RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
63700	REPAIR MENINGOCELE UNDER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
63702	REPAIR MENINGOCELE OVER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
63704	REPAIR MYELOMENINGOCELE UNDER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
63706	REPAIR MYELOMENINGOCELE OVER 5 CM DIAMETER	Not Cov	No	Not Cov	No		
63707	RPR DURAL CEREBROSPINAL FLUID LEAK X REQ LAM	No	No	Not Cov	No		
63709	RPR DURAL CSF LEAK PSEUDOMENINGOCELE W LAM	Not Cov	No	Not Cov	No		
63710	DURAL GRAFT SPINAL	Not Cov	No	Not Cov	No		
63740	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL OTH W LAM	Not Cov	No	Not Cov	No		
63741	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	No	No	Not Cov	No		
63744	RPLCMT IRRIGATION REVJ LUMBOSARACH SHUNT	No	No	No	No		
63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W O RPLCMT	No	No	No	No		
64400	NJX ANES TRIGEMINAL NRV ANY DIV BRANCH	No	No	Not Cov	No		
64402	INJECTION ANESTHETIC AGENT FACIAL NERVE	No	No	Not Cov	No		
64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	No	No	Not Cov	No		
64408	INJECTION ANESTHETIC AGENT VAGUS NERVE	No	No	Not Cov	No		
64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE	No	No	No	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
64413	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	No	No	Not Cov	No		
64415	SINGLE NERVE BLOCK INJECTION ARM NERVE	No	No	No	No		
64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	No	No	No	No		
64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE	No	No	No	No		
64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	No	No	Not Cov	No		
64420	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	No	No	No	No		
64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	No	No	No	No		
64425	INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	No	No	Not Cov	No		
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	No	No	No	No		
64435	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	No	No	Not Cov	No		
64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	No	No	Not Cov	No		
64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	No	No	No	No		
64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	No	No	Not Cov	No		
64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	No	No	No	No		
64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	No	No	No	No		
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	No	No	Not Cov	No		
64455	NJX ANES AND STEROID PLANTAR COMMON DIGITAL NERVE	No	No	Not Cov	No		
64461	PVB THORACIC SINGLE INJECTION SITE W IMG GID	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64462	PVB THORACIC SECOND AND ADDL INJ SITE W IMG GID	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
64463	PVB THORACIC CONT CATHETER INFUSION W IMG GID	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
64486	TAP BLOCK UNILATERAL BY INJECTION(S)	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64488	TAP BLOCK BILATERAL BY INJECTION(S)	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	No	No	Not Cov	No		
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	No	No	No	No		
64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	No	No	No	No		
64520	INJECTION ANES LMBR THRC PARAVERTBRL SYMPATHETIC	No	No	No	No		

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64530	INJX ANES CELIAC PLEXUS W WO RADIOLOGIC MONITRNG	No	No	No	No		
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	No	No	No	No		
64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W IMAGING	No	No	No	No		
64566	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64575	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	No	No	No	No		
64580	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR	No	No	No	No		
64581	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	No	No	No	No		
64585	REVJ RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	No	No	No	No		

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64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2 3 DIV BRANCH	No	No	No	No		
64610	DSTRJ NEURLYTIC TRIGEM NRV 2 3 DIV RADIO MONITOR	No	No	No	No		
64611	CHEMODENERV PAROTID AND SUBMANDIBL SALIVARY GLNDS	No	No	Not Cov	No		
64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	No	No	No	No		
64615	CHEMODERVATE FACIAL TRIGEM CERV MUSC MIGRAINE	No	No	Not Cov	No		
64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	No	No	No	No		
64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W EMG	No	No	No	No		
64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	No	No	No	No		
64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	No	No	No	No		
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	No	No	Not Cov	No		
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Yes	Yes	Yes	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	No	No	No	No		
64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	No	No	Not Cov	No		
64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	No	No	No	No		
64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5 OR GRT MUSCLES	No	No	Not Cov	No		
64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	No	No	No	No		
64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	No	No	No	No		
64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	No	No	Not Cov	No		
64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	No	No	Not Cov	No		
64680	DSTRJ NEUROLYTIC W WO RAD MONITOR CELIAC PLEXUS	No	No	No	No		
64681	DSTRJ NULYT W WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	No	No	No	No		

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64702	NEUROPLASTY DIGITAL 1 BOTH SAME DIGIT	No	No	No	No		
64704	NEUROPLASTY NERVE HAND FOOT	No	No	No	No		
64708	NEURP MAJOR PRPH NRV ARM LEG OPN OTH THN SPEC	No	No	No	No		
64712	NEURP MAJOR PRPH NRV OPN ARM LEG SCIATIC NRV	No	No	No	No		
64713	NEURP MAJOR PRPH NRV OPN ARM LEG BRACH PLEXUS	No	No	No	No		
64714	NEURP MAJOR PRPH NRV OPN ARM LEG LMBR PLEXUS	No	No	No	No		
64716	NEUROPLASTY AND TRANSPOSITION CRANIAL NERVE	No	No	No	No		
64718	NEUROPLASTY AND TRANSPOSITION ULNAR NERVE ELBOW	No	No	No	No		
64719	NEUROPLASTY AND TRANSPOSITION ULNAR NERVE WRIST	No	No	No	No		
64721	NEUROPLASTY AND TRANSPOS MEDIAN NRV CARPAL TUNNE	No	No	No	No		
64722	DECOMPRESSION UNSPECIFIED NERVE	No	No	No	No		
64726	DECOMPRESSION PLANTAR DIGITAL NERVE	No	No	No	No		
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	No	No	No	No		
64732	TRANSECTION AVULSION SUPRAORBITAL NERVE	No	No	No	No		
64734	TRANSECTION AVULSION INFRAORBITAL NERVE	No	No	No	No		
64736	TRANSECTION AVULSION MENTAL NERVE	No	No	No	No		
64738	TRANSECTION AVULSION INF ALVEOLAR NRV W OSTEO	No	No	No	No		
64740	TRANSECTION AVULSION LINGUAL NERVE	No	No	No	No		
64742	TRANSECTION AVULSION FACIAL NRV DIFFERENT CMPL	No	No	No	No		
64744	TRANSECTION AVULSION GREATER OCCIPITAL NERVE	No	No	No	No		
64746	TRANSECTION AVULSION PHRENIC NERVE	No	No	No	No		
64755	TRANSECTION AVULSION VAGUS NERVES	Not Cov	No	Not Cov	No		
64760	TRANSECTION AVULSION VAGUS NERVE ABDOMINAL	Not Cov	No	Not Cov	No		
64763	TRNSXJ AVLSN OBTURAT NRV XPELV W WO TENOTOMY	No	No	No	No		
64766	TRNSXJ AVLSN OBTURAT NRV INPELV W WO TENOTOMY	No	No	No	No		
64771	TRANSECTION AVULSION OTH CRANIAL NRV XDRL	No	No	No	No		
64772	TRANSECTION AVULSION OTH SPINAL NRV XDRL	No	No	No	No		
64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	No	No	No	No		
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	No	No	No	No		
64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	No	No	No	No		
64782	EXC NEUROMA HAND FOOT XCP DIGITAL NERVE	No	No	No	No		
64783	EXC NEUROMA HAND FOOT EA NRV XCP SM DGT	No	No	No	No		
64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	No	No	No	No		
64786	EXCISION NEUROMA SCIATIC NERVE	No	No	No	No		

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64787	IMPLANTATION NERVE END BONE MUSCLE	No	No	No	No		
64788	EXC NEUROFIBROMA NEUROLEMMOMA CUTAN NRV	No	No	No	No		
64790	EXC NEUROFIBROMA NEUROLEMMOMA MAJOR PRPH NRV	No	No	No	No		
64792	EXC NEUROFIBROMA NEUROLEMMOMA EXTNSV	No	No	No	No		
64795	BIOPSY NERVE	No	No	No	No		
64802	SYMPATHECTOMY CERVICAL	No	No	No	No		
64804	SYMPATHECTOMY CERVICOTHORACIC	No	No	Not Cov	No		
64809	SYMPATHECTOMY THORACOLUMBAR	Not Cov	No	Not Cov	No		
64818	SYMPATHECTOMY LUMBAR	No	No	Not Cov	No		
64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	No	No	No	No		
64821	SYMPATHECTOMY RADIAL ARTERY	No	No	No	No		
64822	SYMPATHECTOMY ULNAR ARTERY	No	No	No	No		
64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	No	No	No	No		
64831	SUTURE DIGITAL NERVE HAND FOOT 1 NERVE	No	No	No	No		
64832	SUTR DIGITAL NRV HAND FOOT EA DGTAL NRV	No	No	No	No		
64834	SUTURE 1 NERVE HAND FOOT COMMON SENSORY NERVE	No	No	No	No		
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	No	No	No	No		
64836	SUTURE 1 NERVE ULNAR MOTOR	No	No	No	No		
64837	SUTURE EACH ADDITIONAL NERVE HAND FOOT	No	No	No	No		
64840	SUTURE POSTERIOR TIBIAL NERVE	No	No	No	No		
64856	SUTR PRPH NRV ARM LEG XCP SCIATIC W TRPOS	No	No	No	No		
64857	SUTR PRPH NRV ARM LEG XCP SCIATIC W O TRPOS	No	No	No	No		
64858	SUTURE SCIATIC NERVE	No	No	No	No		
64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	No	No	No	No		
64861	SUTURE BRACHIAL PLEXUS	No	No	No	No		
64862	SUTURE LUMBAR PLEXUS	No	No	No	No		
64864	SUTURE FACIAL NERVE EXTRACRANIAL	No	No	No	No		
64865	SUTURE FACIAL NERVE INFRATEMPORAL W WO GRAFT	No	No	No	No		
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	No	No	Not Cov	No		
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL	No	No	Not Cov	No		
64872	SUTURE NERVE REQ SECONDARY DELAYED SUTURE	No	No	No	No		
64874	SUTURE NERVE REQ XTNSV MOBIL TRPOS NERVE	No	No	No	No		
64876	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	No	No	No	No		
64885	NERVE GRAFT HEAD NECK UNDER 4 CM	No	No	No	No		

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64886	NERVE GRAFT HEAD NECK OVER 4 CM	No	No	No	No		
64890	NERVE GRAFT 1 STRAND HAND FOOT UNDER 4 CM	No	No	No	No		
64891	NRV GRF 1 STRAND HAND FOOT OVER 4 CM	No	No	No	No		
64892	NERVE GRAFT 1 STRAND ARM LEG UNDER 4 CM	No	No	No	No		
64893	NERVE GRAFT 1 STRAND ARM LEG OVER 4 CM	No	No	No	No		
64895	NERVE GRAFT MLT STRANDS HAND FOOT UNDER 4 CM	No	No	No	No		
64896	NERVE GRAFT MLT STRANDS HAND FOOT OVER 4 CM	No	No	No	No		
64897	NERVE GRAFT MLT STRANDS ARM LEG UNDER 4 CM	No	No	No	No		
64898	NERVE GRAFT MLT STRANDS ARM LEG OVER 4 CM	No	No	No	No		
64901	NERVE GRAFT EACH NERVE 1 STRAND	No	No	No	No		
64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	No	No	No	No		
64905	NERVE PEDICLE TRANSFER FIRST STAGE	No	No	No	No		
64907	NERVE PEDICAL TRANSFER SECOND STAGE	No	No	No	No		
64910	NERVE REPAIR W CONDUIT EACH NERVE	No	No	No	No		
64911	NERVE REPAIR W AUTOGENOUS VEIN GRAFT EA NERVE	No	Not Cov	Not Cov	Not Cov		
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	Not Cov	Not Cov	Not Cov	Not Cov		
64913	NERVE REPAIR W NERVE ALLOGRAFT EA ADDL STRAND	Not Cov	Not Cov	Not Cov	Not Cov		
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
65091	EVISCERATION OCULAR CONTENTS W O IMPLANT	No	No	No	No		
65093	EVISCERATION OCULAR CONTENTS W IMPLANT	No	No	No	No		
65101	ENUCLEATION OF EYE W O IMPLANT	No	No	No	No		
65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	No	No	No	No		
65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	No	No	No	No		
65110	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	No	No	No	No		
65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS AND BONE	No	No	No	No		
65114	EXNTJ ORBIT RMVL ORB CNTS W MUSC MYOQ FLAP	No	No	No	No		
65125	MODIFICAJ OC IMPLT W PLMT RPLCMT PEGS SPX	No	No	No	No		
65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	No	No	No	No		
65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	No	No	No	No		

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65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	No	No	No	No		
65150	REINSERTION OCULAR IMPLT W WO CONJUNCTIVAL GRAFT	No	No	No	No		
65155	REINSERTION OCULAR IMPLT RNFCMT AND ATTACH MUSCLE	No	No	No	No		
65175	REMOVAL OCULAR IMPLANT	No	No	No	No		
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	No	No	Not Cov	No		
65210	RMVL FB XTRNL EYE EMBED SCJNCL SCLERAL NONPERFOR	No	No	Not Cov	No		
65220	RMVL FB XTRNL EYE CORNEAL W O SLIT LAMP	No	No	No	No		
65222	RMVL FB XTRNL EYE CORNEAL W SLIT LAMP	No	No	Not Cov	No		
65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE LENS	No	No	No	No		
65260	RMVL FB IO FROM POST SEG MAG XTRJ ANT POST ROUTE	No	No	No	No		
65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	No	No	No	No		
65270	RPR LAC CJNC W WO NONPERFOR LAC SCLERA DIR CLSR	No	No	No	No		
65272	RPR LAC CJNC MOBLJ AND REARGMT W O HOSPITALIZATION	No	No	No	No		
65273	RPR LAC CJNC MOBLJ AND REARGMT W HOSPIZATION	Not Cov	No	Not Cov	No		
65275	RPR LAC CORNEA NONPERFOR W WO RMVL FOREIGN BODY	No	No	No	No		
65280	RPR LAC CORNEA AND SCLERA PERFOR X INVG UVEAL TIS	No	No	No	No		
65285	RPR LAC CORN AND SCLRA PERF W REPOS RESCJ UVEAL T	No	No	No	No		
65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA AND SCLERA	No	No	Not Cov	No		
65290	RPR WND EXTRAOCULAR MUSCLE TENDON AND TENON CAPSU	No	No	No	No		
65400	EXCISION LESION CORNEA XCP PTERYGIUM	No	No	No	No		
65410	BIOPSY CORNEA	No	No	No	No		
65420	EXCISION TRANSPOSITION PTERYGIUM W O GRAFT	No	No	No	No		
65426	EXCISION TRANSPOSITION PTERYGIUM W GRAFG	No	No	No	No		
65430	CORNEA SCRAPING DIAGNOSTIC SMEAR AND CULTURE	No	No	Not Cov	No		
65435	RMVL CORNEAL EPITHELIUM W WO CHEMOCAUTERIZATION	No	No	Not Cov	No		
65436	RMVL CORNEAL EPITHELIUM W APPL CHELATING AGENT	No	No	Not Cov	No		
65450	DSTRJ LESION CRYOTHER PHOTO THERMOCAUTZATION	No	No	No	No		
65600	MULTIPLE PUNCTURES ANTERIOR CORNEA	No	No	Not Cov	No		
65710	KERATOPLASTY ANTERIOR LAMELLAR	No	No	No	No		
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA PSEUDOPHAKIA	No	No	No	No		
65750	KERATOPLASTY PENETRAING APHAKIA	No	No	No	No		
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	No	No	No	No		
65756	KERATOPLASTY ENDOTHELIAL	No	No	No	No		
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	No	No	Not Cov	No		

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65760	KERATOMILEUSIS	Not Cov	Not Cov	Not Cov	Not Cov		
65765	KERATOPHAKIA	Not Cov	Not Cov	Not Cov	Not Cov		
65767	EPIKERATOPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
65770	KERATOPROSTHESIS	No	No	No	No		
65771	RADIAL KERATOTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Yes	Yes	Yes	No		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W O SUTURES	No	No	Not Cov	No		
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	No	No	No	No		
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	No	No	No	No		
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	No	No	No	No		
65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	No	No	No	No		
65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	Not Cov	Not Cov	Not Cov	Not Cov		
65800	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	No	No	No	No		
65810	PARACENTSIS ANT CHAM RMVL VITREOUS W WO AIR INJX	No	No	No	No		
65815	PARACEN ANT CHAM RMVL BLOOD W WO IRRIG AND AIR IN	No	No	No	No		
65820	GONIOTOMY	No	No	No	No		
65850	TRABECULOTOMY AB EXTERNO	No	No	No	No		
65855	TRABECULOPLASTY BY LASER SURGERY	No	No	Not Cov	No		
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	No	No	Not Cov	No		
65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	No	No	No	No		
65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	No	No	No	No		
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	No	No	No	No		
65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	No	No	No	No		

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65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	No	No	No	No		
65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	No	No	No	No		
65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	No	No	No	No		
66020	INJX ANTERIOR CHAMBER EYE AIR LIQUID SPX	No	No	No	No		
66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	No	No	No	No		
66130	EXCISION LESION SCLERA	No	No	No	No		
66150	FSTLJ SCLERA GLAUCOMA TREPHIN W IRIDECTOMY	No	No	No	No		
66155	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	No	No	No	No		
66160	FSTLJ SCLERA SCLERECTOMY PUNCH SCISSORS IRIDECT	No	No	No	No		
66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	No	No	No	No		
66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	No	No	No	No		
66174	TRLUML DILAT AQUEOUS CANAL W O DEVICE STENT	No	No	No	No		
66175	TRLUML DILAT AQUEOUS CANAL W DEVICE STENT	No	No	No	No		
66179	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W O GRAFT	No	No	No	No		
66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W GRAFT	No	No	No	No		
66183	INSERT ANTER DRAINAGE DEV W O EXTRAOC RESERVOIR	No	No	No	No		
66184	REVJ SHUNT EXTRAOCULAR RESERVOIR W O GRAFT	No	No	No	No		
66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W GRAFT	No	No	No	No		
66225	REPAIR SCLERAL STAPHYLOMA W GRAFT	No	No	No	No		
66250	REVJ RPR OPRATIVE WOUND ANTERIOR SEGMENT	No	No	No	No		
66500	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	No	No	No	No		
66505	IRIDOTOMY STAB INC SPX TRANSFIXION	No	No	No	No		
66600	IRDEC CRNLSCLRL CRNL SCTJ RMVL LES	No	No	No	No		
66605	IRDEC CRNLSCLRL CRNL SCTJ CYCLECTOMY	No	No	No	No		
66625	IRDEC CRNLSCLRL CRNL SCTJ PRPH GLC SPX	No	No	No	No		
66630	IRDEC CRNLSCLRL CRNL SCTJ SECTOR GLC SPX	No	No	No	No		
66635	IRDEC CRNLSCLRL CRNL SCTJ OPTICAL SPX	No	No	No	No		
66680	REPAIR IRIS CILIARY BODY	No	No	No	No		
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	No	No	No	No		
66700	CILIARY BODY DESTRUCTION DIATHERMY	No	No	No	No		
66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	No	No	No	No		
66711	CILIARY BODY DSTRJ CYCLOPHOTOCOAG ENDOSCOPIC	No	No	No	No		
66720	CILIARY BODY DESTRUCTION CRYOTHERAPY	No	No	No	No		
66740	CILIARY BODY DESTRUCTION CYCLODIALYSIS	No	No	No	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
66761	IRIDOTOMY IRRIDECTOMY LASER SURG PER SESSION	No	No	Not Cov	No		
66762	IRIDOPLASTY PHOTOCOAGULATION 1 OR GRT SESSIONS	No	No	Not Cov	No		
66770	DSTRJ CYST LESION IRIS CILIARY BODY	No	No	Not Cov	No		
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT	No	No	No	No		
66821	POST-CATARACT LASER SURGERY	No	No	No	No		
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	No	No	No	No		
66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	No	No	No	No		
66840	RMVL LENS MATERIAL ASPIR TQ 1 OR GRT STAGES	No	No	No	No		
66850	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	No	No	No	No		
66852	RMVL LENS MATERIAL PARS PLANA W WO VITRECTOMY	No	No	No	No		
66920	RMVL LENS MATERIAL INTRACAPSULAR	No	No	No	No		
66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	No	No	No	No		
66940	REMOVAL LENS MATERIAL EXTRACAPSULAR	No	No	No	No		
66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	No	No	No	No		
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	No	No	No	No		
66984	CATARACT REMOVAL INSERTION OF LENS	No	No	No	No		
66985	INSJ IO LENS PROSTHESIS NOT W CONCURRENT RMVL	No	No	No	No		
66986	EXCHANGE INTRAOCULAR LENS	No	No	No	No		
66990	USE OPHTHALMIC ENDOSCOPE	No	No	Not Cov	No		
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	No	No	No	No		
67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	No	No	No	No		
67015	ASPIRATION RELEASE VITREOUS SUBRETINAL CHOROIDAL	No	No	No	No		
67025	INJ SUBSTITUTE PARS PLANA LIMBL W WO ASPIR SPX	No	No	No	No		
67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	No	No	No	No		
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	No	No	Not Cov	No		
67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	No	No	No	No		
67031	SEVERING VITREOUS STRANS LASER 1 OR GRT STAGES	No	No	No	No		
67036	VITRECTOMY MECHANICAL PARS PLANA	No	No	No	No		

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67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	No	No	No	No		
67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	No	No	No	No		
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	No	No	No	No		
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	No	No	No	No		
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	No	No	No	No		
67101	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	No	No	Not Cov	No		
67105	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	No	No	Not Cov	No		
67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	No	No	No	No		
67108	RPR RETINAL DTCHMNT W VITRECTOMY ANY METH	No	No	No	No		
67110	RPR RETINAL DTCHMNT INJECTION AIR OTHER GAS	No	No	Not Cov	No		
67113	RPR COMPLEX RETINA DETACH VITRECT AND MEMBRANE PEEL	No	No	No	No		
67115	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	No	No	No	No		
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	No	No	No	No		
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	No	No	No	No		
67141	PROPH RTA DTCHMNT W O DRG 1 OR GRT SESS CRTX DTHRM	No	No	No	No		
67145	PROPH RTA DTCHMNT W O DRG 1 OR GRT SESS	No	No	Not Cov	No		
67208	DSTRJ LOCLZD LESION RETINA 1 OR GRT SESS CRTX DTHRM	No	No	Not Cov	No		
67210	DSTRJ LOCLZD LESION RETINA 1 OR GRT SESS PC	No	No	No	No		
67218	DSTRJ LESION RETINA 1 OR GRT SESS RADJ IMPLTJ	No	No	No	No		
67220	DSTRJ LESION CHOROID PC 1 OR GRT SESS	No	No	Not Cov	No		
67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	No	No	Not Cov	No		
67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	No	No	Not Cov	No		
67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	No	No	No	No		
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	No	No	Not Cov	No		
67229	EXTENSIVE RETINOPATHY 1 OR GRT SESS PRETERM INFANT	No	No	Not Cov	No		
67250	SCLERAL REINFORCEMENT SPX W O GRAFT	No	No	No	No		
67255	SCLERAL REINFORCEMENT SPX W GRAFT	No	No	No	No		
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
67311	STRABISMUS RECESSION RESCJ 1 HRZNTL MUSC	No	No	No	No		

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67312	STRABISMUS RECESSION RESCJ 2 HRZNTL MUSC	No	No	No	No		
67314	STRABISMUS RECESSION RESCJ 1 VER MUSC	No	No	No	No		
67316	STRABISMUS RECESSION RESCJ 2 MORE VER MUSC	No	No	No	No		
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	No	No	No	No		
67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	No	No	No	No		
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	No	No	No	No		
67332	STRABISMUS SCARRING EO MUSC RSTCV MYOPATHY	No	No	No	No		
67334	STRABISMUS POST FIXJ SUTR TQ W WO MUSC RECESSION	No	No	No	No		
67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	No	No	No	No		
67340	STRABISMUS EXPL AND RPR DETACHED EXTROCULAR MUSC	No	No	No	No		
67343	RLS XTNSV SCAR TISS W O DETACHING EO MUSC SPX	No	No	No	No		
67345	CHEMODENERVATION EXTRAOCULAR MUSCLE	No	No	No	No		
67346	BIOPSY EXTRAOCULAR MUSCLE	No	No	No	No		
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
67400	ORBITOTOMY W O BONE FLAP EXPL W WO BIOPSY	No	No	No	No		
67405	ORBITOTOMY W O BONE FLAP EXPL W DRAINAGE ONLY	No	No	No	No		
67412	ORBITOTOMY W O BONE FLAP W REMOVAL LESION	No	No	No	No		
67413	ORBITOTOMY W O BONE FLAP W RMVL FOREIGN BODY	No	No	No	No		
67414	ORBITOTOMY W O BONE FLAP W RMVL BONE DCMPRN	No	No	No	No		
67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	No	No	No	No		
67420	ORBITOTOMY BONE FLAP WINDOW LAT RMVL LESION	No	No	No	No		
67430	ORBITOTOMY BONE FLAP WINDOW LATERAL RMVL FB	No	No	No	No		
67440	ORBITOTOMY BONE FLAP WINDOW LATERAL W DRG	No	No	No	No		
67445	ORBITOTOMY BONE FLAP WINDOW LAT RMVL BONE DCMPRN	No	No	No	No		
67450	ORBITOTOMY BONE FLAP WINDOW LAT EXPL W WO BX	No	No	No	No		
67500	RETROBULBAR INJECTION MEDICATION SPX	No	No	No	No		
67505	RETROBULBAR INJECTION ALCOHOL	No	No	Not Cov	No		
67515	INJECTION MEDICATION OTHER SUBST TENON CAPSULE	No	No	Not Cov	No		
67550	ORBITAL IMPLANT INSERTION	No	No	No	No		

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67560	ORBITAL IMPLANT REMOVAL REVISION	No	No	No	No		
67570	OPTIC NERVE DECOMPRESSION	No	No	No	No		
67599	UNLISTED PROCEDURE ORBIT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	No	No	Not Cov	No		
67710	SEVERING TARSORRHAPHY	No	No	Not Cov	No		
67715	CANTHOTOMY SEPARATE PROCEDURE	No	No	No	No		
67800	EXCISION CHALAZION SINGLE	No	No	Not Cov	No		
67801	EXCISION CHALAZION MULTIPLE SAME LID	No	No	Not Cov	No		
67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	No	No	Not Cov	No		
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE MULT	No	No	No	No		
67810	INCISIONAL BIOPSY EYELID SKIN AND LID MARGIN	No	No	Not Cov	No		
67820	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	No	No	Not Cov	No		
67825	CORRECTION TRICHIASIS EPILATION OTH THAN FORCEPS	No	No	Not Cov	No		
67830	CORRECTION TRICHIASIS INCCISION LID MARGIN	No	No	No	No		
67835	CORRJ TRICHIASIS INC LID MRGN W FR MUC MEMB GRF	No	No	No	No		
67840	EXC LESION EYELID W O CLSR W SIMPLE DIR CLOSURE	No	No	Not Cov	No		
67850	DESTRUCTION LESION LID MARGIN UNDER 1 CM	No	No	Not Cov	No		
67875	TEMPORARY CLOSURE EYELIDS SUTURE	No	No	No	No		
67880	CONSTJ INTERMARGIN ADHES TARSORRH CANTHORRHAPY	No	No	No	No		
67882	CONSTJ INTERMARGIN ADHES TARSOR CANTHOR W TRPOS	No	No	No	No		
67900	REPAIR BROW PTOSIS	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes

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67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Yes	Yes	Yes	Yes		History and Physical (H&P) Progress Notes
67909	REDUCTION OVERCORRECTION PTOSIS	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
67911	CORRECTION LID RETRACTION	No	No	No	No		
67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	No	No	No	No		
67914	REPAIR ECTROPION SUTURE	No	No	No	No		
67915	REPAIR ECTROPION THERMOCAUTERIZATION	No	No	Not Cov	No		
67916	REPAIR ECTROPION EXCISION TARSAL WEDGE	No	No	No	No		
67917	REPAIR ECTROPION EXTENSIVE	No	No	No	No		
67921	REPAIR ENTROPION SUTURE	No	No	No	No		
67922	REPAIR ENTROPION THERMOCAUTERIZATION	No	No	Not Cov	No		
67923	REPAIR ENTROPION EXCISION TARSAL WEDGE	No	No	No	No		
67924	REPAIR ENTROPION EXTENSIVE	No	No	No	No		
67930	SUTR WND EYELID MARGIN TARSUS CONJUNC PRTL THICK	No	No	Not Cov	No		
67935	SUTR WND EYELID MARGIN TARSUS CONJUNC FULL THICK	No	No	No	No		
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	No	No	Not Cov	No		
67950	CANTHOPLASTY	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
67961	EXCISION AND REPAIR EYELID UNDER ONE-FOURTH LID MARGIN	No	No	No	No		
67966	EXCISION AND REPAIR EYELID ONE-FOURTH LID MARGIN	No	No	No	No		
67971	RCNSTJ EYELID FULL THICKNESS UNDER TWO-THIRDS 1 STG	No	No	No	No		

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67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	No	No	No	No		
67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	No	No	No	No		
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	No	No	No	No		
67999	UNLISTED PROCEDURE EYELIDS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
68020	INCISION CONJUNCTIVA DRAINAGE OF CYST	No	No	Not Cov	No		
68040	EXPRESSION CONJUNCTIVAL FOLLICLES	No	No	Not Cov	No		
68100	BIOPSY CONJUNCTIVA	No	No	Not Cov	No		
68110	EXCISION LESION CONJUNCTIVA UNDER 1 CM	No	No	Not Cov	No		
68115	EXCISION LESION CONJUNCTIVA OVER 1 CM	No	No	No	No		
68130	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	No	No	No	No		
68135	DESTRUCTION LESION CONJUNCTIVA	No	No	Not Cov	No		
68200	SUBCONJUNCTIVAL INJECTION	No	No	Not Cov	No		
68320	CONJUNCTIVOPLASTY W GRF XTNSV REARRANGEMENT	No	No	No	No		
68325	CONJUNCTIVOPLASTY W BUCCAL MUC MEMB GRAFT	No	No	No	No		
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF XTNSV REARRGMT	No	No	No	No		
68328	CONJUNCTPL CUL-DE-SAC W BUCCAL MUC MEMB GRAFT	No	No	No	No		
68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W O GRAFT	No	No	No	No		
68335	RPR SYMBLEPHARON FR GRF CJNC BUCCAL MUC MEMB	No	No	No	No		
68340	RPR AND DIV SYMBLEPHARON W WO CONFORM CONTACT LE	No	No	No	No		
68360	CONJUNCTIVAL FLAP BRIDGE PARTIAL SPX	No	No	No	No		
68362	CONJUNCTIVAL FLAP TOTAL	No	No	No	No		
68371	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	No	No	No	No		
68399	UNLISTED PROCEDURE CONJUNCTIVA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
68400	INCISION DRAINAGE LACRIMAL GLAND	No	No	Not Cov	No		
68420	INCISION DRAINAGE LACRIMAL SAC	No	No	Not Cov	No		
68440	SNIP INCISION LACRIMAL PUNCTUM	No	No	Not Cov	No		
68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	No	No	No	No		
68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	No	No	No	No		
68510	BIOPSY LACRIMAL GLAND	No	No	No	No		
68520	EXCISION LACRIMAL SAC	No	No	No	No		

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68525	BIOPSY LACRIMAL SAC	No	No	No	No		
68530	RMVL FB DACRYOLITH LACRIMAL PASSAGES	No	No	Not Cov	No		
68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	No	No	No	No		
68550	EXC LACRIMAL GLAND TUMOR W OSTEOTOMY	No	No	No	No		
68700	PLASTIC REPAIR CANALICULI	No	No	No	No		
68705	CORRECTION EVERTED PUNCTUM CAUTERY	No	No	Not Cov	No		
68720	DACRYOCSTORHINOSTOMY	No	No	No	No		
68745	CONJUNCTIVORHINOSTOMY W O TUBE	No	No	No	No		
68750	CONJUNCTIVORHINOSTOMY INSJ TUBE STENT	No	No	No	No		
68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG LASER	No	No	Not Cov	No		
68761	CLSR LACRIMAL PUNCTUM PLUG EACH	No	No	Not Cov	No		
68770	CLOSURE LACRIMAL FISTULA SPX	No	No	No	No		
68801	DILATION LACRIMAL PUNCTUM W WO IRRGATION	No	No	Not Cov	No		
68810	PROBE NASOLACRIMAL DUCT W WO IRRIGATION	No	No	No	No		
68811	PROBE NASOLACRIMAL DUCT W WO IRRIG REQ GEN ANES	No	No	No	No		
68815	PROBE NASOLACRIMAL DUCT W WO IRRG INSJ TUBE STNT	No	No	No	No		
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	No	No	No	No		
68840	PROBE LACRIMAL CANALICULI W WO IRRIGATION	No	No	Not Cov	No		
68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	No	No	Not Cov	No		
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
69000	DRAINAGE EXTERNAL EAR ABSCESS HEMATOMA SIMPLE	No	No	Not Cov	No		
69005	DRAINAGE EXTERNAL EAR ABSCESS HEMATOMA CMPLX	No	No	Not Cov	No		
69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	No	No	Not Cov	No		
69090	EAR PIERCING	Not Cov	Not Cov	Not Cov	Not Cov		
69100	BIOPSY EXTERNAL EAR	No	No	Not Cov	No		
69105	BIOPSY EXTERNAL AUDITORY CANAL	No	No	Not Cov	No		
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	No	No	No	No		
69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	No	No	No	No		
69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	No	No	No	No		
69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	No	No	No	No		
69150	RAD EXC XTRNL AUDITORY CANAL LES W O NCK DSJ	No	No	No	No		
69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	Not Cov	No	Not Cov	No		

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69200	RMVL FB XTRNL AUDITORY CANAL W O ANES	No	No	Not Cov	No		
69205	RMVL FB XTRNL AUDITORY CANAL ANES	No	No	No	No		
69209	REMOVAL IMPACTED CERUMEN IRRIGATION LVG UNILAT	No	No	Not Cov	No		
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	No	No	Not Cov	No		
69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	No	No	Not Cov	No		
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	No	No	Not Cov	No		
69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Not Cov	Not Cov	Not Cov	Not Cov		
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	No	No	No	No		
69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	No	No	No	No		
69399	UNLISTED PROCEDURE EXTERNAL EAR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
69420	MYRINGOTOMY ASPIR AND EUSTACHIAN TUBE NFLTJ	No	No	Not Cov	No		
69421	MYRINGOTOMY ASPIR AND EUSTACHIAN TUBE NFLTJ ANES	No	No	No	No		
69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	No	No	Not Cov	No		
69433	TYMPANOSTOMY LOCAL TOPICAL ANESTHESIA	No	No	Not Cov	No		
69436	TYMPANOSTOMY GENERAL ANESTHESIA	No	No	No	No		
69440	MIDDLE EAR EXPL THRU POSTAUR EAR CANAL INC	No	No	No	No		
69450	TYMPANOLYSIS TRANSCANAL	No	No	No	No		
69501	TRANSMASTOID ANTROTOMY	No	No	No	No		
69502	MASTOIDECTOMY COMPLETE	No	No	No	No		
69505	MASTOIDECTOMY MODIFIED RADICAL	No	No	No	No		
69511	MASTOIDECTOMY RADICAL	No	No	No	No		
69530	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	No	No	No	No		
69535	RESCJ TEMPORAL BONE EXTERNAL APPROACH	Not Cov	No	Not Cov	No		
69540	EXCISION AURAL POLYP	No	No	Not Cov	No		
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	No	No	No	No		
69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	No	No	No	No		
69554	EXCISION AURAL GLOMUS TUMOR EXTENDED	Not Cov	No	Not Cov	No		
69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	No	No	No	No		
69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	No	No	No	No		
69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	No	No	No	No		
69604	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	No	No	No	No		
69605	REVJ MASTOIDECTOMY W APICECTOMY	No	No	No	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
69610	TYMPANIC MEMB RPR W WO PREPJ PERFOR PATCH	No	No	No	No		
69620	MYRINGOPLASTY	No	No	No	No		
69631	TYMPANOPLASTY W O MASTOIDECT W O OSSICLE RECNSTJ	No	No	No	No		
69632	TYMPNOPLSTY W O MSTDC 1ST REVJ W OSICLE RECNSTJ	No	No	No	No		
69633	TYMPANOPLASTY W O MASTOIDEC 1ST REVJ PROSTH TORP	No	No	No	No		
69635	TYMPP ANTRT MASTOID W O OSSICULAR CHAIN RECNSTJ	No	No	No	No		
69636	TYMPP ANTRT MASTOID W OSSICULAR CHAIN RECNSTJ	No	No	No	No		
69637	TMPP ANTRT MASTOIDOTOMY PROSTHESIS TORP	No	No	No	No		
69641	TMPP MASTOIDECTOMY W O OSSICULAR CHAIN RECNSTJ	No	No	No	No		
69642	TMPP MASTOIDECTOMY W OSSICULAR CHAIN RECNSTJ	No	No	No	No		
69643	TMPP MASTOIDECT NTC RCNSTED WALL W O OCR	No	No	No	No		
69644	TMPP MASTOIDECT NTC RCNSTED CANAL WALL OCR	No	No	No	No		
69645	TYMPANOPLASTY MASTOIDECTOMY RAD COMPL W O OCR	No	No	No	No		
69646	TYMPANOPLASTY MASTOIDECTOMY RAD COMPL W OCR	No	No	No	No		
69650	STAPES MOBILIZATION	No	No	No	No		
69660	STAPEDECTOMY STAPEDOTOMY	No	No	No	No		
69661	STAPEDECTOMY STAPEDOTOMY W FOOTPLATE DRILL OUT	No	No	No	No		
69662	REVISION STAPEDECTOMY STAPEDOTOMY	No	No	No	No		
69666	REPAIR OVAL WINDOW FISTULA	No	No	No	No		
69667	REPAIR ROUND WINDOW FISTULA	No	No	No	No		
69670	MASTOID OBLITERATION SEPARATE PROCEDURE	No	No	No	No		
69676	TYMPANIC NEURECTOMY	No	No	No	No		
69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	No	No	No	No		
69710	IMPLTJ RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	Not Cov	No	Not Cov	No		
69711	RMVL RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	Not Cov	No	No	No		
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
69715	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W O MASTOID	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes

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69718	RPLMCT OSSEOINTEGRATE IMPLNT W MASTOIDECTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	No	No	No	No		
69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	No	No	Not Cov	No		
69740	SUTR NRV ITPRL W WO GRF DCMPRN LAT GENICULATE	No	No	No	No		
69745	SUTR NRV ITPRL W WO GRF DCMPRN MEDIAL GENICULATE	No	No	No	No		
69799	UNLISTED PROCEDURE MIDDLE EAR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
69801	LABYRINTHOTOMY TRANSCANAL	No	No	No	No		
69805	ENDOLYMPHATIC SAC W O SHUNT	No	No	No	No		
69806	ENDOLYMPHATIC SAC SHUNT	No	No	No	No		
69905	LABYRINTHECTOMY TRANSCANAL	No	No	No	No		
69910	LABYRINTHECTOMY W MASTOIDECTOMY	No	No	No	No		
69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	No	No	No	No		
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Yes	Yes	Yes	No		History and Physical (H&P) Progress Notes
69949	UNLISTED PROCEDURE INNER EAR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
69950	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	Not Cov	No	Not Cov	No		
69955	TOTAL FACIAL NERVE DECOMPRESSION AND REPAIR	No	No	Not Cov	No		
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	No	No	Not Cov	No		
69970	REMOVAL TUMOR TEMPORAL BONE	No	No	Not Cov	No		
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	No	No	Not Cov	No		
70010	MYELOGRAPY POST FOSSA RS AND I	No	No	Not Cov	No		
70015	CISTERNOGRAPHY POSITIVE CONTRAST RS AND I	No	No	Not Cov	No		
70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	No	No	Not Cov	No		
70100	RADIOLOGIC EXAMINATION MANDIPLE PRTL UNDER 4 VIEWS	No	No	Not Cov	No		

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7010F	PT INFORMATION ENTERED INTO RECALL SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	No	No	Not Cov	No		
70120	RADIOLOGIC EXAM MASTOIDS UNDER 3 VIEWS PER SIDE	No	No	Not Cov	No		
70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	No	No	Not Cov	No		
70134	RADEX INTERNAL AUDITORY MEATI COMPLETE	No	No	Not Cov	No		
70140	RADEX FACIAL BONES UNDER 3 VIEWS	No	No	Not Cov	No		
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	No	No	Not Cov	No		
70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	No	No	Not Cov	No		
70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS AND I	No	No	Not Cov	No		
70190	RADEX OPTIC FORAMINA	No	No	Not Cov	No		
70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	No	No	Not Cov	No		
7020F	MAMMO ASSESSMENT CAT IN DATABASE FOR RATE	Not Cov	Not Cov	Not Cov	Not Cov		
70210	RADEX SINUSES PARANASAL UNDER 3 VIEWS	No	No	Not Cov	No		
70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	No	No	Not Cov	No		
70240	RADIOLOGIC EXAMINATION SELLA TURCICA	No	No	Not Cov	No		
70250	RADIOLOGIC EXAMINATION SKULL 4 OR GRT VIEWS	No	No	Not Cov	No		
7025F	INFO SYSTEM ANALYSIS ABNORMAL INTERPRATE	Not Cov	Not Cov	Not Cov	Not Cov		
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	No	No	Not Cov	No		
70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW	No	No	Not Cov	No		
70310	RADIOLOGIC EXAM TEETH PRTL EXAM UNDER FULL MOUTH	No	No	Not Cov	No		
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	No	No	Not Cov	No		
70328	RADEX TEMPOROMANDBLE JT OPN AND CLSD MOUTH UNILAT	No	No	Not Cov	No		
70330	RADEX TEMPOROMANDBLE JT OPN AND CLSD MOUTH BILAT	No	No	Not Cov	No		
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS AND I	No	No	Not Cov	No		
70336	MRI TEMPOROMANDIBULAR JOINT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70350	CEPHALOGRAM ORTHODONTIC	No	No	Not Cov	No		
70355	ORTHOPANTOGRAM	No	No	Not Cov	No		
70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	No	No	Not Cov	No		

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70370	RADEX PHARYNX LARX W FLUOR AND MAGNIFICATION TQ	No	No	Not Cov	No		
70371	CPLX DYNAMIC PHARYNGEAL AND SP EVAL C V REC	No	No	Not Cov	No		
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	No	No	Not Cov	No		
70390	SIALOGRAPHY RS AND I	No	No	Not Cov	No		
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70487	CT MAXILLOFACIAL W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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70488	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70544	MRA HEAD W O CONTRST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70545	MRA HEAD W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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70547	MRA NECK W O CONTRST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70548	MRA NECK W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70549	MRA NECK W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
70557	MRI BRAIN OPEN INTRACRANIAL PX W O CONTRAST MATL	No	No	Not Cov	No		
70558	MRI BRAIN OPEN INTRACRANIAL PX W CONTRAST MATL	No	No	Not Cov	No		
70559	MRI BRAIN OPEN INTRACRANIAL PX W O AND W CONTRAST	No	No	Not Cov	No		
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	No	No	Not Cov	No		
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	No	No	Not Cov	No		
71047	RADIOLOGIC EXAM CHEST 3 VIEWS	No	No	Not Cov	No		

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71048	RADIOLOGIC EXAM CHEST 4 PLUS VIEWS	No	No	Not Cov	No		
71100	RADEX RIBS UNILATERAL 2 VIEWS	No	No	Not Cov	No		
71101	RADEX RIBS UNI W POSTEROANT CH MINIMUM 3 VIEWS	No	No	Not Cov	No		
71110	RADEX RIBS BILATERAL 3 VIEWS	No	No	Not Cov	No		
71111	RADEX RIBS BI W POSTEROANT CH MINIMUM 4 VIEWS	No	No	Not Cov	No		
71120	RADEX STERNUM MINIMUM 2 VIEWS	No	No	Not Cov	No		
71130	RADEX STERNOCLAVICULAR JT JTS MINIMUM 3 VIEWS	No	No	Not Cov	No		
71250	CT THORAX W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
71260	CT THORAX W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
71270	CT THORAX W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
71550	MRI CHEST W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
71551	MRI CHEST W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	No	No	Not Cov	No		
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	No	No	Not Cov	No		
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	No	No	Not Cov	No		
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	No	No	Not Cov	No		
72070	RADEX SPINE THORACIC 2 VIEWS	No	No	Not Cov	No		
72072	RADEX SPINE THORACIC 3 VIEWS	No	No	Not Cov	No		
72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	No	No	Not Cov	No		
72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	No	No	Not Cov	No		
72081	RADEX ENTIR THRC LMBR CRV SAC SPI W SKULL 1 VW	No	No	Not Cov	No		
72082	RADEX ENTIR THRC LMBR CRV SAC SPI W SKULL 2 3 VW	No	No	Not Cov	No		
72083	RADEX ENTIR THRC LMBR CRV SAC SPI W SKULL 4 5 VW	No	No	Not Cov	No		
72084	RADEX ENTIR THRC LMBR CRV SAC SPI W SKULL 6 OR GRT VW	No	No	Not Cov	No		
72100	RADEX SPINE LUMBOSACRAL 2 3 VIEWS	No	No	Not Cov	No		
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	No	No	Not Cov	No		
72114	RADEX SPINE LUMBSCRL COMPL W BENDING VIEWS MIN 6	No	No	Not Cov	No		
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2 3 VIEWS	No	No	Not Cov	No		
72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72129	CT THORACIC SPINE W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72170	RADIOLOGIC EXAMINATION PELVIS 1 2 VIEWS	No	No	Not Cov	No		
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	No	No	Not Cov	No		
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72192	CT PELVIS W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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72193	CT PELVIS W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72195	MRI PELVIS W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72196	MRI PELVIS W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72198	MRA PELVIS W WO CONTRAST MATERIAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS UNDER 3 VIEWS	No	No	Not Cov	No		
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3 MORE VIEWS	No	No	Not Cov	No		
72220	RADEX SACRUM AND COCCYX MINIMUM 2 VIEWS	No	No	Not Cov	No		
72240	MYELOGRAPHY CERVICAL RS AND I	No	No	Not Cov	No		
72255	MYELOGRAPHY THORACIC RS AND I	No	No	Not Cov	No		
72265	MYELOGRAPY LUMBOSACRAL RS AND I	No	No	Not Cov	No		
72270	MYELOGRAPY 2 MORE REGIONS RS AND I	No	No	Not Cov	No		
72275	EPIDUROGRAPY RS AND I	No	No	Not Cov	No		
72285	DISKOGRAPY CERVICAL THORACIC RS AND I	No	No	Not Cov	No		
72295	DISKOGRAPY LUMBAR RS AND I	No	No	Not Cov	No		
73000	RADEX CLAVICLE COMPLETE	No	No	Not Cov	No		
73010	RADEX SCAPULA COMPLETE	No	No	Not Cov	No		
73020	RADEX SHOULDER 1 VIEW	No	No	Not Cov	No		
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	No	No	Not Cov	No		
73040	RADEX SHOULDER ARTHROGRAPHY RS AND I	No	No	Not Cov	No		
73050	RADEX A-C JOINTS BI W WO WEIGHTED DISTRCJ	No	No	Not Cov	No		
73060	RADEX HUMERUS MINIMUM 2 VIEWS	No	No	Not Cov	No		
73070	RADEX ELBOW 2 VIEWS	No	No	Not Cov	No		
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	No	No	Not Cov	No		
73085	RADEX ELBOW ARTHROGRAPHY RS AND I	No	No	Not Cov	No		

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73090	RADEX FOREARM 2 VIEWS	No	No	Not Cov	No		
73092	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	No	No	Not Cov	No		
73100	RADEX WRIST 2 VIEWS	No	No	Not Cov	No		
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	No	No	Not Cov	No		
73115	RADEX WRIST ARTHROGRAPHY RS AND I	No	No	Not Cov	No		
73120	RADEX HAND 2 VIEWS	No	No	Not Cov	No		
73130	RADEX HAND MINIMUM 3 VIEWS	No	No	Not Cov	No		
73140	RADEX FINGR MINIMUM 2 VIEWS	No	No	Not Cov	No		
73200	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73201	CT UPPER EXTREMITY W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73202	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
73206	CT ANGIOGRAPHY UPPER EXTREMITY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	No	No	Not Cov	No		
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	No	No	Not Cov	No		
73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	No	No	Not Cov	No		
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	No	No	Not Cov	No		
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	No	No	Not Cov	No		
73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
73525	RADEX HIP ARTHROGRAPHY RS AND I	No	No	Not Cov	No		
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	No	No	Not Cov	No		
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	No	No	Not Cov	No		
73560	RADIOLOGIC EXAMINATION KNEE 1 2 VIEWS	No	No	Not Cov	No		
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	No	No	Not Cov	No		
73564	RADIOLOGIC EXAM KNEE COMPLETE 4 MORE VIEWS	No	No	Not Cov	No		
73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	No	No	Not Cov	No		
73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS AND I	No	No	Not Cov	No		
73590	RADIOLOGIC EXAMINATION TIBIA AND FIBULA 2 VIEWS	No	No	Not Cov	No		
73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	No	No	Not Cov	No		
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	No	No	Not Cov	No		
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	No	No	Not Cov	No		
73615	RADEX ANKLE ARTHROGRAPHY RS AND I	No	No	Not Cov	No		
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	No	No	Not Cov	No		
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	No	No	Not Cov	No		
73650	RADEX CALCANEUS MINIMUM 2 VIEWS	No	No	Not Cov	No		
73660	RADEX TOE MINIMUM 2 VIEWS	No	No	Not Cov	No		
73700	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73706	CT ANGIOGRAPHY LOWER EXTREMITY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74018	RADIOLOGIC EXAM ABDOMEN 1 VIEW	No	No	Not Cov	No		
74019	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	No	No	Not Cov	No		
74021	RADIOLOGIC EXAM ABDOMEN 3 PLUS VIEWS	No	No	Not Cov	No		
74022	RADEX ABD COMPL AQT ABD W S E D VIEWS 1 VIEW CH	No	No	Not Cov	No		
74150	CT ABDOMEN W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74160	CT ABDOMEN W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74182	MRI ABDOMEN W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74190	PERITONEOGRAM RS AND I	No	No	Not Cov	No		
74210	RADEX PHARYNX AND CERVICAL ESOPHAGUS	No	No	Not Cov	No		
74220	RADEX ESOPHAGUS	No	No	Not Cov	No		
74230	SWALLOWING FUNCJ W CINERADIOGRAPY VIDRADIOG	No	No	Not Cov	No		
74235	RMVL FB ESOPHAGEAL W USE BALLOON CATH RS AND I	No	No	Not Cov	No		
74240	RADEX GI TRACT UPPER W WO DELAYED IMAGES W O KUB	No	No	Not Cov	No		
74241	RADEX GI TRACT UPPER W WO DELAYED IMAGES W KUB	No	No	Not Cov	No		
74245	RADEX GI TRACT UPR W SM INT W MULT SERIAL IMAGES	No	No	Not Cov	No		
74246	RADEX UPPER GI W WO GLUCAGON DELAY IMGES W O KUB	No	No	Not Cov	No		
74247	RADEX UPPER GI W WO GLUCAGON DELAY IMAGES W KUB	No	No	Not Cov	No		
74249	RADEX GI UPR W WO GLUCOSE W SM INTEST FOLLW-THRU	No	No	Not Cov	No		
74250	RADEX SMALL INTESTINE W MULTIPLE SERIAL IMAGES	No	No	Not Cov	No		
74251	RADEX SM INT W MLT SRL IMGES VIA ENTEROCLSS TUBE	No	No	Not Cov	No		
74260	DUODENOGRAPY HYPOTONIC	No	No	Not Cov	No		
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74270	RADEX COLON BARIUM ENEMA W WO KUB	No	No	Not Cov	No		
74280	RADEX COLON W SPEC HI DNS BARIUM W WO GLUCAGON	No	No	Not Cov	No		
74283	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION OBSTRCJ	No	No	Not Cov	No		
74290	CHOLECYSTOGRAPHY ORAL CONTRST	No	No	Not Cov	No		
74300	CHOLANGIOGRAPHY AND PANCREATOGRAPHY NTRAOP RS AND I	No	No	Not Cov	No		
74301	CHOLANGIO AND PANCREATOGRAPHY ADDL SET INTRAOP RS	No	No	Not Cov	No		
74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS AND I	No	No	Not Cov	No		
74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS AND I	No	No	Not Cov	No		
74330	CMBN NDSC CATHJ BILIARY AND PNCRTC DUCTAL SYS RS AND I	No	No	Not Cov	No		
74340	INTRO LONG GI TUBE W MULT FLUORO AND IMAGES RS AND I	No	No	Not Cov	No		
74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS AND I	No	No	Not Cov	No		
74360	INTRALUMINAL DILATION STRICTURES AND OBSTRCJS RS AND I	No	No	Not Cov	No		
74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS AND I	No	No	Not Cov	No		
74400	UROGRAPHY IV W WO KUB W WO TOMOGRAPHY	No	No	Not Cov	No		
74410	UROGRAPHY INFUSION DRIP AND BOLUS TECHNIQUE	No	No	Not Cov	No		
74415	UROGRAPY INFUSION DRIP AND BOLUS TECHQ W WO TOMO	No	No	Not Cov	No		
74420	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL	No	No	Not Cov	No		
74425	UROGRAPHY ANTEGRADE RS AND I	No	No	Not Cov	No		
74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS AND I	No	No	Not Cov	No		
74440	VASOGRAPY VESICULOGRAPY EPIDIDYMOGRAPY RS AND I	No	No	Not Cov	No		

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74445	CORPORA CAVERNOSOGRAPY RS AND I	No	No	Not Cov	No		
74450	URETHROCYSTOGRAPHY RETROGRADE RS AND I	No	No	Not Cov	No		
74455	URETHROCYSTOGRAPHY VOIDING RS AND I	No	No	Not Cov	No		
74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS AND I	No	No	Not Cov	No		
74485	DILATION NEPHROSTOMY URETER URETHRA RS AND I	No	No	Not Cov	No		
74710	PELVIMETRY W WOPLACENTAL LOCALIZATION	No	No	Not Cov	No		
74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74713	FETAL MRI W PLACNTL MATRNL PLVC IMG EA ADDL GES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
74740	HYSTEROSALPINGOGRAPHY RS AND I	No	No	Not Cov	No		
74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS AND I	No	No	Not Cov	No		
74775	PERINEOGRAM	No	No	Not Cov	No		
75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75563	CARDIAC MRI W W O CONTRAST W STRESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75600	AORTOGRAPHY THORACIC W O SERIALOGRAPHY RS AND I	No	No	Not Cov	No		
75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS AND I	No	No	Not Cov	No		
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS AND I	No	No	Not Cov	No		
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS AND I	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
75705	ANGIOGRAPHY SPINAL SELECTIVE RS AND I	No	No	Not Cov	No		
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS AND I	No	No	Not Cov	No		
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS AND I	No	No	Not Cov	No		
75726	ANGIOGRAPHY VISCERAL SLCTV SUPRASLCTV RS AND I	No	No	Not Cov	No		
75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS AND I	No	No	Not Cov	No		
75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS AND I	No	No	Not Cov	No		
75736	ANGIOGRAPHY PELVIC SLCTV SUPRASLCTV RS AND I	No	No	Not Cov	No		
75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS AND I	No	No	Not Cov	No		
75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS AND I	No	No	Not Cov	No		
75746	ANGRPH PULMONARY NONSLCTV CATH VEN NJX RS AND I	No	No	Not Cov	No		
75756	ANGIOGRAPHY INTERNAL MAMMARY RS AND I	No	No	Not Cov	No		
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS AND I	No	No	Not Cov	No		
75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS AND I	No	No	Not Cov	No		
75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS AND I	No	No	Not Cov	No		
75805	LYMPHANGIOGRAPHY PELVIC ABDOMINAL UNILAT RS AND I	No	No	Not Cov	No		
75807	LYMPHANGIOGRAPHY PELVIC ABDOMINAL BILATERAL RS AND I	No	No	Not Cov	No		
75809	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS AND I	No	No	Not Cov	No		
75810	SPLENOPORTOGRAPY RS AND I	No	No	Not Cov	No		
75820	VENOGRAPHY EXTREMITY UNILATERAL RS AND I	No	No	Not Cov	No		
75822	VENOGRAPHY EXTREMITY BILATERAL RS AND I	No	No	Not Cov	No		
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS AND I	No	No	Not Cov	No		
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS AND I	No	No	Not Cov	No		
75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS AND I	No	No	Not Cov	No		
75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RS AND I	No	No	Not Cov	No		
75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS AND I	No	No	Not Cov	No		
75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS AND I	No	No	Not Cov	No		
75860	VENOGRAPHY VENOUS SINUS JUGULAR CATH RS AND I	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS AND I	No	No	Not Cov	No		
75872	VENOGRAPHY EPIDURAL RS AND I	No	No	Not Cov	No		
75880	VENOGRAPHY ORBITAL RS AND I	No	No	Not Cov	No		
75885	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS AND I	No	No	Not Cov	No		
75887	PRQ TRANSHEPATC PORTOGRAPY W O HEMODYN EVL INTRP	No	No	Not Cov	No		
75889	HEPATC VNGRPH WDG FR HEMODYN EVAL RS AND I	No	No	Not Cov	No		
75891	HEPATC VNGRPH WDG FR W O HEMODYN EVAL RS AND I	No	No	Not Cov	No		
75893	VENOUS SAMPLING THRU CATH W WO ANGIOGRAPHY RS AND	No	No	Not Cov	No		
75894	TRANSCATHETER EMBOLIZATION ANY METH RS AND I	No	No	Not Cov	No		
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	No	No	Not Cov	No		
75901	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS AND I	No	No	Not Cov	No		
75902	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS AND I	No	No	Not Cov	No		
75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS AND I	No	No	Not Cov	No		
75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS AND I	No	No	Not Cov	No		
75958	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS AND I	No	No	Not Cov	No		
75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS AND I	No	No	Not Cov	No		
75970	TRANSCATHETER BIOPSY RS AND I	No	No	Not Cov	No		
75984	CHANGE PRQ TUBE DRAINAGE CATH W CONTRAST RS AND I	No	No	Not Cov	No		
75989	RADIOLOGICAL GUIDANCE PRQ DRG W PLMT CATH RS AND I	No	No	Not Cov	No		
76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN QHP TIME	No	No	Not Cov	No		
76010	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	No	No	Not Cov	No		
76080	RADEX ABSCESS FISTULA SINUS TRACT RS AND I	No	No	Not Cov	No		
76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	No	No	Not Cov	No		
76100	RADEX 1 PLNE BODY SECTION OTH THN W UROGRAPY	No	No	Not Cov	No		
76101	RADEX CPLX MOTION BDY SCTJ OTH THN UROGRAPY UNI	No	No	Not Cov	No		
76102	RADEX CPLX MOTION BDY SCTJ OTH THN UROGRAPY BI	No	No	Not Cov	No		
76120	CINERADIOGRAPY VIDRADIOGRAPY XCPT WHERE SPEC	No	No	Not Cov	No		
76125	CINERADIOGRAPY VIDRADIOGRAPY ROUTINE EXAMINATION	No	No	Not Cov	No		
76140	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
76380	CT LIMITED LOCALIZED FOLLOW UP STUDY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
76390	MRI SPECTROSCOPY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
76496	UNLISTED FLUOROSCOPIC PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	No	No	Not Cov	No		
76510	OPH US DX B-SCAN AND QUAN A-SCAN SM PT ENCTR	No	No	Not Cov	No		
76511	OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY	No	No	Not Cov	No		
76512	OPHTHALMIC ULTRASOUND DX B-SCAN W WO A-SCAN	No	No	Not Cov	No		
76513	OPH US DX ANT SGM US IMMERSION B-SCAN HR BIOM	No	No	Not Cov	No		
76514	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI BI	No	No	Not Cov	No		
76516	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	No	No	Not Cov	No		
76519	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	No	No	Not Cov	No		
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	No	No	Not Cov	No		
76536	US SOFT TISSUE HEAD AND NECK REAL TIME IMGE DOCM	No	No	Not Cov	No		
76604	US CHEST REAL TIME W IMAGE DOCUMENTATION	No	No	Not Cov	No		
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	No	No	Not Cov	No		
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	No	No	Not Cov	No		
76700	US ABDOMINAL REAL TIME W IMAGE DOCUMENTATION	No	No	Not Cov	No		
76705	US ABDOMINAL REAL TIME W IMAGE LIMITED	No	No	Not Cov	No		
76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	No	No	Not Cov	No		

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76770	US RETROPERITONEAL REAL TIME W IMAGE COMPLETE	No	No	Not Cov	No		
76775	US RETROPERITONEAL REAL TIME W IMAGE LIMITED	No	No	Not Cov	No		
76776	US TRNSPLNT KIDNEY REAL TIME W IMAGE DOCMTN	No	No	Not Cov	No		
76800	ULTRASOUND SPINAL CANAL AND CONTENTS	No	No	Not Cov	No		
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1 1ST GESTAT	No	No	Not Cov	No		
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	No	No	Not Cov	No		
76805	US PREG UTERUS AFTER 1ST TRIMEST 1 1ST GESTATION	No	No	Not Cov	No		
76810	US PREG UTERUS OVER 1ST TRIMESTER ABDL EA GESTATIO	No	No	Not Cov	No		
76811	US PREG UTERUS W DETAIL FETAL ANAT 1ST GESTATION	No	No	Not Cov	No		
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	No	No	Not Cov	No		
76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	No	No	Not Cov	No		
76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	No	No	Not Cov	No		
76815	US PREGNANT UTERUS LIMITED 1 OR GRT FETUSES	No	No	Not Cov	No		
76816	US PREG UTERUS REAL TIME F U TRNSABDL PER FETUS	No	No	Not Cov	No		
76817	US PREG UTERUS REAL TIME W IMAGE DCMTN TRANSVAG	No	No	Not Cov	No		
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	No	No	Not Cov	No		
76819	FETAL BIOPHYSICAL PROFILE W O NON-STRESS TESTING	No	No	Not Cov	No		
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	No	No	Not Cov	No		
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	No	No	Not Cov	No		
76825	ECHO FETAL CARDIOVASC W WO M-MODE RECORDING	No	No	Not Cov	No		
76826	ECHO FETAL CARDIOVASC W WO M-MODE REPEAT STD	No	No	Not Cov	No		
76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	No	No	Not Cov	No		
76828	DOPPLER ECHO FETAL PULS SPECTRAL F U REPEAT	No	No	Not Cov	No		
76830	US TRANSVAGINAL	No	No	Not Cov	No		
76831	SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER	No	No	Not Cov	No		
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	No	No	Not Cov	No		
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED F U	No	No	Not Cov	No		
76870	US SCROTUM AND CONTENTS	No	No	Not Cov	No		
76872	US TRANSRECTAL	No	No	Not Cov	No		
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	No	No	Not Cov	No		
76881	US COMPL JOINT R-T W IMAGE DOCUMENTATION	No	No	Not Cov	No		
76882	US LMTD JOINT OTH NONVASC XTR STRUX R-T W IMG	No	No	Not Cov	No		
76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS QHP MANJ	No	No	Not Cov	No		
76886	US INFT HIPS R-T IMG LMTD STATIC PHYS QHP MANJ	No	No	Not Cov	No		

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76930	US GUIDANCE PERICARDIOCENTESIS RS AND I	No	No	Not Cov	No		
76932	US ENDOMYOCARDIAL BIOPSY RS AND I	No	No	Not Cov	No		
76936	US CMPRN RPR ARTL PSEUDOARYSM ARVEN FSTL	No	No	Not Cov	No		
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	No	No	Not Cov	No		
76940	US AND MNTR PARENCHYMAL TISSUE ABLATION	No	No	Not Cov	No		
76941	US INTRAUTERINE FTL TFUJ CORDOCNTS IMG S AND I	No	No	Not Cov	No		
76942	US GUIDANCE NEEDLE PLACEMENT IMG S AND I	No	No	Not Cov	No		
76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S AND I	No	No	Not Cov	No		
76946	US GUIDANCE AMNIOCENTESIS IMG S AND I	No	No	Not Cov	No		
76948	US GUIDANCE ASPIRATION OVA IMG S AND I	No	No	Not Cov	No		
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	No	No	Not Cov	No		
76970	US STUDY FOLLOW UP	No	No	Not Cov	No		
76975	GI ENDOSCOPIC US S AND I	No	No	Not Cov	No		
76977	US BONE DENSITY MEAS AND INTERP PERIPH ANY METHO	No	No	Not Cov	No		
76978	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	No	No	Not Cov	No		
76979	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	No	No	Not Cov	No		
76981	ULTRASOUND ELASTOGRAPHY PARENCHYMA	No	No	Not Cov	No		
76982	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	No	No	Not Cov	No		
76983	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	No	No	Not Cov	No		
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	No	No	Not Cov	No		
76999	UNLISTED US PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	No	No	Not Cov	No		
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	No	No	Not Cov	No		
77003	FLUOR NEEDLE CATH SPINE PARASPINAL DX THER ADDON	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	No	No	Not Cov	No		
77012	CT GUIDANCE NEEDLE PLACEMENT	No	No	Not Cov	No		
77013	CT GUIDANCE AND MONITORING VISC TISS ABLATION	No	No	Not Cov	No		
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	No	No	Not Cov	No		
77021	MR GUIDANCE NEEDLE PLACEMENT	No	No	Not Cov	No		
77022	MR GUIDANCE AND MONITORING TISSUE ABLATION	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	No	No	Not Cov	No		
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	No	No	Not Cov	No		
77061	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	Not Cov	No	Not Cov	No		
77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	Not Cov	No	Not Cov	No		
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	No	No	Not Cov	No		
77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	No	No	Not Cov	No		

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77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	No	No	Not Cov	No		
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	No	No	Not Cov	No		
77071	MANUAL APPL STRESS PFRMD PHYS QHP JOINT FILMS	No	No	Not Cov	No		
77072	BONE AGE STUDIES	No	No	Not Cov	No		
77073	BONE LENGTH STUDIES	No	No	Not Cov	No		
77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	No	No	Not Cov	No		
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	No	No	Not Cov	No		
77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	No	No	Not Cov	No		
77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	No	No	Not Cov	No		
77078	CT BONE MINERL DENSITY STUDY 1 OR GRT SITS AXIAL SKE	No	No	Not Cov	No		
77080	DXA BONE DENSITY STUDY 1 OR GRT SITES AXIAL SKEL	No	No	Not Cov	No		
77081	DXA BONE DENSITY STUDY 1 OR GRT SITES APPENDICLR SKEL	No	No	Not Cov	No		
77084	BONE MARROW BLOOD SUPPLY	Yes	Yes	Not Cov	Yes		
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	No	No	Not Cov	No		
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	No	No	Not Cov	No		
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	Not Cov	No	Not Cov	No		
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	Not Cov	No	Not Cov	No		
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Not Cov	No	Not Cov	No		
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	No	No	Not Cov	No		
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	No	No	Not Cov	No		
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	No	No	Not Cov	No		
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	No	No	Not Cov	No		
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	No	No	Not Cov	No		
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77300	BASIC RADIATION DOSIMETRY CALCULATION	No	No	Not Cov	No		
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	No	No	Not Cov	No		
77306	TELETHX ISODOSE PLN SMPL W DOSIMETRY CALCULATION	No	No	Not Cov	No		
77307	TELETHX ISODOSE PLN CPLX W BASIC DOSIMETRY	No	No	Not Cov	No		
77316	BRACHYTX ISODOSE PLN SMPL W DOSIMETRY CAL	No	No	Not Cov	No		
77317	BRACHYTX ISODOSE PLN INTERMED W DOSIMETRY CAL	No	No	Not Cov	No		
77318	BRACHYTX ISODOSE PLN CPLX W DOSIMETRY CAL	No	No	Not Cov	No		
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	No	No	Not Cov	No		

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77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	No	No	Not Cov	No		
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE	No	No	Not Cov	No		
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE	No	No	Not Cov	No		
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	No	No	Not Cov	No		
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN	No	No	Not Cov	No		
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	No	No	Not Cov	No		
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	No	No	Not Cov	No		
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77373	STEREOTACTIC BODY RADIATION DELIVERY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	No	No	Not Cov	No		
77387	GUIDANCE FOR LOC OF TARGET VOL RADIAJ TX DLVR	No	No	Not Cov	No		
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
77401	RADIATION TX DELIVERY SUPERFICIAL AND ORTHO VOLTA	No	No	Not Cov	No		
77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	No	No	Not Cov	No		
77407	RADIATION TX DELIVERY 1 MEV EQ OVER INTERMEDIATE	No	No	Not Cov	No		
77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	No	No	Not Cov	No		
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	No	No	Not Cov	No		
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1 OR GRT ISOCENTER	No	No	Not Cov	No		
77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	No	No	Not Cov	No		
77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
77431	RADIATION THERAPY MGMT 1 2 FRACTIONS ONLY	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	No	No	Not Cov	No		
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	No	No	Not Cov	No		
77470	SPECIAL TREATMENT PROCEDURE	No	No	Not Cov	No		
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
77523	PROTON TX DELIVERY INTERMEDIATE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
77525	PROTON TX DELIVERY COMPLEX	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	No	No	Not Cov	No		
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	No	No	Not Cov	No		
77610	HYPERTHERMIA INTERSTITIAL PROBE 5 OR LESS APPLICATORS	No	No	Not Cov	No		
77615	HYPERTHERMIA INTERSTIAL PROBE 5 OR GRT APPLICATORS	No	No	Not Cov	No		
77620	HYPERTHERMIA INTRACAVITARY PROBES	No	No	Not Cov	No		
77750	NFS INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	No	No	Not Cov	No		
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	No	No	Not Cov	No		
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	No	No	Not Cov	No		
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	No	No	Not Cov	No		
77767	HDR RDNCL SKN SURF BRACHYTX LES UNDER 2CM 1 CHAN	Not Cov	Not Cov	Not Cov	Not Cov		
77768	HDR RDNCL SK SRF BRCHYTX LES OVER 2CM AND 2CHAN MLT LES	Not Cov	Not Cov	Not Cov	Not Cov		
77770	HDR RDNCL NTRSTL INTRCAV BRACHYTX 1 CHANNEL	No	No	Not Cov	No		
77771	HDR RDNCL NTRSTL INTRCAV BRACHYTX 2-12 CHANNEL	No	No	Not Cov	No		
77772	HDR RDNCL NTRSTL INTRCAV BRACHYTX OVER 12 CHANNELS	No	No	Not Cov	No		
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	No	No	Not Cov	No		
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	No	No	Not Cov	No		

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77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	No	No	Not Cov	No		
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
78012	THYROID UPTAKE SINGLE MULTIPLE QUANT MEASUREMENT	No	No	Not Cov	No		
78013	THYROID IMAGING WITH VASCULAR FLOW	No	No	Not Cov	No		
78014	THYROID UPTAKE W BLOOD FLOW SNGLE MULT QUAN MEAS	No	No	Not Cov	No		
78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	No	No	Not Cov	No		
78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	No	No	Not Cov	No		
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	No	No	Not Cov	No		
78020	THYROID CARCINOMA METASTASES UPTAKE	No	No	Not Cov	No		
78070	PARATHYROID PLANAR IMAGING	No	No	Not Cov	No		
78071	PARATHYROID PLANAR IMAGING W WO SUBTRACTION	No	No	Not Cov	No		
78072	PARATHYROID IMAGING W TOMOGRAPHIC SPECT AND CT	No	No	Not Cov	No		
78075	ADRENAL IMAGING CORTEX AND MEDULLA	No	No	Not Cov	No		
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
78102	BONE MARROW IMAGING LIMITED AREA	No	No	Not Cov	No		
78103	BONE MARROW IMAGING MULTIPLE AREAS	No	No	Not Cov	No		
78104	BONE MARROW IMAGING WHOLE BODY	No	No	Not Cov	No		
78110	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	No	No	Not Cov	No		
78111	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	No	No	Not Cov	No		
78120	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	No	No	Not Cov	No		
78121	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	No	No	Not Cov	No		
78122	WHOLE BLOOD VOLUME DETERM PLASMA AND RED CELL VOLU	No	No	Not Cov	No		
78130	RED CELL SURVIVAL STUDY	No	No	Not Cov	No		
78135	RBC SURVIVAL STUDY DIFFERNTL ORGAN TISS KINETICS	No	No	Not Cov	No		
78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN TISSUE	No	No	Not Cov	No		
78185	SPLEEN IMAGING ONLY W WO VASCULAR FLOW	No	No	Not Cov	No		

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78191	PLATELET SURVIVAL STUDY	No	No	Not Cov	No		
78195	LYMPHATICS AND LYMPH NODES IMAGING	No	No	Not Cov	No		
78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
78201	LIVER IMAGING STATIC ONLY	No	No	Not Cov	No		
78202	LIVER IMAGING W VASCULAR FLOW	No	No	Not Cov	No		
78205	LIVER IMAGING SPECT	Yes	Yes	Not Cov	Yes		
78206	LIVER IMAGING SPECT W VASCULAR FLOW	Yes	Yes	Not Cov	Yes		
78215	LIVER AND SPLEEN IMAGING STATIC ONLY	No	No	Not Cov	No		
78216	LIVER AND SPLEEN IMAGING W VASCULAR FLOW	No	No	Not Cov	No		
78226	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	No	No	Not Cov	No		
78227	HEPATOBIL SYST IMAG INC GB W PHARMA INTERVENJ	No	No	Not Cov	No		
78230	SALIVARY GLAND IMAGING	No	No	Not Cov	No		
78231	SALIVARY GLAND IMAGING SERIAL IMAGES	No	No	Not Cov	No		
78232	SALIVARY GLAND FUNCTION STUDY	No	No	Not Cov	No		
78258	ESOPHAGEAL MOTILITY	No	No	Not Cov	No		
78261	GASTRIC MUCOSA IMAGING	No	No	Not Cov	No		
78262	GASTROESOPHAGEAL REFLUX STUDY	No	No	Not Cov	No		
78264	GASTRIC EMPTYING IMAGING STUDY	No	No	Not Cov	No		
78265	GASTRIC EMPTYNG IMAG STD W SM BWL TRANSIT	No	No	Not Cov	No		
78266	GSTRC EMPTNG IMAG STD W SM BWL COL TRNST MLT DAY	No	No	Not Cov	No		
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	No	No	Not Cov	No		
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	No	No	Not Cov	No		
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	No	No	Not Cov	No		
78282	GASTROINTESTINAL PROTEIN LOSS	No	No	Not Cov	No		
78290	INTESTINE IMAGING	No	No	Not Cov	No		
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST	No	No	Not Cov	No		
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
78300	BONE AND JOINT IMAGING LIMITED AREA	No	No	Not Cov	No		

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
78305	BONE AND JOINT IMAGING MULTIPLE AREAS	No	No	Not Cov	No		
78306	BONE AND JOINT IMAGING WHOLE BODY	No	No	Not Cov	No		
78315	BONE AND JOINT IMAGING 3 PHASE STUDY	No	No	Not Cov	No		
78320	BONE AND JOINT IMAGING TOMOGRAPHIC SPECT	Yes	Yes	Not Cov	Yes		
78350	BONE DENSITY 1 OR GRT SITES 1 PHOTON ABSORPTIOMETRY	No	No	Not Cov	No		
78351	BONE DENSTY 1 OR GRT SITES DUAL PHOTON ABSORPTIOMETR	No	No	Not Cov	No		
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		
78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	No	No	Not Cov	No		
78428	CARDIAC SHUNT DETECTION	No	No	Not Cov	No		
78445	NONCARDIAC VASCULAR FLOW IMAGING	No	No	Not Cov	No		
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	No	No	Not Cov	No		
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	No	No	Not Cov	No		
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	No	No	Not Cov	No		
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
78579	PULMONARY VENTILATION IMAGING	No	No	Not Cov	No		
78580	PULMONARY PERFUSION IMAGING PARTICULATE	No	No	Not Cov	No		
78582	PULMONARY VENTILATION AND PERFUSION IMAGING	No	No	Not Cov	No		
78597	QUANT DIFFERENTIAL PULM PERFUSION W WO IMAGING	No	No	Not Cov	No		
78598	QUANT DIFF PULM PRFUSION AND VENTLAJ W WO IMAGIN	No	No	Not Cov	No		
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
78600	BRAIN IMAGING UNDER 4 STATIC VIEWS	No	No	Not Cov	No		
78601	BRAIN IMAGING UNDER 4 STATIC VIEWS W VASCULAR FLOW	No	No	Not Cov	No		
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	No	No	Not Cov	No		
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	No	No	Not Cov	No		
78607	BRAIN IMAGING TOMOGRAPHIC SPECT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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78608	BRAIN IMAGING PET METABOLIC EVALUATION	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov		
78610	BRAIN IMAGING VASCULAR FLOW ONLY	No	No	Not Cov	No		
78630	CEREBROSPINAL FLUID FLOW W O MATL CISTERNOGRAPHY	No	No	Not Cov	No		
78635	CEREBROSPINAL FLUID FLOW W O MATL VENTRICLGRAPHY	No	No	Not Cov	No		
78645	CEREBROSPINAL FLUID FLOW W O MATL SHUNT EVALTJ	No	No	Not Cov	No		
78647	CEREBROSPINAL FLUID FLOW W O MATL TOMOG SPECT	Yes	Yes	Not Cov	Yes		
78650	CEREBROSPINAL FLUID LEAK DETECTION AND LOCALIZATIO	No	No	Not Cov	No		
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	No	No	Not Cov	No		
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
78700	KIDNEY IMAGING MORPHOLOGY	No	No	Not Cov	No		
78701	KIDNEY IMAGING MORPHOOGY W VASCULAR FLOW	No	No	Not Cov	No		
78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W O RX	No	No	Not Cov	No		
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W RX	No	No	Not Cov	No		
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	No	No	Not Cov	No		
78710	KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC	Yes	Yes	Not Cov	Yes		
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	No	No	Not Cov	No		
78730	URINARY BLADDER RESIDUAL STUDY	No	No	Not Cov	No		
78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	No	No	Not Cov	No		
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	No	No	Not Cov	No		
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
78800	RP LOCLZJ TUMOR DSTRBJ AGENT LIMITED AREA	No	No	Not Cov	No		

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78801	RP LOCLZJ TUMOR DSTRBJ AGENT MULTIPLE AREAS	No	No	Not Cov	No		
78802	RP LOCLZJ TUMOR DSTRBJ AGENT WHOLE BDY 1 DAY	No	No	Not Cov	No		
78803	RP LOCLZJ TUMOR DSTRBJ AGENT TOMOG SPECT	No	No	Not Cov	No		
78804	RP LOCLZJ TUMOR DSTRBJ AGT WHOL BDY REQ 2 OR GRT DAY	No	No	Not Cov	No		
78805	RP LOCLZJ INFLAMMATORY PROCESS LIMITED AREA	No	No	Not Cov	No		
78806	RP LOCLZJ INFLAMMATORY PROCESS WHOLE BODY	No	No	Not Cov	No		
78807	RP LOCLZJ INFLAMMATORY PROCESS TOMOG SPECT	No	No	Not Cov	No		
78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	No	No	Not Cov	No		
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78812	PET IMAGING SKULL BASE TO MID-THIGH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78813	PET IMAGING WHOLE BODY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
79005	RP THERAPY ORAL ADMINISTRATION	No	No	Not Cov	No		
79101	RP THERAPY INTRAVENOUS ADMINISTRATION	No	No	Not Cov	No		
79200	RP THERAPY INRACAVITARY ADMINISTRATION	No	No	Not Cov	No		
79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	No	No	Not Cov	No		
79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	No	No	Not Cov	No		
79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	No	No	Not Cov	No		
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	No	No	Not Cov	No		

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79999	RP THERAPY UNLISTED PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	No	No	Not Cov	No		
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	No	No	Not Cov	No		
80050	GENERAL HEALTH PANEL	No	No	Not Cov	No		
80051	ELECTROLYTE PANEL	No	No	Not Cov	No		
80053	COMPREHENSIVE METABOLIC PANEL	No	No	Not Cov	No		
80055	OBSTETRIC PANEL	No	No	Not Cov	No		
80061	LIPID PANEL	No	No	Not Cov	No		
80069	RENAL FUNCTION PANEL	No	No	Not Cov	No		
80074	ACUTE HEPATITIS PANEL	No	No	Not Cov	No		
80076	HEPATIC FUNCTION PANEL	No	No	Not Cov	No		
80081	OBSTETRIC PANEL	No	No	Not Cov	No		
80150	DRUG SCREEN QUANTITATIVE AMIKACIN	No	No	Not Cov	No		
80155	DRUG ASSAY CAFFEINE	No	No	Not Cov	No		
80156	DRUG ASSAY CARBAMAZEPINE TOTAL	No	No	Not Cov	No		
80157	DRUG ASSAY CARBAMAZEPINE FREE	No	No	Not Cov	No		
80158	DRUG ASSAY CYCLOSPORINE	No	No	Not Cov	No		
80159	DRUG ASSAY CLOZAPINE	No	No	Not Cov	No		
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	No	No	Not Cov	No		
80163	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	Not Cov	Not Cov	Not Cov	Not Cov		
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	No	No	Not Cov	No		
80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	Not Cov	Not Cov	Not Cov	Not Cov		
80168	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	No	No	Not Cov	No		
80169	DRUG ASSAY EVEROLIMUS	No	No	Not Cov	No		
80170	DRUG SCREEN QUANTITATIVE GENTAMICIN	No	No	Not Cov	No		
80171	DRUG SCREEN QUANTITATIVE GABAPENTIN	No	No	Not Cov	No		
80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	No	No	Not Cov	No		
80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	No	No	Not Cov	No		
80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	No	No	Not Cov	No		
80177	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	No	No	Not Cov	No		
80178	DRUG SCREEN QUANTITATIVE LITHIUM	No	No	Not Cov	No		

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80180	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	No	No	Not Cov	No		
80183	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	No	No	Not Cov	No		
80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	No	No	Not Cov	No		
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	No	No	Not Cov	No		
80186	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	No	No	Not Cov	No		
80188	DRUG SCREEN QUANTITATIVE PRIMIDONE	No	No	Not Cov	No		
80190	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	No	No	Not Cov	No		
80192	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	No	No	Not Cov	No		
80194	DRUG SCREEN QUANTITATIVE QUINIDINE	No	No	Not Cov	No		
80195	DRUG SCREEN QUANTITATIVE SIROLIMUS	No	No	Not Cov	No		
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	No	No	Not Cov	No		
80198	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	No	No	Not Cov	No		
80199	DRUG SCREEN QUANTITATIVE TIAGABINE	No	No	Not Cov	No		
80200	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	No	No	Not Cov	No		
80201	DRUG SCREEN QUANTITATIVE TOPIRAMATE	No	No	Not Cov	No		
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	No	No	Not Cov	No		
80203	DRUG SCREEN QUANTITATIVE ZONISAMIDE	No	No	Not Cov	No		
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	No	No	Not Cov	No		
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	No	No	Not Cov	No		
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	No	No	Not Cov	No		
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	Not Cov	Not Cov	Not Cov	Not Cov		
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80323	ALKALOIDS NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	Not Cov	Not Cov	Not Cov	Not Cov		
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		
80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		

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80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		
80330	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	Not Cov	Not Cov	Not Cov	Not Cov		
80331	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		
80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	Not Cov	Not Cov	Not Cov	Not Cov		
80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		
80336	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	Not Cov	Not Cov	Not Cov	Not Cov		
80337	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6 MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
80339	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	Not Cov	Not Cov	Not Cov	Not Cov		
80340	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	Not Cov	Not Cov	Not Cov	Not Cov		
80341	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7 MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	Not Cov	Not Cov	Not Cov	Not Cov		
80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	Not Cov	Not Cov	Not Cov	Not Cov		
80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7 MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80345	DRUG SCREENING BARBITURATES	Not Cov	Not Cov	Not Cov	Not Cov		
80346	DRUG SCREENING BENZODIAZEPINES 1-12	Not Cov	Not Cov	Not Cov	Not Cov		
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80348	DRUG SCREENING BUPRENORPHINE	Not Cov	Not Cov	Not Cov	Not Cov		
80349	DRUG SCREENING CANNABINOIDS NATURAL	Not Cov	Not Cov	Not Cov	Not Cov		
80350	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	Not Cov	Not Cov	Not Cov	Not Cov		
80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	Not Cov	Not Cov	Not Cov	Not Cov		
80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7 MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80353	DRUG SCREENING COCAINE	Not Cov	Not Cov	Not Cov	Not Cov		
80354	DRUG SCREENING FENTANYL	Not Cov	Not Cov	Not Cov	Not Cov		
80355	DRUG SCREENING GABAPENTIN NON-BLOOD	Not Cov	Not Cov	Not Cov	Not Cov		
80356	DRUG SCREENING HEROIN METABOLITE	Not Cov	Not Cov	Not Cov	Not Cov		
80357	DRUG SCREENING KETAMINE AND NORKETAMINE	Not Cov	Not Cov	Not Cov	Not Cov		
80358	DRUG SCREENING METHADONE	Not Cov	Not Cov	Not Cov	Not Cov		
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	Not Cov	Not Cov	Not Cov	Not Cov		
80360	DRUG SCREENING METHYLPHENIDATE	Not Cov	Not Cov	Not Cov	Not Cov		
80361	DRUG SCREENING OPIATES 1 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		

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80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	Not Cov	Not Cov	Not Cov	Not Cov		
80364	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 5 MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80365	DRUG SCREENING OXYCODONE	Not Cov	Not Cov	Not Cov	Not Cov		
80366	DRUG SCREENING PREGABALIN	Not Cov	Not Cov	Not Cov	Not Cov		
80367	DRUG SCREENING PROPOXYPHENE	Not Cov	Not Cov	Not Cov	Not Cov		
80368	DRUG SCREENING SEDATIVE HYPNOTICS	Not Cov	Not Cov	Not Cov	Not Cov		
80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	Not Cov	Not Cov	Not Cov	Not Cov		
80370	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80371	DRUG SCREENING STIMULANTS SYNTHETIC	Not Cov	Not Cov	Not Cov	Not Cov		
80372	DRUG SCREENING TAPENTADOL	Not Cov	Not Cov	Not Cov	Not Cov		
80373	DRUG SCREENING TRAMADOL	Not Cov	Not Cov	Not Cov	Not Cov		
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	Not Cov	Not Cov	Not Cov	Not Cov		
80375	DRUG SUBSTANCE DEFINITIVE QUAL QUANT NOS 1-3	Not Cov	Not Cov	Not Cov	Not Cov		
80376	DRUG SUBSTANCE DEFINITIVE QUAL QUANT NOS 4-6	Not Cov	Not Cov	Not Cov	Not Cov		
80377	DRUG SUBSTANCE DEFINITIVE QUAL QUANT NOS 7 MORE	Not Cov	Not Cov	Not Cov	Not Cov		
80400	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	No	No	Not Cov	No		
80402	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	No	No	Not Cov	No		
80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	No	No	Not Cov	No		
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	No	No	Not Cov	No		
80410	CALCITONIN STIMULATION PANEL	No	No	Not Cov	No		
80412	CORTICOTROPIC RELEASING HORM STIMJ PANEL	No	No	Not Cov	No		
80414	CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	No	No	Not Cov	No		
80415	CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE	No	No	Not Cov	No		
80416	RENAL VEIN RENIN STIMULATION PANEL	No	No	Not Cov	No		
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL	No	No	Not Cov	No		
80418	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	No	No	Not Cov	No		
80420	DEXMETHASONE SUPPRESSION PANEL 48 HR	No	No	Not Cov	No		
80422	GLUCOSE TOLERANCE PANEL INSULINOMA	No	No	Not Cov	No		
80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	No	No	Not Cov	No		
80426	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	No	No	Not Cov	No		
80428	GROWTH HORMONE STIMULATION PANEL	No	No	Not Cov	No		
80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	No	No	Not Cov	No		
80432	INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	No	No	Not Cov	No		
80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	No	No	Not Cov	No		

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80435	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	No	No	Not Cov	No		
80436	METYRAPONE PANEL	No	No	Not Cov	No		
80438	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	No	No	Not Cov	No		
80439	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	No	No	Not Cov	No		
80500	CLINICAL PATHOLOGY CONSULTATION LIMITED	No	No	Not Cov	No		
80502	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE	No	No	Not Cov	No		
81000	URINLS DIP STICK TABLET REAGNT NON-AUTO MICRSCPY	No	No	Not Cov	No		
81001	URNLS DIP STICK TABLET REAGENT AUTO MICROSCOPY	No	No	Not Cov	No		
81002	URNLS DIP STICK TABLET RGNT NON-AUTO W O MICRSCP	No	No	Not Cov	No		
81003	URNLS DIP STICK TABLET RGNT AUTO W O MICROSCOPY	No	No	Not Cov	No		
81005	URINALYSIS QUAL SEMIQUANT EXCEPT IMMUNOASSAYS	No	No	Not Cov	No		
81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE DIPSTICK	No	No	Not Cov	No		
81015	URINALYSIS MICROSCOPIC ONLY	No	No	Not Cov	No		
81020	URINALYSIS 2 3 GLASS TEST	No	No	Not Cov	No		
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	No	No	Not Cov	No		
81050	VOLUME MEASUREMENT TIMED COLLECTION EACH	No	No	Not Cov	No		
81099	UNLISTED URINALYSIS PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81120	IDH1 COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81121	IDH2 COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81161	DMD DUPLICATION DELETION ANALYSIS	No	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81162	BRCA1 AND BRCA2 FULL SEQ ANALYS FULL DUP DEL ANALYS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	No	No	Not Cov	No		
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81200	ASPA GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	No	No	Not Cov	No		
81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81206	BCR ABL1 MAJOR BREAKPNT QUALITATIVE QUANTITATIVE	No	No	Not Cov	No		
81207	BCR ABL1 MINOR BREAKPNT QUALITATIVE QUANTITATIVE	No	No	Not Cov	No		
81208	BCR ABL1 OTHER BREAKPNT QUALITATIVE QUANTITATIVE	No	No	Not Cov	No		
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	No	No	Not Cov	No		
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81212	BRCA1 AND BRCA2 ANAL 185DELAG5385INSC 6174DELT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Not Cov	Not Cov	Not Cov	Not Cov		
81220	CFTR GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	No	No	Not Cov	No		
81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	No	No	Not Cov	No		
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
81233	BTK GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81235	EGFR GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81238	F9 FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81240	F2 GENE ANALYSIS 20210G OVER A VARIANT	No	No	Not Cov	No		
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	No	No	Not Cov	No		
81242	FANCC GENE ANALYSIS COMMON VARIANT	No	No	Not Cov	No		
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	No	No	Not Cov	No		
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	No	No	Not Cov	No		
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	No	No	Not Cov	No		
81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81247	G6PD GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81250	G6PC GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81251	GBA GLUCOSIDASE BETA ACID ANAL COMM VARIANTS	No	No	Not Cov	No		
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	No	No	Not Cov	No		
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	No	No	Not Cov	No		
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81255	HEXA GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	No	No	Not Cov	No		
81257	HBA1 HBA2 GENE ANALYSIS COMMON DELETIONS VARIANT	No	No	Not Cov	No		
81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		

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81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	No	No	Not Cov	No		
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	No	No	Not Cov	No		
81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	No	No	Not Cov	No		
81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	No	No	Not Cov	No		
81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Not Cov	Not Cov	Not Cov	Not Cov		
81267	CHIMERISM W COMP TO BASELINE W O CELL SELECTION	Not Cov	Not Cov	Not Cov	Not Cov		
81268	CHIMERISM W COMP TO BASELINE W CELL SELECTION EA	Not Cov	Not Cov	Not Cov	Not Cov		
81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	No	No	Not Cov	No		
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81273	KIT GENE ANALYSIS D816 VARIANT(S)	Not Cov	Not Cov	Not Cov	Not Cov		
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Yes	Yes	Not Cov	Yes		
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	No	No	Not Cov	No		
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Not Cov	Not Cov	Not Cov	Not Cov		

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81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81287	MGMT METHYLATION ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	No	No	Not Cov	No		
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	No	No	Not Cov	No		
81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	No	No	Not Cov	No		
81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	No	No	Not Cov	No		
81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	Not Cov	Not Cov	Not Cov	Not Cov		

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81302	MECP2 GENE ANALYSIS FULL SEQUENCE	No	No	Not Cov	No		
81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	No	No	Not Cov	No		
81304	MECP2 GENE ANALYSIS DUPLICATION DELETION VARIANT	No	No	Not Cov	No		
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	No	No	Not Cov	No		
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Not Cov	Not Cov	Not Cov	Not Cov		
81315	PML RARALPHA COMMON BREAKPOINTS QUAL QUANT	No	No	Not Cov	No		
81316	PML RARALPHA SINGLE BREAKPOINT QUAL QUAN	No	No	Not Cov	No		

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81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	No	No	Not Cov	No		
81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	No	No	Not Cov	No		
81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81324	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	No	No	Not Cov	No		
81327	SEPT9 METHYLATION ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
81329	SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
81331	SNRPN UBE3A METHYLATION ANALYSIS	Not Cov	No	Not Cov	No		
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81335	TPMT GENE ANALAYSIS COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	Not Cov	Not Cov	Not Cov	Not Cov		
81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	Not Cov	Not Cov	Not Cov	Not Cov		
81342	TRG@ GENE REARRANGEMENT ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		
81346	TYMS GENE ANALYSIS COMMON VARIANTS	Not Cov	Not Cov	Not Cov	Not Cov		
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	No	No	Not Cov	No		
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Not Cov	Not Cov	Not Cov	Not Cov		
81361	HBB COMMON VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81362	HBB KNOWN FAMILIAL VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81363	HBB DUPLICATION DELETION VARIANTS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81364	HBB FULL GENE SEQUENCE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81370	HLA CLASS I AND II LOW HLA-A -B -C -DRB1 3 4 5 AND DQB	Not Cov	Not Cov	Not Cov	Not Cov		
81371	HLA I AND LI LOW RESOLUTION HLA-A -B AND -DRB1	No	No	Not Cov	No		
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	No	No	Not Cov	No		
81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	Not Cov	Not Cov	Not Cov	Not Cov		
81375	HLA II LOW RESOLUTION HLA-DRB1 3 4 5 AND -DQB1	Not Cov	Not Cov	Not Cov	Not Cov		
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	No	No	Not Cov	No		
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	Not Cov	Not Cov	Not Cov	Not Cov		
81378	HLA I AND II HIGH RESOLUTION HLA-A -B -C AND -DRB1	Not Cov	Not Cov	Not Cov	Not Cov		
81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	No	No	Not Cov	No		
81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	No	No	Not Cov	No		
81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE ALLELE GRP	Not Cov	No	Not Cov	No		
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	No	No	Not Cov	No		
81383	HLA II HIGH RESOLUTION 1 ALLELE ALLELE GROUP	Not Cov	Not Cov	Not Cov	Not Cov		
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81415	EXOME SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81425	GENOME SEQUENCE ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81431	HEARING LOSS DUP DEL ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Not Cov	Not Cov	Not Cov	Not Cov		
81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Not Cov	Not Cov	Not Cov	Not Cov		
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Not Cov	Not Cov	Not Cov	Not Cov		
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Not Cov	Not Cov	Not Cov	Not Cov		
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81460	WHOLE MITOCHONDRIAL GENOME	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	Not Cov	Not Cov	Not Cov	Not Cov		
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Not Cov	Not Cov	Not Cov	Not Cov		
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Not Cov	Not Cov	Not Cov	Not Cov		
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Not Cov	Not Cov	Not Cov	Not Cov		
81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	Not Cov	Not Cov	Not Cov	Not Cov		
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	Not Cov	Not Cov	Not Cov	Not Cov		
81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	Not Cov	Not Cov	Not Cov	Not Cov		
81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	Not Cov	Not Cov	Not Cov	Not Cov		
81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	Not Cov	Not Cov	Not Cov	Not Cov		
81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	Not Cov	Not Cov	Not Cov	Not Cov		
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	Not Cov	Not Cov	Not Cov	Not Cov		
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Not Cov	Not Cov	Not Cov	Not Cov		
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Not Cov	Not Cov	Not Cov	Not Cov		
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Not Cov	Not Cov	Not Cov	Not Cov		
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Not Cov	No	Not Cov	No		
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Not Cov	Not Cov	Not Cov	Not Cov		
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes

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81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
82009	KETONE BODIES SERUM QUALITATIVE	No	No	Not Cov	No		
82010	KETONE BODIES SERUM QUANTITATIVE	No	No	Not Cov	No		
82013	ASSAY OF ACETYLCHOLINESTERASE	No	No	Not Cov	No		
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
82024	ADRENOCORTICOTROPIC HORMONE ACTH	No	No	Not Cov	No		
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC	No	No	Not Cov	No		
82040	ALBUMIN SERUM PLASMA WHOLE BLOOD	No	No	Not Cov	No		
82042	OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	No	No	Not Cov	No		
82043	URINE ALBUMIN QUANTITATIVE	No	No	Not Cov	No		
82044	URINE ALBUMIN SEMIQUANTITATIVE	No	No	Not Cov	No		
82045	ALBUMIN ISCHEMIA MODIFIED	No	No	Not Cov	No		
82075	ASSAY OF ALCOHOL BREATH	No	No	Not Cov	No		
82085	ASSAY OF ALDOLASE	No	No	Not Cov	No		
82088	ASSAY OF ALDOSTERONE	No	No	Not Cov	No		
82103	ALPHA-1-ANTITRYPSIN TOTAL	No	No	Not Cov	No		
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	No	No	Not Cov	No		
82105	ALPHA-FETOPROTEIN SERUM	No	No	Not Cov	No		
82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID	No	No	Not Cov	No		
82107	AFP-L3 FRACTION ISOFORM AND TOTAL AFP W RATIO	No	No	Not Cov	No		
82108	ASSAY OF ALUMINUM	No	No	Not Cov	No		

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82120	AMINES VAGINAL FLUID QUALITATIVE	No	No	Not Cov	No		
82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	No	No	Not Cov	No		
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	No	No	Not Cov	No		
82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	No	No	Not Cov	No		
82135	AMINOLEVULINIC ACID DELTA	No	No	Not Cov	No		
82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	No	No	Not Cov	No		
82139	AMINO ACIDS 6 OR GRT AMINO ACIDS QUANTITATIVE EA SPE	No	No	Not Cov	No		
82140	ASSAY OF AMMONIA	No	No	Not Cov	No		
82143	AMNIOTIC FLU SCAN	No	No	Not Cov	No		
82150	ASSAY OF AMYLASE	No	No	Not Cov	No		
82154	ANDROSTANEDIOL GLUCURONIDE	No	No	Not Cov	No		
82157	ANDROSTENEDIONE	No	No	Not Cov	No		
82160	ANDROSTERONE	No	No	Not Cov	No		
82163	ANGIOTENSIN II	No	No	Not Cov	No		
82164	ANGIOTENSIN I-CONVERTING ENZYME	No	No	Not Cov	No		
82172	APOLIPOPROTEIN EACH	No	No	Not Cov	No		
82175	ASSAY OF ARSENIC	No	No	Not Cov	No		
82180	ASSAY OF ASCORBIC ACID BLOOD	No	No	Not Cov	No		
82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	No	No	Not Cov	No		
82232	BETA-2 MICROGLOBULIN	No	No	Not Cov	No		
82239	BILE ACIDS TOTAL	No	No	Not Cov	No		
82240	BILE ACIDS CHOLYLGLYCINE	No	No	Not Cov	No		
82247	BILIRUBIN TOTAL	No	No	Not Cov	No		
82248	BILIRUBIN DIRECT	No	No	Not Cov	No		
82252	BILIRUBIN FECES QUALITATIVE	No	No	Not Cov	No		
82261	BIOTINIDASE EACH SPECIMEN	No	No	Not Cov	No		
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	No	No	Not Cov	No		
82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	No	No	Not Cov	No		
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	No	No	Not Cov	No		
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	No	No	Not Cov	No		
82286	BRADYKININ	No	No	Not Cov	No		
82300	CADMIUM	No	No	Not Cov	No		
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	No	No	Not Cov	No		
82308	CALCITONIN	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
82310	CALCIUM TOTAL	No	No	Not Cov	No		
82330	CALCIUM IONIZED	No	No	Not Cov	No		
82331	CALCIUM AFTER CALCIUM INFUSION TEST	No	No	Not Cov	No		
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	No	No	Not Cov	No		
82355	CALCULUS QUALITATIVE ANALYSIS	No	No	Not Cov	No		
82360	CALCULUS QUANTITATIVE CHEMICAL	No	No	Not Cov	No		
82365	CALCULUS INFRARED SPECTROSCOPY	No	No	Not Cov	No		
82370	CALCULUS XRAY DIFFRACTION	No	No	Not Cov	No		
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	No	No	Not Cov	No		
82374	CARBON DIOXIDE BICARBONATE	No	No	Not Cov	No		
82375	CARBOXYHEMOGLOBIN QUANTITATIVE	No	No	Not Cov	No		
82376	CARBOXYHEMOGLOBIN QUALITATIVE	No	No	Not Cov	No		
82378	CARCINOEMBRYONIC ANTIGEN CEA	No	No	Not Cov	No		
82379	CARNITINE QUANTITATIVE EACH SPECIMEN	No	No	Not Cov	No		
82380	CAROTENE	No	No	Not Cov	No		
82382	CATECHOLAMINES TOTAL URINE	No	No	Not Cov	No		
82383	CATECHOLAMINES BLOOD	No	No	Not Cov	No		
82384	CATECHOLAMINES FRACTIONATED	No	No	Not Cov	No		
82387	CATHEPSIN-D	No	No	Not Cov	No		
82390	CERULOPLASMIN	No	No	Not Cov	No		
82397	CHEMILUMINESCENT ASSAY	No	No	Not Cov	No		
82415	CHLORAMPHENICOL	No	No	Not Cov	No		
82435	CHLORIDE BLD	No	No	Not Cov	No		
82436	CHLORIDE URINE	No	No	Not Cov	No		
82438	CHLORIDE OTHER SOURCE	No	No	Not Cov	No		
82441	CHLORINATED HYDROCARBONS SCREEN	No	No	Not Cov	No		
82465	CHOLESTEROL SERUM WHOLE BLOOD TOTAL	No	No	Not Cov	No		
82480	CHOLINESTERASE SERUM	No	No	Not Cov	No		
82482	CHOLINESTERASE RBC	No	No	Not Cov	No		
82485	CHONDROITIN B SULFATE QUANTITATIVE	No	No	Not Cov	No		
82495	ASSAY OF CHROMIUM	No	No	Not Cov	No		
82507	ASSAY OF CITRATE	No	No	Not Cov	No		
82523	COLLAGEN CROSS LINKS ANY METHOD	No	No	Not Cov	No		
82525	ASSAY OF COPPER	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
82528	CORTICOSTERONE	No	No	Not Cov	No		
82530	CORTISOL FREE	No	No	Not Cov	No		
82533	CORTISOL TOTAL	No	No	Not Cov	No		
82540	ASSAY OF CREATINE	No	No	Not Cov	No		
82542	COL-CHR MS NONDRUG ANALYTE NES QUAL QUAN EA SPEC	No	No	Not Cov	No		
82550	CREATINE KINASE TOTAL	No	No	Not Cov	No		
82552	CREATINE KINASE ISOENZYMES	No	No	Not Cov	No		
82553	CREATINE KINASE MB FRACTION ONLY	No	No	Not Cov	No		
82554	CREATINE KINASE ISOFORMS	No	No	Not Cov	No		
82565	CREATININE BLOOD	No	No	Not Cov	No		
82570	CREATININE OTHER SOURCE	No	No	Not Cov	No		
82575	CREATININE CLEARANCE	No	No	Not Cov	No		
82585	ASSAY OF CRYOFIBRN	No	No	Not Cov	No		
82595	CRYOGLOBULIN QUALITATIVE SEMI-QUANTITATIVE	No	No	Not Cov	No		
82600	ASSAY OF CYANIDE	No	No	Not Cov	No		
82607	CYANOCOBALAMIN VITAMIN B-12	No	No	Not Cov	No		
82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	No	No	Not Cov	No		
82610	CYSTATIN C	No	No	Not Cov	No		
82615	CSTINE AND HOMOCSTINE URINE QUALITATIVE	No	No	Not Cov	No		
82626	DEHYDROEPIANDROSTERONE	No	No	Not Cov	No		
82627	DEHYDROEPIANDROSTERONE-SULFATE	No	No	Not Cov	No		
82633	DESOXYCORTICOSTERONE 11-	No	No	Not Cov	No		
82634	DEOXYCORTISOL 11-	No	No	Not Cov	No		
82638	ASSAY OF DIBUCAINE NUMBER	No	No	Not Cov	No		
82642	DIHYDROTESTOSTERONE (DHT)	Not Cov	Not Cov	Not Cov	Not Cov		
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	No	No	Not Cov	No		
82656	ELASTASE PANCREATIC FECAL QUAL SEMI-QUAN	No	No	Not Cov	No		
82657	NZYM ACTIV BLD CELLS TISS NONRADACT SUBSTRATE EA	No	No	Not Cov	No		
82658	NZYM ACTV BLOOD CELLS TISS RADACT SUBSTRATE EA	No	No	Not Cov	No		
82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	No	No	Not Cov	No		
82668	ASSAY OF ERYTHROPOIETIN	No	No	Not Cov	No		
82670	ASSAY OF ESTRADIOL	No	No	Not Cov	No		
82671	ASSAY OF ESTROGENS FRACTIONATED	No	No	Not Cov	No		
82672	ASSAY OF ESTROGENS TOTAL	No	No	Not Cov	No		

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82677	ASSAY OF ESTRIOL	No	No	Not Cov	No		
82679	ASSAY OF ESTRONE	No	No	Not Cov	No		
82693	ASSAY OF ETHYLENE GLYCOL	No	No	Not Cov	No		
82696	ASSAY OF ETIOCHOLANOLONE	No	No	Not Cov	No		
82705	FAT LIPIDS FECES QUALITATIVE	No	No	Not Cov	No		
82710	FAT LIPIDS FECES QUANTITATIVE	No	No	Not Cov	No		
82715	FAT DIFFIAL FECES QUANTITATIVE	No	No	Not Cov	No		
82725	FATTY ACIDS NONESTERIFIED	No	No	Not Cov	No		
82726	VERY LONG CHAIN FATTY ACIDS	No	No	Not Cov	No		
82728	ASSAY OF FERRITIN	No	No	Not Cov	No		
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	No	No	Not Cov	No		
82735	ASSAY OF FLUORIDE	No	No	Not Cov	No		
82746	ASSAY OF FOLIC ACID SERUM	No	No	Not Cov	No		
82747	ASSAY OF FOLIC ACID RBC	No	No	Not Cov	No		
82757	ASSAY OF FRUCTOSE SEMEN	No	No	Not Cov	No		
82759	ASSAY OF GALACTOKINASE RBC	No	No	Not Cov	No		
82760	ASSAY OF GALACTOSE	No	No	Not Cov	No		
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	No	No	Not Cov	No		
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	No	No	Not Cov	No		
82777	GALECTIN-3	Not Cov	Not Cov	Not Cov	Not Cov		
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	No	No	Not Cov	No		
82785	ASSAY OF GAMMAGLOBULIN IGE	No	No	Not Cov	No		
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	No	No	Not Cov	No		
82800	GASES BLOOD PH ONLY	No	No	Not Cov	No		
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	No	No	Not Cov	No		
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	No	No	Not Cov	No		
82810	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	No	No	Not Cov	No		
82820	HGB-O2 AFFINITY PO2 50PCT SATURATION OXYGEN	No	No	Not Cov	No		
82930	GASTRIC ACID ANALYIS W PH EACH SPECIMEN	No	No	Not Cov	No		
82938	GASTRIN AFTER SECRETIN STIMULATION	No	No	Not Cov	No		
82941	ASSAY OF GASTRIN	No	No	Not Cov	No		
82943	ASSAY OF GLUCAGON	No	No	Not Cov	No		
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	No	No	Not Cov	No		
82946	GLUCOSE TOLERANCE TEST	No	No	Not Cov	No		

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82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	No	No	Not Cov	No		
82948	GLUCOSE BLOOD REAGENT STRIP	No	No	Not Cov	No		
82950	GLUCOSE POST GLUCOSE DOSE	No	No	Not Cov	No		
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	No	No	Not Cov	No		
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	No	No	Not Cov	No		
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	No	No	Not Cov	No		
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	No	No	Not Cov	No		
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	No	No	Not Cov	No		
82963	ASSAY OF GLUCOSIDASE BETA	No	No	Not Cov	No		
82965	ASSAY OF GLUTAMATE DEHYDROGENASE	No	No	Not Cov	No		
82977	ASSAY OF GLUTAMYLTRASE GAMMA	No	No	Not Cov	No		
82978	ASSAY OF GLUTATHIONE	No	No	Not Cov	No		
82979	ASSAY OF GLUTATHIONE REDUCTASE RBC	No	No	Not Cov	No		
82985	ASSAY OF GLYCATED PROTEIN	No	No	Not Cov	No		
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	No	No	Not Cov	No		
83002	GONADOTROPIN LUTEINIZING HORMONE	No	No	Not Cov	No		
83003	ASSAY OF GROWTH HORMONE HUMAN	No	No	Not Cov	No		
83006	GROWTH STIMULATION EXPRESSED GENE 2	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	No	No	Not Cov	No		
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	No	No	Not Cov	No		
83012	ASSAY OF HAPTOGLOBIN PHENOTYPES	No	No	Not Cov	No		
83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	No	No	Not Cov	No		
83014	HPYLORI DRUG ADMINISTRATION	No	No	Not Cov	No		
83015	HEAVY METAL QUALITATIVE ANY ANALYTES	No	No	Not Cov	No		
83018	HEAVY METAL QUANTIATIVE EACH NES	No	No	Not Cov	No		
83020	HEMOGLOBIN FRACTJ QUANTJ ELECTROPHORESIS	No	No	Not Cov	No		
83021	HEMOGLOBIN FRACTJ QUANTJ CHROMOTOGRAPHY	No	No	Not Cov	No		
83026	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	No	No	Not Cov	No		
83030	HEMOGLOBIN F FETAL CHEMICAL	No	No	Not Cov	No		
83033	HEMOGLOBIN F FETAL QUALITATIVE	No	No	Not Cov	No		

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83036	HEMOGLOBIN GLYCOSYLATED A1C	No	No	Not Cov	No		
83037	HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE	No	No	Not Cov	No		
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	No	No	Not Cov	No		
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	No	No	Not Cov	No		
83051	ASSAY OF HEMOGLOBIN PLASMA	No	No	Not Cov	No		
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	No	No	Not Cov	No		
83065	HEMOGLOBIN THERMOLABILE	No	No	Not Cov	No		
83068	HEMOGLOBIN UNSTABLE SCREEN	No	No	Not Cov	No		
83069	ASSAY OF HEMOGLOBIN URINE	No	No	Not Cov	No		
83070	ASSAY OF HEMOSIDERIN QUALITATIVE	No	No	Not Cov	No		
83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	No	No	Not Cov	No		
83088	ASSAY OF HISTAMINE	No	No	Not Cov	No		
83090	ASSAY OF HOMOCYSTEINE	No	No	Not Cov	No		
83150	ASSAY OF HOMOVANILLIC ACID	No	No	Not Cov	No		
83491	HYDROXYCORTICOSTEROIDS 17	No	No	Not Cov	No		
83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	No	No	Not Cov	No		
83498	ASSAY OF HYDROXYPROGESTERONE 17-D	No	No	Not Cov	No		
83500	ASSAY OF HYDROXYPROLINE FREE	No	No	Not Cov	No		
83505	ASSAY OF HYDROXYPROLINE TOTAL	No	No	Not Cov	No		
83516	IMMUNOASSAY ANALYTE QUAL SEMIQUAL MULTIPLE STEP	No	No	Not Cov	No		
83518	IMMUNOASSAY ANALYTE QUAL SEMIQUAL SINGLE STEP	No	No	Not Cov	No		
83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	No	No	Not Cov	No		
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	No	No	Not Cov	No		
83525	ASSAY OF INSULIN TOTAL	No	No	Not Cov	No		
83527	ASSAY OF INSULIN FREE	No	No	Not Cov	No		
83528	ASSAY OF INTRINSIC FACTOR	No	No	Not Cov	No		
83540	ASSAY OF IRON	No	No	Not Cov	No		
83550	IRON BINDING CAPACITY	No	No	Not Cov	No		
83570	ISOCITRIC DEHYDROGENASE	No	No	Not Cov	No		
83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	No	No	Not Cov	No		
83586	ASSAY OF KETOSTEROIDS 17- TOTAL	No	No	Not Cov	No		
83593	KETOSTEROIDS 17- FRACTIONATION	No	No	Not Cov	No		
83605	ASSAY OF LACTATE	No	No	Not Cov	No		
83615	LACTATE DEHYDROGENASE LDH	No	No	Not Cov	No		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
83625	LACTATE DEHYDROGENASE ISOENZYMES SEP AND QUAN	No	No	Not Cov	No		
83630	LACTOFERRIN FECAL QUALITATIVE	No	No	Not Cov	No		
83631	LACTOFERRIN FECAL QUANTITATIVE	No	No	Not Cov	No		
83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	No	No	Not Cov	No		
83633	LACTOSE URINE QUALITATIVE	No	No	Not Cov	No		
83655	ASSAY OF LEAD	No	No	Not Cov	No		
83661	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	No	No	Not Cov	No		
83662	FETAL LUNG MATURITY FOAM STABILITY TEST	No	No	Not Cov	No		
83663	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	No	No	Not Cov	No		
83664	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	No	No	Not Cov	No		
83670	LEUCINE AMINOPEPTIDASE LAP	No	No	Not Cov	No		
83690	ASSAY OF LIPASE	No	No	Not Cov	No		
83695	LIPOPROTEIN (A)	No	No	Not Cov	No		
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	No	No	Not Cov	No		
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP AND QUAN	No	No	Not Cov	No		
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ AND QUANTJ SUBCLASS	No	No	Not Cov	No		
83704	LIPOPROTEIN BLOOD QUAN NUMBERS AND SUBCLASSES	No	No	Not Cov	No		
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	No	No	Not Cov	No		
83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	No	No	Not Cov	No		
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	No	No	Not Cov	No		
83722	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	No	No	Not Cov	No		
83727	LUTEINIZING RELEASING FACTOR	No	No	Not Cov	No		
83735	ASSAY OF MAGNESIUM	No	No	Not Cov	No		
83775	ASSAY OF MALATE DEHYDROGENASE	No	No	Not Cov	No		
83785	ASSAY OF MANGANESE	No	No	Not Cov	No		
83789	MASS SPECT AND TANDEM MASS SPECT NONDRG ANAL NES EA	No	No	Not Cov	No		
83825	ASSAY OF MERCURY QUANTITATIVE	No	No	Not Cov	No		
83835	METANEPHRINES	No	No	Not Cov	No		
83857	METHEMALBUMIN	No	No	Not Cov	No		
83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	Not Cov	Not Cov	Not Cov	Not Cov		
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	No	No	Not Cov	No		
83872	MUCIN SYNOVIAL FLUID ROPES TEST	No	No	Not Cov	No		
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	No	No	Not Cov	No		
83874	MYOGLOBIN	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
83876	MYELOPEROXIDASE MPO	Not Cov	Not Cov	Not Cov	Not Cov		
83880	NATRIURETIC PEPTIDE	No	No	Not Cov	No		
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	No	No	Not Cov	No		
83885	ASSAY OF NICKEL	No	No	Not Cov	No		
83915	ASSAY OF NUCLEOTIDASE 5'-	No	No	Not Cov	No		
83916	OLIGOCLONAL IMMUNE	No	No	Not Cov	No		
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	No	No	Not Cov	No		
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	No	No	Not Cov	No		
83921	ORGANIC ACID 1 QUANTITATIVE	No	No	Not Cov	No		
83930	ASSAY OF OSMOLALITY BLOOD	No	No	Not Cov	No		
83935	ASSAY OF OSMOLALITY URINE	No	No	Not Cov	No		
83937	ASSAY OF OSTEOCALCIN	No	No	Not Cov	No		
83945	ASSAY OF OXALATE	No	No	Not Cov	No		
83950	ONCOPROTEIN HER-2 NEU	No	No	Not Cov	No		
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	Not Cov	Not Cov	Not Cov	Not Cov		
83970	ASSAY OF PARATHORMONE	No	No	Not Cov	No		
83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED	No	No	Not Cov	No		
83987	PH EXHALED BREATH CONDENSATE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
83992	ASSAY OF PHENCYCLIDINE	No	No	Not Cov	No		
83993	ASSAY OF CALPROTECTIN FECAL	No	No	Not Cov	No		
84030	ASSAY OF PHENYLALANINE BLOOD	No	No	Not Cov	No		
84035	ASSAY OF PHENYLKETONES QUALITATIVE	No	No	Not Cov	No		
84060	ASSAY OF PHOSPHATASE ACID TOTAL	No	No	Not Cov	No		
84066	ASSAY OF PHOSPHATASE ACID PROSTATIC	No	No	Not Cov	No		
84075	ASSAY OF PHOSPHATASE ALKALINE	No	No	Not Cov	No		
84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	No	No	Not Cov	No		
84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	No	No	Not Cov	No		
84081	PHOSPHATIDYLGLYCEROL	No	No	Not Cov	No		
84085	PHOSPHOGLUCONATE 6-DEHYD RBC	No	No	Not Cov	No		
84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

*****All Inpatient services require prior authorization*****

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
84100	ASSAY OF PHOSPHORUS INORGANIC	No	No	Not Cov	No		
84105	ASSAY OF PHOSPHORUS INORGANIC URINE	No	No	Not Cov	No		
84106	PORPHOBILINOGEN URINE QUALITATIVE	No	No	Not Cov	No		
84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	No	No	Not Cov	No		
84112	EVAL C V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	No	No	Not Cov	No		
84119	PORPHYRINS URINE QUALITATAIVE	No	No	Not Cov	No		
84120	PORPHYRINS URINE QUANTITATION AND FRACTIONATION	No	No	Not Cov	No		
84126	PORPHYRINS FECES QUANTITATIVE	No	No	Not Cov	No		
84132	POTASSIUM SERUM PLASMA WHOLE BLOOD	No	No	Not Cov	No		
84133	POTASSIUM URINE	No	No	Not Cov	No		
84134	PREALBUMIN	No	No	Not Cov	No		
84135	PREGNANEDIOL	No	No	Not Cov	No		
84138	PREGNANETRIOL	No	No	Not Cov	No		
84140	PREGNENOLONE	No	No	Not Cov	No		
84143	17-HYDROXYPREGNENOLONE	No	No	Not Cov	No		
84144	ASSAY OF PROGESTERONE	No	No	Not Cov	No		
84145	PROCALCITONIN (PCT)	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
84146	ASSAY OF PROLACTIN	No	No	Not Cov	No		
84150	ASSAY OF PROSTAGLNDIN EACH	No	No	Not Cov	No		
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	No	No	Not Cov	No		
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	No	No	Not Cov	No		
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	No	No	Not Cov	No		
84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA WHL BLD	No	No	Not Cov	No		
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	No	No	Not Cov	No		
84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	No	No	Not Cov	No		
84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC	No	No	Not Cov	No		
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	No	No	Not Cov	No		
84165	PROTEIN ELECTROPHORETIC FRACTJ AND QUANTJ SERUM	No	No	Not Cov	No		
84166	PROTEIN ELECTROP FXJ AND QUAN OTH FLUS CONCENTRATI	No	No	Not Cov	No		
84181	PROTEIN WESTRN BLOT I AND R BLOOD OTHER FLUID	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
84182	PROTEIN WESTRN BLOT BLOOD OTH FLU IMMUNOLOGICAL	No	No	Not Cov	No		
84202	PROTOPORPHYRIN RBC QUANTITATIVE	No	No	Not Cov	No		
84203	PROTOPORPHYRIN RBC SCREEN	No	No	Not Cov	No		
84206	ASSAY OF PROINSULIN	No	No	Not Cov	No		
84207	ASSAY OF PYRIDOXAL PHOSPHATE	No	No	Not Cov	No		
84210	ASSAY OF PYRUVATE	No	No	Not Cov	No		
84220	ASSAY OF PYRUVATE KINASE	No	No	Not Cov	No		
84228	ASSAY OF QUININE	No	No	Not Cov	No		
84233	ASSAY OF RECEPTOR ASSAY ESTROGEN	No	No	Not Cov	No		
84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE	No	No	Not Cov	No		
84235	RECEPTOR ASSAY ENDOCRINE OTH THN ESTRGN PROGST	No	No	Not Cov	No		
84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	No	No	Not Cov	No		
84244	ASSAY OF RENIN	No	No	Not Cov	No		
84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2	No	No	Not Cov	No		
84255	ASSAY OF SELENIUM	No	No	Not Cov	No		
84260	ASSAY OF SEROTONIN	No	No	Not Cov	No		
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	No	No	Not Cov	No		
84275	ASSAY OF SIALIC ACID	No	No	Not Cov	No		
84285	ASSAY OF SILICA	No	No	Not Cov	No		
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	No	No	Not Cov	No		
84300	ASSAY OF URINE SODIUM	No	No	Not Cov	No		
84302	ASSAY OF SODIUM OTHER SOURCE	No	No	Not Cov	No		
84305	ASSAY OF SOMATOMEDIN	No	No	Not Cov	No		
84307	ASSAY OF SOMATOSTATIN	No	No	Not Cov	No		
84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	No	No	Not Cov	No		
84315	SPECIFIC GRAVITY EXCEPT URINE	No	No	Not Cov	No		
84375	SUGARS CHROMATOGRAPHIC TLC PAPER CHROMATOGRAPHY	No	No	Not Cov	No		
84376	SUGARS MONO DI AND OLIGOS 1 QUALITATAIVE EACH SPEC	No	No	Not Cov	No		
84377	SUGARS MONO DI AND OLIGOS MLT QUALITATIVE EACH SPE	No	No	Not Cov	No		
84378	SUGARS MONO DI AND OLIGOS 1 QUANTITATIVE EACH SPEC	No	No	Not Cov	No		
84379	SUGARS MONO DI AND OLIGOS MLT QUANTITATIVE EA SPEC	No	No	Not Cov	No		
84392	ASSAY OF SULFATE URINE	No	No	Not Cov	No		
84402	ASSAY OF TESTOSTERONE FREE	No	No	Not Cov	No		
84403	ASSAY OF TESTOSTERONE TOTAL	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
84410	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	No	No	Not Cov	No		
84425	ASSAY OF THIAMINE-VITAMIN B-1	No	No	Not Cov	No		
84430	ASSAY OF THIOCYANATE	No	No	Not Cov	No		
84431	THROMBOXANE METABOLITE W WO THROMBOXANE URINE	No	No	Not Cov	No		
84432	ASSAY OF THYROGLOBULIN	No	No	Not Cov	No		
84436	ASSAY OF THYROXINE TOTAL	No	No	Not Cov	No		
84437	ASSAY OF THYROXINE REQUIRING ELUTION	No	No	Not Cov	No		
84439	ASSAY OF FREE THYROXINE	No	No	Not Cov	No		
84442	ASSAY OF THYROXINE BINDING GLOBULIN	No	No	Not Cov	No		
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	No	No	Not Cov	No		
84445	THYROID STIMULATING IMMUNE GLOBULINS TSI	No	No	Not Cov	No		
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	No	No	Not Cov	No		
84449	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	No	No	Not Cov	No		
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	No	No	Not Cov	No		
84460	TRANSFERASE ALANINE AMINO ALT SGPT	No	No	Not Cov	No		
84466	ASSAY OF L7383TRANSFERRIN	No	No	Not Cov	No		
84478	ASSAY OF TRIGLYCERIDES	No	No	Not Cov	No		
84479	THYROID HORM UPTK THYROID HORMONE BINDING RATIO	No	No	Not Cov	No		
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	No	No	Not Cov	No		
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	No	No	Not Cov	No		
84482	TRIIODOTHYRONINE T3 REVERSE	No	No	Not Cov	No		
84484	ASSAY OF TROPONIN QUANTITATIVE	No	No	Not Cov	No		
84485	ASSAY OF TRYPSIN DUODENAL FLUID	No	No	Not Cov	No		
84488	ASSAY OF TRYPSIN FECES QUALITATIVE	No	No	Not Cov	No		
84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	No	No	Not Cov	No		
84510	ASSAY OF TYROSINE	No	No	Not Cov	No		
84512	ASSAY OF TROPONIN QUALITATIVE	No	No	Not Cov	No		
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	No	No	Not Cov	No		
84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	No	No	Not Cov	No		
84540	ASSAY OF UREA NITROGEN URINE	No	No	Not Cov	No		
84545	UREA NITROGEN CLEARANCE	No	No	Not Cov	No		
84550	ASSAY OF BLOOD URIC ACID	No	No	Not Cov	No		
84560	ASSAY OF URIC ACID OTHER SOURCE	No	No	Not Cov	No		
84577	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE	No	No	Not Cov	No		
84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	No	No	Not Cov	No		
84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	No	No	Not Cov	No		
84585	ASSAY OF VANILLYLMANDELIC ACID URINE	No	No	Not Cov	No		
84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	No	No	Not Cov	No		
84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	No	No	Not Cov	No		
84590	ASSAY OF VITAMIN A	No	No	Not Cov	No		
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	No	No	Not Cov	No		
84597	ASSAY OF VITAMIN K	No	No	Not Cov	No		
84600	ASSAY OF VOLATILES	No	No	Not Cov	No		
84620	XYLOSE ABSORPTION TEST BLOOD AND URINE	No	No	Not Cov	No		
84630	ASSAY OF ZINC	No	No	Not Cov	No		
84681	ASSAY OF C-PEPTIDE	No	No	Not Cov	No		
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	No	No	Not Cov	No		
84703	GONADOTROPIN CHORIONIC QUALITATIVE	No	No	Not Cov	No		
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	No	No	Not Cov	No		
84830	OVULATION TEST VISUAL COLOR COMPARISON HLH	No	No	Not Cov	No		
84999	UNLISTED CHEMISTRY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
85002	BLEEDING TIME TEST	No	No	Not Cov	No		
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	No	No	Not Cov	No		
85007	BLOOD COUNT SMEAR MCRSCP W MNL DIFRNTL WBC COUNT	No	No	Not Cov	No		
85008	BLD COUNT SMEAR MCRSCP W O MNL DIFRNTL WBC COUNT	No	No	Not Cov	No		
85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	No	No	Not Cov	No		
85013	BLOOD COUNT SPUN MICROHEMATOCRIT	No	No	Not Cov	No		
85014	BLOOD COUNT HEMATOCRIT	No	No	Not Cov	No		
85018	BLOOD COUNT HEMOGLOBIN	No	No	Not Cov	No		
85025	BLOOD COUNT COMPLETE AUTO AND AUTO DIFRNTL WBC	No	No	Not Cov	No		
85027	BLOOD COUNT COMPLETE AUTOMATED	No	No	Not Cov	No		
85032	BLOOD COUNT MANUAL CELL COUNT EACH	No	No	Not Cov	No		
85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
85044	BLOOD COUNT RETICULOCYTE AUTOMATED	No	No	Not Cov	No		
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	No	No	Not Cov	No		
85046	BLOOD COUNT RETICULOCYTES AUTO 1 OR GRT CELL MEAS	No	No	Not Cov	No		
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	No	No	Not Cov	No		
85049	BLOOD COUNT PLATELET AUTOMATED	No	No	Not Cov	No		
85055	RETICULATED PLATELET ASSAY	No	No	Not Cov	No		
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W WRIT REPORT	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
85097	BONE MARROW SMEAR INTERPRETATION	No	No	Not Cov	No		
85130	CHROMOGENIC SUBSTRATE ASSAY	No	No	Not Cov	No		
85170	BLOOD CLOT RETRACTION	No	No	Not Cov	No		
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	No	No	Not Cov	No		
85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	No	No	Not Cov	No		
85220	CLOTTING FACTOR V ACG PROACCELERIN LABILE FACTOR	No	No	Not Cov	No		
85230	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	No	No	Not Cov	No		
85240	CLOTTING FACTOR VIII AHG 1 STAGE	No	No	Not Cov	No		
85244	CLOTTING FACTOR VIII RELATED ANTIGEN	No	No	Not Cov	No		
85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	No	No	Not Cov	No		
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	No	No	Not Cov	No		
85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	No	No	Not Cov	No		
85250	CLOTTING FACTOR IX PTC CHRISTMAS	No	No	Not Cov	No		
85260	CLOTTING FACTOR X STUART-PROWER	No	No	Not Cov	No		
85270	CLOTTING FACTOR XI PTA	No	No	Not Cov	No		
85280	CLOTTING FACTOR XII HAGEMAN	No	No	Not Cov	No		
85290	CLOTTING FACTOR XIII FIBRIN STABILIZING	No	No	Not Cov	No		
85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	No	No	Not Cov	No		
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	No	No	Not Cov	No		
85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	No	No	Not Cov	No		
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	No	No	Not Cov	No		
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	No	No	Not Cov	No		
85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	No	No	Not Cov	No		
85305	CLOTTING INHIBITORS PROTEIN S TOTAL	No	No	Not Cov	No		
85306	CLOTTING INHIBITORS PROTEIN S FREE	No	No	Not Cov	No		
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	No	No	Not Cov	No		
85335	FACTOR INHIBITOR TEST	No	No	Not Cov	No		
85337	THROMBOMODULIN	No	No	Not Cov	No		
85345	COAGULATION TIME LEE AND WHITE	No	No	Not Cov	No		
85347	COAGULATION TIME ACTIVATED	No	No	Not Cov	No		
85348	COAGULATION TIME OTHER METHODS	No	No	Not Cov	No		
85360	EUGLOBULIN LYSIS	No	No	Not Cov	No		
85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	No	No	Not Cov	No		
85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	No	No	Not Cov	No		
85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	No	No	Not Cov	No		
85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL SEMIQUAN	No	No	Not Cov	No		
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	No	No	Not Cov	No		
85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	No	No	Not Cov	No		
85384	FIBRINOGEN ACTIVITY	No	No	Not Cov	No		
85385	FIBRINOGEN ANTIGEN	No	No	Not Cov	No		
85390	FIBRINOLYSINS COAGULOPATHY SCREEN INTERP AND REPOR	No	No	Not Cov	No		
85396	COAGJ FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	No	No	Not Cov	No		
85397	COAGJ AND FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	Not Cov	Not Cov	Not Cov	Not Cov		
85400	FIBRINOLYTIC FACTORS AND INHIBITORS PLASMIN	No	No	Not Cov	No		
85410	FBRNLYC FACTORS AND INHIBITORS ALPHA-2 ANTIPLASMIN	No	No	Not Cov	No		
85415	FBRNLYC FACTORS AND INHIBITORS PLSMNG ACTIVATOR	No	No	Not Cov	No		
85420	FBRNLYC FACTORS AND INHIBITRS PLSMNG XCPT AGIC ASS	No	No	Not Cov	No		
85421	FBRNLYC FACTORS AND INHIBITORS PLSMNG AGIC ASSAY	No	No	Not Cov	No		
85441	HEINZ BODIES DIRECT	No	No	Not Cov	No		
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	No	No	Not Cov	No		
85460	HGB RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	No	No	Not Cov	No		
85461	HGB RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	No	No	Not Cov	No		
85475	HEMOLYSIN ACID	No	No	Not Cov	No		
85520	HEPARIN ASSAY	No	No	Not Cov	No		
85525	HEPARIN NEUTRALIZATION	No	No	Not Cov	No		
85530	HEPARIN-PROTAMINE TOLERANCE TST	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
85536	IRON STAIN PERIPHERAL BLOOD	No	No	Not Cov	No		
85540	WBC ALKALINE PHOSPHATASE COUNT	No	No	Not Cov	No		
85547	MECHANICAL FRAGILITY RBC	No	No	Not Cov	No		
85549	MURAMIDASE	No	No	Not Cov	No		
85555	OSMOTIC FRAGILITY RBC UNINCUBATED	No	No	Not Cov	No		
85557	OSMOTIC FRAGILITY RBC INCUBATED	No	No	Not Cov	No		
85576	PLATELET AGGREGATION IN VITRO EACH AGENT	No	No	Not Cov	No		
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	No	No	Not Cov	No		
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	Not Cov	Not Cov	Not Cov	Not Cov		
85610	PROTHROMBIN TIME	No	No	Not Cov	No		
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	No	No	Not Cov	No		
85612	RUSSELL VIPER VENON TIME UNDILUTED	No	No	Not Cov	No		
85613	RUSSELL VIPER VENOM TIME DILUTED	No	No	Not Cov	No		
85635	REPTILASE TEST	No	No	Not Cov	No		
85651	SEDIMENTATION RATE RBC NON-AUTOMATED	No	No	Not Cov	No		
85652	SEDIMENTATION RATE RBC AUTOMATED	No	No	Not Cov	No		
85660	SICKLING RBC REDUCTION	No	No	Not Cov	No		
85670	THROMBIN TIME PLASMA	No	No	Not Cov	No		
85675	THROMBIN TIME TITER	No	No	Not Cov	No		
85705	THROMBOPLASTIN INHIBITION TISSUE	No	No	Not Cov	No		
85730	THROMBOPLASTIN TIME PARTIAL PLASMA WHOLE BLOOD	No	No	Not Cov	No		
85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	No	No	Not Cov	No		
85810	VISCOSITY	No	No	Not Cov	No		
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
86000	AGGLUTININS FEBRILE EACH ANTIGEN	No	No	Not Cov	No		
86001	ALLERGEN SPECIFIC IGG QUAN SEMIQUAN EA ALLERGEN	No	No	Not Cov	No		
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	No	No	Not Cov	No		
86005	ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
86008	ALLERGEN SPEC IGE RECOMBINANT PURIFIED COMPNT EA	No	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	No	No	Not Cov	No		
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	No	No	Not Cov	No		
86023	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	No	No	Not Cov	No		
86038	ANTINUCLEAR ANTIBODIES ANA	No	No	Not Cov	No		
86039	ANTINUCLEAR ANTIBODIES ANA TITER	No	No	Not Cov	No		
86060	ANTISTREPTOLYSIN O TITER	No	No	Not Cov	No		
86063	ANTISTREPTOLYSIN O SCREEN	No	No	Not Cov	No		
86077	BLD BANK PHYS SVCS DIFFC CROSS MATCH AND EVAL REP	No	No	Not Cov	No		
86078	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	No	No	Not Cov	No		
86079	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	No	No	Not Cov	No		
86140	C-REACTIVE PROTEIN	No	No	Not Cov	No		
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	No	No	Not Cov	No		
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	No	No	Not Cov	No		
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	No	No	Not Cov	No		
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	No	No	Not Cov	No		
86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Not Cov	Not Cov	Not Cov	Not Cov		
86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Not Cov	Not Cov	Not Cov	Not Cov		
86155	CHEMOTAXIS ASSAY SPECIFY METHOD	No	No	Not Cov	No		
86156	COLD AGGLUTININ SCREEN	No	No	Not Cov	No		
86157	COLD AGGLUTININ TITER	No	No	Not Cov	No		
86160	COMPLEMENT ANTIGEN EACH COMPONENT	No	No	Not Cov	No		
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	No	No	Not Cov	No		
86162	COMPLEMENT TOTAL HEMOLYTIC	No	No	Not Cov	No		
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN	No	No	Not Cov	No		
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	No	No	Not Cov	No		
86215	DEOXYRIBONUCLEASE ANTIBODY	No	No	Not Cov	No		
86225	DNA ANTIBODY NATIVE DOUBLE STRANDED	No	No	Not Cov	No		
86226	DNA ANTIBODY SINGLE STRANDED	No	No	Not Cov	No		
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	No	No	Not Cov	No		
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	No	No	Not Cov	No		
86277	GROWTH HORMONE HUMAN ANTIBODY	No	No	Not Cov	No		
86280	HEMAGGLUTINATION INHIBITION TEST HAI	No	No	Not Cov	No		
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL SEMIQUANTITATIVE	No	No	Not Cov	No		
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	No	No	Not Cov	No		
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	No	No	Not Cov	No		
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	No	No	Not Cov	No		
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	No	No	Not Cov	No		
86308	HETEROPHILE ANTIBODIES SCREEN	No	No	Not Cov	No		
86309	HETEROPHILE ANTIBODIES TITER	No	No	Not Cov	No		
86310	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	No	No	Not Cov	No		
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	No	No	Not Cov	No		
86318	IMMUNOASSAY NFCT AGT ANTB QUAL SEMIQUAN 1 STEP	No	No	Not Cov	No		
86320	IMMUNOELECTROPHORESIS SERUM	No	No	Not Cov	No		
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	No	No	Not Cov	No		
86327	IMMUNOELECTROPHORESIS CROSSED	No	No	Not Cov	No		
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	No	No	Not Cov	No		
86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG ANTBDY	No	No	Not Cov	No		
86332	IMMUNE COMPLEX ASSAY	No	No	Not Cov	No		
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	No	No	Not Cov	No		
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	No	No	Not Cov	No		
86336	INHIBIN A	No	No	Not Cov	No		
86337	INSULIN ANTIBODIES	No	No	Not Cov	No		
86340	INTRINSIC FACTOR ANTIBODIES	No	No	Not Cov	No		
86341	ISLET CELL ANTIBODY	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
86344	LEUKOCYTE PHAGOCYTOSIS	No	No	Not Cov	No		
86352	CELLULAR FUNCTION ASSAY STIMUL AND DETECT BIOMARKE	No	No	Not Cov	No		
86353	LYMPHOCYTE TR MITOGEN AG INDUCED BLASTOGENESIS	No	No	Not Cov	No		
86355	B CELLS TOTAL COUNT	No	No	Not Cov	No		
86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	No	No	Not Cov	No		
86357	NATURAL KILLER CELLS TOTAL COUNT	No	No	Not Cov	No		
86359	T CELLS TOTAL COUNT	No	No	Not Cov	No		
86360	T CELLS ABSOLUTE CD4 AND CD8 COUNT RATIO	No	No	Not Cov	No		
86361	T CELLS ABSOLUTE CD4 COUNT	No	No	Not Cov	No		
86367	STEM CELLS TOTAL COUNT	No	No	Not Cov	No		
86376	MICROSOMAL ANTIBODIES EACH	No	No	Not Cov	No		
86382	NEUTRALIZATION TEST VIRAL	No	No	Not Cov	No		
86384	NITROBLUE TETRAZOLIUM DYE TEST NTD	No	No	Not Cov	No		
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	No	No	Not Cov	No		
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	No	No	Not Cov	No		
86430	RHEUMATOID FACTOR QUALITATIVE	No	No	Not Cov	No		
86431	RHEUMATOID FACTOR QUANTITATIVE	No	No	Not Cov	No		
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	No	No	Not Cov	No		
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	No	No	Not Cov	No		
86485	SKIN TEST CANDIDA	No	No	Not Cov	No		
86486	SKIN TEST UNLISTED ANTIGEN EACH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
86490	SKIN TEST COCCIDIOIDOMYCOSIS	No	No	Not Cov	No		
86510	SKIN TEST HISTOPLASMOSIS	No	No	Not Cov	No		
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
86590	STREPTOKINASE ANTIBODY	No	No	Not Cov	No		
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	No	No	Not Cov	No		
86593	SYPHILIS TEST QUANTITATIVE	No	No	Not Cov	No		
86602	ANTIBODY ACTINOMYCES	No	No	Not Cov	No		
86603	ANTIBODY ADENOVIRUS	No	No	Not Cov	No		
86606	ANTIBODY ASPERGILLUS	No	No	Not Cov	No		
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	No	No	Not Cov	No		
86611	ANTIBODY BARTONELLA	No	No	Not Cov	No		
86612	ANTIBODY BLASTOMYCES	No	No	Not Cov	No		
86615	ANTIBODY BORDETELLA	No	No	Not Cov	No		
86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	No	No	Not Cov	No		
86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	No	No	Not Cov	No		
86619	ANTIBODY BORRELIA RELAPSING FEVER	No	No	Not Cov	No		
86622	ANTIBODY BRUCELLA	No	No	Not Cov	No		
86625	ANTIBODY CAMPYLOBACTER	No	No	Not Cov	No		
86628	ANTIBODY CANDIDA	No	No	Not Cov	No		
86631	ANTIBODY CHLAMYDIA	No	No	Not Cov	No		
86632	ANTIBODY CHLAMYDIA IGM	No	No	Not Cov	No		
86635	ANTIBODY COCCIDIOIDES	No	No	Not Cov	No		
86638	ANTIBODY COXIELLA BURNETII Q FEVER	No	No	Not Cov	No		
86641	ANTIBODY CRYPTOCOCCUS	No	No	Not Cov	No		
86644	ANTIBODY CYTOMEGALOVIRUS CMV	No	No	Not Cov	No		
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	No	No	Not Cov	No		
86648	ANTIBODY DIPHTHERIA	No	No	Not Cov	No		
86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	No	No	Not Cov	No		
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE	No	No	Not Cov	No		
86653	ANTIBODY ENCEPHALITIS ST. LOUIS	No	No	Not Cov	No		
86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE	No	No	Not Cov	No		
86658	ANTIBODY ENTEROVIRUS	No	No	Not Cov	No		
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	No	No	Not Cov	No		
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	No	No	Not Cov	No		
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	No	No	Not Cov	No		
86666	ANTIBODY EHRLICHIA	No	No	Not Cov	No		
86668	ANTIBODY FRANCISELLA TULARENSIS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	No	No	Not Cov	No		
86674	ANTIBODY GIARDIA LAMBLIA	No	No	Not Cov	No		
86677	ANTIBODY HELICOBACTER PYLORI	No	No	Not Cov	No		
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	No	No	Not Cov	No		
86684	ANTIBODY HAEMOPHILUS INFLUENZA	No	No	Not Cov	No		
86687	ANTIBODY HTLV-I	No	No	Not Cov	No		
86688	ANTIBODY HTLV-II	No	No	Not Cov	No		
86689	ANTIBODY HTLV HIV ANTIBODY CONFIRMATORY TEST	No	No	Not Cov	No		
86692	ANTIBODY HEP DELTA AGENT	No	No	Not Cov	No		
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	No	No	Not Cov	No		
86695	ANTIBODY HERPES SMPLX TYPE 1	No	No	Not Cov	No		
86696	ANTIBODY HERPES SMPLX TYPE 2	No	No	Not Cov	No		
86698	ANTIBODY HISTOPLASMA	No	No	Not Cov	No		
86701	ANTIBODY HIV-1	No	No	Not Cov	No		
86702	ANTIBODY HIV-2	No	No	Not Cov	No		
86703	ANTIBODY HIV-1 AND HIV-2 SINGLE RESULT	No	No	Not Cov	No		
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	No	No	Not Cov	No		
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	No	No	Not Cov	No		
86706	HEPATITIS B SURF ANTIBODY HBSAB	No	No	Not Cov	No		
86707	HEPATITIS BE ANTIBODY HBEAB	No	No	Not Cov	No		
86708	HEPATITIS A ANTIBODY HAAB	No	No	Not Cov	No		
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	No	No	Not Cov	No		
86710	ANTIBODY INFLUENZA VIRUS	No	No	Not Cov	No		
86711	ANTIBODY JOHN CUNNINGHAM VIRUS	No	No	Not Cov	No		
86713	ANTIBODY LEGIONELLA	No	No	Not Cov	No		
86717	ANTIBODY LEISHMANIA	No	No	Not Cov	No		
86720	ANTIBODY LEPTOSPIRA	No	No	Not Cov	No		
86723	ANTIBODY LISTERIA MONOCYTOGENES	No	No	Not Cov	No		
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	No	No	Not Cov	No		
86732	ANTIBODY MUCORMYCOSIS	No	No	Not Cov	No		
86735	ANTIBODY MUMPS	No	No	Not Cov	No		
86738	ANTIBODY MYCOPLSM	No	No	Not Cov	No		
86741	ANTIBODY NEISSERIA MENINGITIDIS	No	No	Not Cov	No		
86744	ANTIBODY NOCARDIA	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
86747	ANTIBODY PARVOVIRUS	No	No	Not Cov	No		
86750	ANTIBODY PLASMODIUM MALARIA	No	No	Not Cov	No		
86753	ANTIBODY PROTOZOA NES	No	No	Not Cov	No		
86756	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	No	No	Not Cov	No		
86757	ANTIBODY RICKETTSIA	No	No	Not Cov	No		
86759	ANTIBODY ROTAVIRUS	No	No	Not Cov	No		
86762	ANTIBODY RUBELLA	No	No	Not Cov	No		
86765	ANTIBODY RUBEOLA	No	No	Not Cov	No		
86768	ANTIBODY SALMONELLA	No	No	Not Cov	No		
86771	ANTIBODY SHIGELLA	No	No	Not Cov	No		
86774	ANTIBODY TETANUS	No	No	Not Cov	No		
86777	ANTIBODY TOXOPLASMA	No	No	Not Cov	No		
86778	ANTIBODY TOXOPLASMA IGM	No	No	Not Cov	No		
86780	ANTIBODY TREPONEMA PALLIDUM	No	No	Not Cov	No		
86784	ANTIBODY TRICHINELLA	No	No	Not Cov	No		
86787	ANTIBODY VARICELLA-ZOSTER	No	No	Not Cov	No		
86788	ANTIBODY WEST NILE VIRUS IGM	No	No	Not Cov	No		
86789	ANTIBODY WEST NILE VIRUS	No	No	Not Cov	No		
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	No	No	Not Cov	No		
86793	ANTIBODY YERSINIA	No	No	Not Cov	No		
86794	ZIKA VIRUS IGM ANTIBODY	No	No	Not Cov	No		
86800	THYROGLOBULIN ANTIBODY	No	No	Not Cov	No		
86803	HEPATITIS C ANTIBODY	No	No	Not Cov	No		
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST	No	No	Not Cov	No		
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	No	No	Not Cov	No		
86806	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W O TITRAT	No	No	Not Cov	No		
86807	SERUM SCREENING PCT REACTIVE ANTIBODY STANDRD METH	No	No	Not Cov	No		
86808	SERUM SCREENING PCT REACTIVE ANTIBODY QUICK METH	No	No	Not Cov	No		
86812	HLA TYPING A B C SINGLE ANTIGEN	No	No	Not Cov	No		
86813	HLA TYPING A B C MULTIPLE ANTIGENS	No	No	Not Cov	No		
86816	HLA TYPING DR DQ SINGLE ANTIGEN	No	No	Not Cov	No		
86817	HLA TYPING DR DQ MULTIPLE ANTIGENS	No	No	Not Cov	No		
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	No	No	Not Cov	No		
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM DILUTION	Not Cov	Not Cov	Not Cov	Not Cov		

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86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM DILUTION	Not Cov	Not Cov	Not Cov	Not Cov		
86828	ANTIBODY HLA CLASS I AND CLASS II ANTIGENS QUAL	No	No	Not Cov	No		
86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	No	No	Not Cov	No		
86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	No	No	Not Cov	No		
86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	No	No	Not Cov	No		
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	No	No	Not Cov	No		
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	No	No	Not Cov	No		
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	No	No	Not Cov	No		
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	No	No	Not Cov	No		
86849	UNLISTED IMMUNOLOGY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	No	No	Not Cov	No		
86860	ANTIBODY ELUTION RBC EACH ELUTION	No	No	Not Cov	No		
86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	No	No	Not Cov	No		
86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	No	No	Not Cov	No		
86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	No	No	Not Cov	No		
86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	No	No	Not Cov	No		
86890	AUTOL BLD COMPONENT COLLJ STORAGE PREDEPOSITED	No	No	Not Cov	No		
86891	AUTOL BLD COMPONENT COLLJ STORAGE SALVAGE	No	No	Not Cov	No		
86900	BLOOD TYPING SEROLOGIC ABO	No	No	Not Cov	No		
86901	BLOOD TYPING SEROLOGIC RH (D)	No	No	Not Cov	No		
86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	No	No	Not Cov	No		
86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM UNIT	No	No	Not Cov	No		
86905	BLOOD TYPING RBC ANTIGENS OTH THN ABO RH D EACH	No	No	Not Cov	No		
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	No	No	Not Cov	No		
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH AND MN	Not Cov	Not Cov	Not Cov	Not Cov		
86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	Not Cov	Not Cov	Not Cov	Not Cov		
86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	No	No	Not Cov	No		
86921	COMPATIBILITY EACH UNIT INCUBATION	No	No	Not Cov	No		
86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN	No	No	Not Cov	No		
86923	COMPATIBILITY EACH UNIT ELECTRONIC	No	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
86927	FRESH FROZEN PLASMA THAWING EACH UNIT	No	No	Not Cov	No		
86930	FROZEN BLOOD EACH UNIT FREEZING	No	No	Not Cov	No		
86931	FROZEN BLOOD EACH UNIT THAWING	No	No	Not Cov	No		
86932	FROZEN BLOOD EACH UNIT FREEZING AND THAWING	No	No	Not Cov	No		
86940	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH	No	No	Not Cov	No		
86941	HEMOLYSINS AND AGGLUTININS INCUBATED	No	No	Not Cov	No		
86945	IRRADIATION BLOOD PRODUCT EACH UNIT	No	No	Not Cov	No		
86950	LEUKOCYTE TRANSFUSION	No	No	Not Cov	No		
86960	VOLUME REDUCTION BLOOD BLOOD PRODUCT EACH UNIT	No	No	Not Cov	No		
86965	POOLING PLATELETS OTHER BLOOD PRODUCTS	No	No	Not Cov	No		
86970	PRETX RBC ANTIBODY INCUBAT W CHEM AGNTS DRUGS EA	No	No	Not Cov	No		
86971	PRETX RBC ANTIBODY INCUBAT W ENZYMES EACH	No	No	Not Cov	No		
86972	PRETX RBC ANTIBODY INCUBAT W DENSITY GRAD SEP	No	No	Not Cov	No		
86975	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	No	No	Not Cov	No		
86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	No	No	Not Cov	No		
86977	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	No	No	Not Cov	No		
86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	No	No	Not Cov	No		
86985	SPLITTING BLOOD BLOOD PRODUCTS EACH UNIT	No	No	Not Cov	No		
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
87003	ANIMAL INOCULATION SMALL ANIMAL W OBS AND DSJ	No	No	Not Cov	No		
87015	CONCENTRATION INFECTIOUS AGENTS	No	No	Not Cov	No		
87040	CULTURE BACTERIAL BLOOD AEROBIC W ID ISOLATES	No	No	Not Cov	No		
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA AND SHIGELL	No	No	Not Cov	No		
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS AND ID EA	No	No	Not Cov	No		
87070	CUL BACT XCPT URINE BLOOD STOOL AEROBIC ISOL	No	No	Not Cov	No		
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD STOOL	No	No	Not Cov	No		
87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD STOOL	No	No	Not Cov	No		
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO AND ID	No	No	Not Cov	No		
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	No	No	Not Cov	No		
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W COLONY ESTIMJ	No	No	Not Cov	No		
87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	No	No	Not Cov	No		
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	No	No	Not Cov	No		
87088	CULTURE BCT ISOL AND PRSMPTV ID ISOLATE EA URINE	No	No	Not Cov	No		
87101	CUL FNGI MOLD YEAST PRSMPTV ID SKN HAIR NAIL	No	No	Not Cov	No		
87102	CULTURE FNGI MOLD YEAST PRSMPTV OTH XCPT BLOOD	No	No	Not Cov	No		
87103	CULTURE FNGI MOLD YEAST ISOL PRSMPTV ISOL BLOOD	No	No	Not Cov	No		
87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	No	No	Not Cov	No		
87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	No	No	Not Cov	No		
87109	CULTURE MYCOPLASMA ANY SOURCE	No	No	Not Cov	No		
87110	CULTURE CHLAMYDIA ANY SOURCE	No	No	Not Cov	No		
87116	CULTURE TUBERCLE OTH ACID-FAST BACILLI ANY ISOL	No	No	Not Cov	No		
87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	No	No	Not Cov	No		
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	No	No	Not Cov	No		
87143	CULTURE TYPING GAS HIGH PRES LIQ CHROMATOGRAPHY	No	No	Not Cov	No		
87147	CULTURE TYPING IMMUNOLOGIC OTH THN IMMUNOFLUORES	No	No	Not Cov	No		
87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	No	No	Not Cov	No		
87150	CULTYP NUC ACID AMP PRB CULT ISOLATE EA ORGNISM	Not Cov	Not Cov	Not Cov	Not Cov		
87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	No	No	Not Cov	No		
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	Not Cov	Not Cov	Not Cov	Not Cov		
87158	CULTURE TYPING OTHER METHODS	No	No	Not Cov	No		
87164	DARK FIELD EXAM ANY SOURCE W SPECIMEN COLLECTION	No	No	Not Cov	No		
87166	DARK FIELD EXAM ANY SOURCE W O SPECIMEN COLLECT	No	No	Not Cov	No		
87168	MACROSCOPIC EXAMINATION ARTHROPOD	No	No	Not Cov	No		
87169	MACROSCOPIC EXAMINATION PARASITE	No	No	Not Cov	No		
87172	PINWORM EXAMINATION	No	No	Not Cov	No		
87176	HOMOGENIZATION TISSUE CULTURE	No	No	Not Cov	No		
87177	OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND ID	No	No	Not Cov	No		
87181	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	No	No	Not Cov	No		
87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	No	No	Not Cov	No		
87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	No	No	Not Cov	No		
87186	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO AGAR DILUTJ	No	No	Not Cov	No		
87187	SUSCEPTIBLTY STDY ANTMCRB MICRO AGAR DILUTJ EA	No	No	Not Cov	No		
87188	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
87190	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	No	No	Not Cov	No		
87197	SERUM BACTERICIDAL TITER	No	No	Not Cov	No		
87205	SMR PRIM SRC GRAM GIEMSA STAIN BCT FUNGI CELL	No	No	Not Cov	No		
87206	SMR PRIM SRC FLUORESCENT AND AFS BCT FNGI PARASIT	No	No	Not Cov	No		
87207	SMR PRIM SRC SPEC STAIN BODIES PARASITS	No	No	Not Cov	No		
87209	SMR PRIM SRC CPLX SPEC STAIN OVA AND PARASITS	No	No	Not Cov	No		
87210	SMR PRIM SRC WET MOUNT NFCT AGT	No	No	Not Cov	No		
87220	TISS KOH SLIDE SAMPS SKN HR NLS FNGI ECTOPARASIT	No	No	Not Cov	No		
87230	TOXIN ANTITOXIN ASSAY TISSUE CULTURE	No	No	Not Cov	No		
87250	VIRUS INOCULATION EGGS SM ANIMAL OBS AND DSJ	No	No	Not Cov	No		
87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	No	No	Not Cov	No		
87253	VIRUS TISSUE CULTURE ADDL STDY ID EACH ISOLATE	No	No	Not Cov	No		
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	No	No	Not Cov	No		
87255	VIRUS ID NON-IMMUNOLOGIC OTH THN CYTOPATHIC	No	No	Not Cov	No		
87260	IAADI ADENOVIRUS	No	No	Not Cov	No		
87265	IAADI BORDETELLA PRTUSSIS PARAPRTUSSIS	No	No	Not Cov	No		
87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	No	No	Not Cov	No		
87269	IAADI GIARDIA	No	No	Not Cov	No		
87270	IAADI CHLAMYDIA TRACHOMATIS	No	No	Not Cov	No		
87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	No	No	Not Cov	No		
87272	IAADI CRYPTOSPORIDIUM	No	No	Not Cov	No		
87273	IAADI HERPES SMPLX VIRUS TYPE 2	No	No	Not Cov	No		
87274	IAADI HERPES SMPLX VIRUS TYPE 1	No	No	Not Cov	No		
87275	IAADI INFLUENZA B VIRUS	No	No	Not Cov	No		
87276	IAADI INFFLUENZA A VIRUS	No	No	Not Cov	No		
87278	IAADI LEGIONELLA PNEUMOPHILA	No	No	Not Cov	No		
87279	IAADI PARAINFLUENZA VIRUS EACH TYPE	No	No	Not Cov	No		
87280	IAADI RESPIRATORY SYNCTIAL VIRUS	No	No	Not Cov	No		
87281	IAADI PNEUMOCUSTIS CARINII	No	No	Not Cov	No		
87283	IAADI RUBEOLA	No	No	Not Cov	No		
87285	IAADI TREPONEMA PALLIDUM	No	No	Not Cov	No		
87290	IAADI VARICELLA ZOSTER VIRUS	No	No	Not Cov	No		
87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	No	No	Not Cov	No		
87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
87301	IAAD IA ADENOVIRUS ENTERIC TYP 40 41	No	No	Not Cov	No		
87305	IAAD IA QUAL SEMIQUAN MULTIPLE STEP ASPERGILLUS	No	No	Not Cov	No		
87320	IAAD IA CHLAMYDIA TRACHOMATIS	No	No	Not Cov	No		
87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	No	No	Not Cov	No		
87327	IAAD IA CRYPTOCOCCUS NEOFORMANS	No	No	Not Cov	No		
87328	IAAD IA CRYPTOSPORIDIUM	No	No	Not Cov	No		
87329	IAAD IA GIARDIA	No	No	Not Cov	No		
87332	IAAD IA CYTOMEGALOVIRUS	No	No	Not Cov	No		
87335	IAAD IA ESCHERICHIA COLI 0157	No	No	Not Cov	No		
87336	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	No	No	Not Cov	No		
87337	IAAD IA ENTAMOEBA HISTOLYTICA GRP	No	No	Not Cov	No		
87338	IAAD IA HPYLORI STOOL	No	No	Not Cov	No		
87339	IAAD IA HPYLORI	No	No	Not Cov	No		
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	No	No	Not Cov	No		
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	No	No	Not Cov	No		
87350	IAAD IA HEPATITIS BE ANTIGEN	No	No	Not Cov	No		
87380	IAAD IA HEPATITIS DELTA ANTIGEN	No	No	Not Cov	No		
87385	IAAD IA HISTOPLASM CAPSULATUM	No	No	Not Cov	No		
87389	IAAD IA HIV-1 AG W HIV-1 AND HIV-2 ANTBDY SINGLE	No	No	Not Cov	No		
87390	IAAD IA HIV-1	No	No	Not Cov	No		
87391	IAAD IA HIV-2	No	No	Not Cov	No		
87400	IAAD IA INFLUENZA A B EACH	No	No	Not Cov	No		
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	No	No	Not Cov	No		
87425	IAAD IA ROTAVIRUS	No	No	Not Cov	No		
87427	IAAD IA SHIGA-LIKE TOXIN	No	No	Not Cov	No		
87430	IAAD IA STREPTOCOCCUS GROUP A	No	No	Not Cov	No		
87449	IAAD IA MULT STEP METHOD NOS EACH ORGANISM	No	No	Not Cov	No		
87450	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	No	No	Not Cov	No		
87451	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	No	No	Not Cov	No		
87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	No	No	Not Cov	No		
87472	IADNA BARTONELLA HENSELAE AND QUINTANA QUANTJ	No	No	Not Cov	No		
87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	No	No	Not Cov	No		
87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	No	No	Not Cov	No		

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87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87482	IADNA CANDIDA SPECIES QUANTIFICATION	No	No	Not Cov	No		
87483	CNS DNA RNA AMP PROBE MULTIPLE SUBTYPES 12-25	Not Cov	No	Not Cov	No		
87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	No	No	Not Cov	No		
87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	No	No	Not Cov	No		
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	No	No	Not Cov	No		
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	No	No	Not Cov	No		
87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	No	No	Not Cov	No		
87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	No	No	Not Cov	No		
87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	No	No	Not Cov	No		
87498	IADNA ENTEROVIRUS AMPLIF PROBE AND REVRSE TRNSCRIP	No	No	Not Cov	No		
87500	INFECTIOUS AGENT DNA RNA VANCOMYCIN RESISTANCE	No	No	Not Cov	No		
87501	INFECTIOUS AGENT DNA RNA INFLUENZA EA TYPE	No	No	Not Cov	No		
87502	INFECTIOUS AGENT DNA RNA INFLUENZA 1ST 2 TYPES	No	No	Not Cov	No		
87503	NFCT AGENT DNA RNA INFLUENZA OVER 2 TYPES EA ADDL	No	No	Not Cov	No		
87505	NFCT AGENT DNA RNA GASTROINTESTINAL PATHOGEN	No	No	Not Cov	No		
87506	IADNA-DNA RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	No	No	Not Cov	No		
87507	IADNA-DNA RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	No	No	Not Cov	No		
87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	No	No	Not Cov	No		
87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	No	No	Not Cov	No		
87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	No	No	Not Cov	No		
87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	No	No	Not Cov	No		
87521	IADNA HEPATITIS C AMPLIFIED PROBE AND REVRSE TRANSCR	No	No	Not Cov	No		
87522	IADNA HEPATITIS C QUANT AND REVERSE TRANSCRIPTION	No	No	Not Cov	No		
87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	No	No	Not Cov	No		
87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	No	No	Not Cov	No		
87527	IADNA HEPATITIS G QUANTIFICATION	No	No	Not Cov	No		
87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	No	No	Not Cov	No		
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	No	No	Not Cov	No		

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87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	No	No	Not Cov	No		
87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	No	No	Not Cov	No		
87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87533	IADNA HERPES VIRUS-6 QUANTIFICATION	No	No	Not Cov	No		
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	No	No	Not Cov	No		
87535	IADNA HIV-1 AMPLIFIED PROBE AND REVERSE TRANSCRPJ	No	No	Not Cov	No		
87536	IADNA HIV-1 QUANT AND REVERSE TRANSCRIPTION	No	No	Not Cov	No		
87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	No	No	Not Cov	No		
87538	IADNA HIV-2 AMPLIFIED PROBE AND REVERSE TRANSCRIPJ	No	No	Not Cov	No		
87539	IADNA HIV-2 QUANT AND REVERSE TRANSCRIPTION	No	No	Not Cov	No		
87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	No	No	Not Cov	No		
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	No	No	Not Cov	No		
87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	No	No	Not Cov	No		
87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	No	No	Not Cov	No		
87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	No	No	Not Cov	No		
87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	No	No	Not Cov	No		
87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	No	No	Not Cov	No		
87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	No	No	Not Cov	No		
87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	No	No	Not Cov	No		
87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	No	No	Not Cov	No		
87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	No	No	Not Cov	No		
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	No	No	Not Cov	No		
87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	No	No	Not Cov	No		
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	No	No	Not Cov	No		
87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	Not Cov	Not Cov	Not Cov	Not Cov		
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	No	No	Not Cov	No		
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 AND 18 ONLY	No	No	Not Cov	No		
87631	IADNA RESPIRATRY PROBE AND REV TRNSCR 3-5 TARGETS	No	No	Not Cov	No		
87632	IADNA RESPIRATRY PROBE AND REV TRNSCR 6-11 TARGETS	No	No	Not Cov	No		
87633	IADNA RESPIRATRY PROBE AND REV TRNSCR 12-25 TARGET	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
87634	IADNA DNA RNA RSV AMPLIFIED PROBE TECHNIQUE	No	No	Not Cov	No		
87640	IADNA S AUREUS AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	No	No	Not Cov	No		
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	No	No	Not Cov	No		
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	No	No	Not Cov	No		
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	No	No	Not Cov	No		
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	No	No	Not Cov	No		
87662	IADNA DNA RNA ZIKA VIRUS AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	No	No	Not Cov	No		
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	No	No	Not Cov	No		
87802	IAADIADOO STREPTOCOCCUS GROUP B	No	No	Not Cov	No		
87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	No	No	Not Cov	No		
87804	IAADIADOO INFLUENZA	No	No	Not Cov	No		
87806	IAADIADOO HIV1 ANTIGEN W HIV1 AND HIV2 ANTIBODIES	Not Cov	Not Cov	Not Cov	Not Cov		
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	No	No	Not Cov	No		
87808	IAADIADOO TRICHOMONAS VAGINALIS	No	No	Not Cov	No		
87809	INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
87810	CHLAMYDIA TRACHOMATIS	No	No	Not Cov	No		
87850	IAADIADOO NEISSERIA GONORRHOEAE	No	No	Not Cov	No		
87880	IAADIADOO STREPTOCOCCUS GROUP A	No	No	Not Cov	No		
87899	IAADIADOO NOT OTHERWISE SPECIFIED	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	No	No	Not Cov	No		
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR AND PROTEAS	No	No	Not Cov	No		
87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	No	No	Not Cov	No		
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	No	No	Not Cov	No		
87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	No	No	Not Cov	No		
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH THN VIRUS	Not Cov	Not Cov	Not Cov	Not Cov		
87906	NFCT GEXYP DNA RNA HIV 1 OTHER REGION	No	No	Not Cov	No		
87910	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	No	No	Not Cov	No		
87912	NFCT AGENT GENOTYPE HEPATITIS B VIRUS	No	No	Not Cov	No		
87999	UNLISTED MICROBIOLOGY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88000	NECROPSY GROSS EXAMINATION ONLY W O CNS	Not Cov	Not Cov	Not Cov	Not Cov		
88005	NECROPSY GROSS EXAMINATION W BRAIN	Not Cov	Not Cov	Not Cov	Not Cov		
88007	NECROPSY GROSS EXAMINATION W BRAIN AND SPINAL CORD	Not Cov	Not Cov	Not Cov	Not Cov		
88012	NECROPSY GROSS EXAMINATION INFANT W BRAIN	Not Cov	Not Cov	Not Cov	Not Cov		
88014	NECROPSY GROSS EXAM STILLBORN NEWBORN W BRAIN	Not Cov	Not Cov	Not Cov	Not Cov		
88016	NECROPSY GROSS EXAM MACERATED STILLBORN	Not Cov	Not Cov	Not Cov	Not Cov		
88020	NECROPSY GROSS AND MICROSCOPIC W O CNS	Not Cov	Not Cov	Not Cov	Not Cov		
88025	NECROPSY GROSS AND MICROSCOPIC W BRAIN	Not Cov	Not Cov	Not Cov	Not Cov		
88027	NECROPSY GROSS AND MCRSCP BRAIN AND SPINAL CORD	Not Cov	Not Cov	Not Cov	Not Cov		
88028	NECROPSY GROSS AND MICROSCOPIC INFANT W BRAIN	Not Cov	Not Cov	Not Cov	Not Cov		
88029	NECROPSY GROSS AND MCRSCP STILLBORN NEWBORN BRAIN	Not Cov	Not Cov	Not Cov	Not Cov		
88036	NECROPSY LIMITED GROSS AND MCRSCP REGIONAL	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
88037	NECROPSY LIMITD GROSS AND MCRSCP SINGLE ORGAN	Not Cov	Not Cov	Not Cov	Not Cov		
88040	NECROPSY FORENSIC EXAMINATION	Not Cov	Not Cov	Not Cov	Not Cov		
88045	NECROPSY CORONER CALL	Not Cov	Not Cov	Not Cov	Not Cov		
88099	UNLISTED NECROPSY PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
88104	CYTP FLU WASHGS BRUSHINGS XCPT C V SMRS INTERPJ	No	No	Not Cov	No		
88106	CYTP FLU BR WA XCPT C V FILTER METH ONLY INTERPJ	No	No	Not Cov	No		
88108	CYTP CONCENTRATION SMEARS AND INTERPRETATION	No	No	Not Cov	No		
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C V	No	No	Not Cov	No		
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	Not Cov	Not Cov	Not Cov	Not Cov		
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	Not Cov	Not Cov	Not Cov	Not Cov		
88125	CYTOPATHOLOGY FORENSIC	No	No	Not Cov	No		
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	No	No	Not Cov	No		
88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	No	No	Not Cov	No		
88141	CYTP CERVICAL VAGINAL REQ INTERP PHYSICIAN	No	No	Not Cov	No		
88142	CYTP CERV VAG AUTO THIN LAYER PREP MNL SCREEN	No	No	Not Cov	No		
88143	CYTP C V FLU AUTO THIN MNL SCR AND RESCR PHYS	No	No	Not Cov	No		
88147	CYTP SMRS C V SCR AUTOMATED SYSTEM PHYS SUPV	No	No	Not Cov	No		
88148	CYTP SMRS C V SCR AUTO SYS MNL RESCR PHYS	No	No	Not Cov	No		
88150	CYTP SLIDES C V MNL SCR UNDER PHYS	No	No	Not Cov	No		
88152	CYTP SLIDES C V MNL SCR AND CPTR RESCR PHYS	No	No	Not Cov	No		
88153	CYTP SLIDES C V MNL SCR AND RESCR PHYS	No	No	Not Cov	No		
88155	CYTP SLIDES C V DEFINITIVE HORMONAL EVAL	No	No	Not Cov	No		
88160	CYTP SMRS ANY OTH SRC SCR AND INTERPJ	No	No	Not Cov	No		
88161	CYTP SMRS ANY OTH SRC PREPJ SCR AND INTERPJ	No	No	Not Cov	No		
88162	CYTP SMRS ANY OTH SRC EXTND STD OVER 5 SLIDES	No	No	Not Cov	No		
88164	CYTP SLIDES CERV VAG MNL SCRN PHYSICIAN SUPV	No	No	Not Cov	No		
88165	CYTP SLIDES C V MNL SCR AND RESCR PHYS SUPV	No	No	Not Cov	No		
88166	CYTP SLIDES C V MNL SCR AND CPTR RESCR PHYS SUPV	No	No	Not Cov	No		
88167	CYTP SLIDES C V MNL SCR AND CPTR RESCR CELL S AND I	No	No	Not Cov	No		
88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	No	No	Not Cov	No		
88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP AND REPORT	No	No	Not Cov	No		
88174	CYTP C V AUTO THIN LYR PREPJ SCR SYS PHYS	No	No	Not Cov	No		
88175	CYTP C V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	No	No	Not Cov	No		
88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
88182	FLOW CYTOMETRY CELL CYCLE DNA ANALYSIS	No	No	Not Cov	No		
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	No	No	Not Cov	No		
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	No	No	Not Cov	No		
88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	No	No	Not Cov	No		
88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	No	No	Not Cov	No		
88189	FLOW CYTOMETRY INTERPRETATION 16 OR GRT MARKERS	No	No	Not Cov	No		
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	No	No	Not Cov	No		
88233	TISS CUL NON-NEO DISORDERS SKN OTH SOLID TISS BX	No	No	Not Cov	No		
88235	TISS CUL NON-NEO DISORDERS AMNIOTIC CHORNC CELLS	No	No	Not Cov	No		
88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	No	No	Not Cov	No		
88239	TISS CUL NEO DISORDERS SOLID TUMOR	No	No	Not Cov	No		
88240	CRYOPRSRV FRZING AND STORAGE CELLS EA CELL LINE	Not Cov	Not Cov	Not Cov	Not Cov		
88241	THAWING AND EXPANSION FROZEN CELLS EACH ALIQUOT	Not Cov	Not Cov	Not Cov	Not Cov		
88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	No	No	Not Cov	No		
88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	No	No	Not Cov	No		
88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	No	No	Not Cov	No		
88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	No	No	Not Cov	No		
88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	No	No	Not Cov	No		
88264	CHRMSM ANALYZE 20-25 CELLS	No	No	Not Cov	No		
88267	CHRMSM ALYS AMNIOTIC VILLUS 15 CELL 1KARYOTYPE	No	No	Not Cov	No		
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	No	No	Not Cov	No		
88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	No	No	Not Cov	No		
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	No	No	Not Cov	No		
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	No	No	Not Cov	No		
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	No	No	Not Cov	No		
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	No	No	Not Cov	No		
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	No	No	Not Cov	No		
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	No	No	Not Cov	No		
88291	CYTOGENETICS AND MOLEC CYTOGENETICS INTERP AND REP	Not Cov	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88299	UNLISTED CYTOGENETIC STUDY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	No	No	Not Cov	No		
88302	LEVEL II SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM	No	No	Not Cov	No		
88304	LEVEL III SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM	No	No	Not Cov	No		
88305	LEVEL IV SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM	No	No	Not Cov	No		
88307	LEVEL V SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM	No	No	Not Cov	No		
88309	LEVEL VI SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM	No	No	Not Cov	No		
88311	DECALCIFICATION PROCEDURE	No	No	Not Cov	No		
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I AND R	No	No	Not Cov	No		
88313	SPCL STN 2 I AND R EXCPT MICROORG ENZYME IMCYT	No	No	Not Cov	No		
88314	SPECIAL STAIN I AND R HISTOCHEMICAL W FROZEN TISSU	No	No	Not Cov	No		
88319	SPECIAL STAIN I AND R GROUP III ENZYME CONSITUENTS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
88321	CONSLTJ AND REPRT SLIDES PREPARED ELSEWHERE	No	No	Not Cov	No		
88323	CONSLTJ AND REPRT MATERIAL REQUIRING PREPJ SLIDES	No	No	Not Cov	No		
88325	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	No	No	Not Cov	No		
88329	PATHOLOGY CONSULTATION DURING SURGERY	No	No	Not Cov	No		
88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	No	No	Not Cov	No		
88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	No	No	Not Cov	No		
88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	No	No	Not Cov	No		
88334	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE	No	No	Not Cov	No		
88341	IMHISTOCHEM CYTCHM EA ADDL ANTIBODY SLIDE	No	No	Not Cov	No		
88342	IMHISTOCHEM CYTCHM 1ST ANTIBODY STAIN PROCEDURE	No	No	Not Cov	No		
88344	IMHISTOCHEM CYTCHM EA MULTIPLEX ANTIBODY SLIDE	No	No	Not Cov	No		
88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	No	No	Not Cov	No		
88348	ELECTRON MICROSCOPY DIAGNOSTIC	No	No	Not Cov	No		
88350	IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN	No	No	Not Cov	No		
88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	No	No	Not Cov	No		
88356	MORPHOMETRIC ANALYSIS NERVE	No	No	Not Cov	No		
88358	MORPHOMETRIC ANALYSIS TUMOR	No	No	Not Cov	No		
88360	M PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	No	No	Not Cov	No		
88361	M PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	No	No	Not Cov	No		
88362	NERVE TEASING PREPARATIONS	No	No	Not Cov	No		
88363	EXAM AND SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	Not Cov	Not Cov	Not Cov	Not Cov		
88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	No	No	Not Cov	No		
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	No	No	Not Cov	No		
88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	No	No	Not Cov	No		
88367	M PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	No	No	Not Cov	No		
88368	M PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	No	No	Not Cov	No		
88369	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88371	PROTEIN ANAL TISSUE WESTERN BLOT W INTERP AND REPO	No	No	Not Cov	No		
88372	PROTEIN ALYS WSTRN BLOT I AND R IMMUNOLOGICAL EA	No	No	Not Cov	No		

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88373	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP AND REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	No	No	Not Cov	No		
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	No	No	Not Cov	No		
88387	MACRO EXAM DISSECT AND PREP TISS NONMICRO STD EA	No	No	Not Cov	No		
88388	MACR EXM DISS AND PRP NONMICR IMPRNT CONSLT FRZ SE	No	No	Not Cov	No		
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Progress Notes
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	No	No	Not Cov	No		
88738	HGB QUANTITATIVE TRANSCUTANEOUS	No	No	Not Cov	No		
88740	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	No	No	Not Cov	No		
88741	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	No	No	Not Cov	No		
88749	UNLISTED IN VIVO LABORTORY SERVICE	Not Cov	Not Cov	Not Cov	Not Cov		
89049	CAFFEINE HALOTHANE CONTRACTURE TEST	No	No	Not Cov	No		
89050	CELL COUNT MISCELLANEOUS BODY FLUIDS	No	No	Not Cov	No		
89051	CELL COUNT MISC BODY FLUIDS W DIFFERENTIAL COUNT	No	No	Not Cov	No		
89055	LEUKOCYTE ASSMT FECAL QUAL SEMIQUANTITATIVE	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
89060	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS ANY FLUID	No	No	Not Cov	No		
89125	FAT STAIN FECES URINE RESPIR SECRETIONS	No	No	Not Cov	No		
89160	MEAT FIBERS FECES	No	No	Not Cov	No		
89190	NASAL SMEAR EOSINOPHILS	No	No	Not Cov	No		
89220	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	No	No	Not Cov	No		
89230	SWEAT COLLECTION IONTOPHORESIS	No	No	Not Cov	No		
89240	UNLIS MISC PATH	Not Cov	Not Cov	Not Cov	Not Cov		
89250	CUL OOCYTE EMBRYO UNDER 4 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
89251	CUL OOCYTE EMBRYO UNDER 4 D CO-CULT OCYTE EMBRY	Not Cov	Not Cov	Not Cov	Not Cov		
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Not Cov	Not Cov	Not Cov	Not Cov		
89254	OOCYTE ID FROM FOLLICULAR FLU	Not Cov	Not Cov	Not Cov	Not Cov		
89255	PREPJ EMBRYO TR	Not Cov	Not Cov	Not Cov	Not Cov		
89257	SPRM ID FROM ASPIR OTH THN SEMINAL	Not Cov	Not Cov	Not Cov	Not Cov		
89258	CRYOPRSRV EMBRYO	Not Cov	Not Cov	Not Cov	Not Cov		
89259	CRYOPRSRV SPRM	Not Cov	Not Cov	Not Cov	Not Cov		
89260	SPRM ISOL SMPL PREP INSEMINATION DX SEMEN ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
89261	SPRM ISOL CPLX PREP INSEMINATION DX SEMEN ALYS	Not Cov	Not Cov	Not Cov	Not Cov		
89264	SPRM ID FROM TSTIS TISS FRSH CRYOPRSRVD	Not Cov	Not Cov	Not Cov	Not Cov		
89268	INSEMINATION OOCYTES	Not Cov	Not Cov	Not Cov	Not Cov		
89272	EXTND CUL OOCYTE EMBRYO 4-7 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
89280	ASSTD FERTILIZATION MICROTQ UNDER EQUAL 10 OOCYTES	Not Cov	Not Cov	Not Cov	Not Cov		
89281	ASSTD FERTILIZATION MICROTQ OVER 10 OOCYTES	Not Cov	Not Cov	Not Cov	Not Cov		
89290	BX OOCYTE MICROTQ UNDER EQ 5 EMBRY	Not Cov	Not Cov	Not Cov	Not Cov		
89291	BX OOCYTE MICROTQ OVER 5 EMBRY	Not Cov	Not Cov	Not Cov	Not Cov		
89300	SEMEN ALYS PRESENCE AND MOTILITY SPRM HUHNER	Not Cov	Not Cov	Not Cov	Not Cov		
89310	SEMEN ALYS MOTILITY AND CNT X W HUHNER TST	Not Cov	Not Cov	Not Cov	Not Cov		
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	Not Cov	Not Cov	Not Cov	Not Cov		
89321	SEMEN ANALYSIS SPERM PRESENCE AND MOTILITY SPRM	Not Cov	No	Not Cov	No		
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	Not Cov	Not Cov	Not Cov	Not Cov		
89325	SPERM ANTIBODIES	Not Cov	Not Cov	Not Cov	Not Cov		
89329	SPERM EVALUATION HAMSTER PENETRATION TEST	Not Cov	Not Cov	Not Cov	Not Cov		
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	Not Cov	Not Cov	Not Cov	Not Cov		
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	Not Cov	Not Cov	Not Cov	Not Cov		
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
89337	CRYOPRESERVATION MATURE OOCYTE(S)	Not Cov	Not Cov	Not Cov	Not Cov		
89342	STORAGE PER YEAR EMBRYO	Not Cov	Not Cov	Not Cov	Not Cov		
89343	STORAGE PER YEAR SPERM SEMEN	Not Cov	Not Cov	Not Cov	Not Cov		
89344	STORAGE PER YR REPRDTVE TISS TSTICULAR OVARIAN	Not Cov	Not Cov	Not Cov	Not Cov		
89346	STORAGE PER YEAR OOCYTE	Not Cov	Not Cov	Not Cov	Not Cov		
89352	THAWING CRYOPRESERVED EMBRYO	Not Cov	Not Cov	Not Cov	Not Cov		
89353	THAWING CRYOPRESERVED SPERM SEMEN EACH ALIQUOT	Not Cov	Not Cov	Not Cov	Not Cov		
89354	THAWING CRYOPRESERVED TESTICULAR OVARIAN	Not Cov	Not Cov	Not Cov	Not Cov		
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	Not Cov	Not Cov	Not Cov	Not Cov		
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
9001F	AORTIC ANEURYSM UNDER 5CM MAX DIAM CENTERLINE AXIAL CT	Not Cov	Not Cov	Not Cov	Not Cov		
9002F	AORTIC ANEURYSM 5-5.4CM MAX DIAM CTRLN AXIAL CT	Not Cov	Not Cov	Not Cov	Not Cov		
9003F	AORTIC ARYSM 5.5-5.9CM MAX DIAM CTRLN AXIAL CT	Not Cov	Not Cov	Not Cov	Not Cov		
9004F	AORTIC ANEURYSM 6 OR GRT CM MAX DIAM CTRLN AXIAL CT	Not Cov	Not Cov	Not Cov	Not Cov		
9005F	ASYMPT CAROT STEN NO ISCHEM STRK CAROT VRTBROBAS	Not Cov	Not Cov	Not Cov	Not Cov		
9006F	SYMPT CAROT STENOS IPSIL CAROT TIA STRK UNDER 120DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
9007F	OTHER CAROTID STENT IPSIL TIA STRK 120 DAYS OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
90281	IMMUNE GLOBULIN IG HUMAN IM USE	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	Not Cov	Not Cov	Not Cov	Not Cov		
90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	Not Cov	Not Cov	Not Cov	Not Cov		
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Not Cov	Not Cov	Not Cov	Not Cov		
90296	DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE	Not Cov	Not Cov	Not Cov	Not Cov		
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	No	No	Not Cov	No		
90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM SUBQ	No	No	Not Cov	No		
90376	RABIES IG HEAT-TREATED HUMAN IM SUBQ	No	No	Not Cov	No		
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Yes	Yes	Not Cov	Yes		See Clinical Information
90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	Not Cov	Not Cov	Not Cov	Not Cov		
90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	Not Cov	Not Cov	Not Cov	Not Cov		

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90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	Not Cov	Not Cov	Not Cov	Not Cov		
90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	Not Cov	Not Cov	Not Cov	Not Cov		
90393	VACCINIA IMMUNE GLOBULIN HUMAN IM	Not Cov	Not Cov	Not Cov	Not Cov		
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	No	Not Cov	Not Cov	Not Cov		
90399	UNLISTED IMMUNE GLOBULIN	Not Cov	Not Cov	Not Cov	Not Cov		
90460	IM ADM THRU 18YR ANY RTE 1ST ONLY COMPT VAC TOX	No	No	Not Cov	No		
90461	IM ADM THRU 18YR ANY RTE ADDL VAC TOX COMPT	No	No	Not Cov	No		
90471	IM ADM PRQ ID SUBQ IM NJXS 1 VACCINE	No	No	Not Cov	No		
90472	IM ADM PRQ ID SUBQ IM NJXS EA VACCINE	No	No	Not Cov	No		
90473	IM ADM INTRANSL ORAL 1 VACCINE	Not Cov	No	Not Cov	No		
90474	IM ADM INTRANSL ORAL EA VACCINE	Not Cov	No	Not Cov	No		
90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	Not Cov	Not Cov	Not Cov	Not Cov		
90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	Not Cov	Not Cov	Not Cov	Not Cov		
90581	ANTHRAX VACCINE SUBCUTANEOUS IM USE	Not Cov	Not Cov	Not Cov	Not Cov		
90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	No	No	Not Cov	No		
90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	Not Cov	No	Not Cov	No		
90587	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	Not Cov	Not Cov	Not Cov	Not Cov		
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	Not Cov	Not Cov	Not Cov	Not Cov		
90620	MENB-4C RECOMBNT PROT AND OUTER MEMB VESIC VACC IM	No	No	Not Cov	No		
90621	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2 3 DOSE IM	No	No	Not Cov	No		
90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	Not Cov	Not Cov	Not Cov	Not Cov		
90630	INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	Not Cov	No	Not Cov	No		
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	No	No	Not Cov	No		
90633	HEPA VACCINE 2 DOSE SCHEDULE PED ADOLESC IM USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90634	HEPA VACCINE 3 DOSE SCHEDULE PED ADOLESC IM USE	Not Cov	Not Cov	Not Cov	Not Cov		
90636	HEPATITIS A AND B VACCINE HEPA-HEPB ADULT IM	No	No	Not Cov	No		
90644	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	No	No	Not Cov	No		
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	No	No	Not Cov	No		
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	No	No	Not Cov	No		
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	Not Cov	Not Cov	Not Cov	Not Cov		
90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	Not Cov	Not Cov	Not Cov	Not Cov		

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90651	9VHPV VACC 2 3 DOSE SCHED IM USE	No	No	Not Cov	No		
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	Not Cov	Not Cov	Not Cov	Not Cov		
90654	INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	Not Cov	Not Cov	Not Cov	Not Cov		
90655	IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90657	IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	No	No	Not Cov	No		
90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	No	No	Not Cov	No		
90660	LAIV3 VACCINE LIVE FOR INTRANASAL USE	No	Not Cov	Not Cov	Not Cov		
90661	CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	Not Cov	No	Not Cov	No		
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	No	No	Not Cov	No		
90664	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	Not Cov	Not Cov	Not Cov	Not Cov		
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	Not Cov	Not Cov	Not Cov	Not Cov		
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	Not Cov	Not Cov	Not Cov	Not Cov		
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	Not Cov	Not Cov	Not Cov	Not Cov		
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	No	No	Not Cov	No		
90672	LAIV4 VACCINE FOR INTRANASAL USE	No	No	Not Cov	No		
90673	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	No	No	Not Cov	No		
90674	CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	No	No	Not Cov	No		
90675	RABIES VACCINE INTRAMUSCULAR	No	No	Not Cov	No		
90676	RABIES VACCINE INTRADERMAL	No	No	Not Cov	No		
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	Not Cov	No	Not Cov	No		
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	No	No	Not Cov	No		
90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	No	No	Not Cov	No		
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
90687	IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	No	No	Not Cov	No		
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	No	No	Not Cov	No		
90689	IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	Not Cov	Not Cov	Not Cov	Not Cov		
90690	TYPHOID VACCINE LIVE ORAL	Not Cov	Not Cov	Not Cov	Not Cov		
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	No	No	Not Cov	No		
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	Not Cov	Not Cov	Not Cov	Not Cov		
90698	DTAP-IPV HIB VACCINE FOR INTRAMUSCULAR USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC UNDER 7 YR IM	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	No	No	Not Cov	No		
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ IM	No	No	Not Cov	No		
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	No	No	Not Cov	No		
90715	TDAP VACCINE 7 YRS OR GRT IM	No	No	Not Cov	No		
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
90717	YELLOW FEVER VACCINE LIVE SUBQ	No	No	Not Cov	No		
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ IM USE	No	No	Not Cov	No		
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	No	No	Not Cov	No		
90734	MCV4 MENACWY CONJ VACC GRPS ACYW-135 IM USE	No	No	Not Cov	No		
90736	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	No	No	Not Cov	No		
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	Not Cov	Not Cov	Not Cov	Not Cov		
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	No	No	Not Cov	No		
90740	HEPB VACCINE DIALYSIS IMMUNSUP PAT 3 DOSE IM	No	No	Not Cov	No		
90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90744	HEPB VACCINE PED ADOLESC 3 DOSE SCHEDULE IM	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	No	No	Not Cov	No		
90747	HEPB VACCINE DIALYSIS IMMUNSUP PAT 4 DOSE IM	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
90749	UNLISTED VACCINE TOXOID	Not Cov	Not Cov	Not Cov	Not Cov		
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	No	Not Cov	Not Cov	No		
90756	CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	No	No	Not Cov	No		
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	Not Cov	No	Not Cov	No	No	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Not Cov	No	Not Cov	No	No	

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90792	PSYCHIATRIC DIAGNOSTIC EVAL W MEDICAL SERVICES	Not Cov	No	Not Cov	No	No	
90832	PSYCHOTHERAPY W PATIENT 30 MINUTES	Not Cov	No	Not Cov	No	No	
90833	PSYCHOTHERAPY W PATIENT W E AND M SRVCS 30 MIN	Not Cov	No	Not Cov	No	No	
90834	PSYCHOTHERAPY W PATIENT 45 MINUTES	Not Cov	No	Not Cov	No	No	
90836	PSYCHOTHERAPY W PATIENT W E AND M SRVCS 45 MIN	Not Cov	No	Not Cov	No	No	
90837	PSYCHOTHERAPY W PATIENT 60 MINUTES	Not Cov	No	Not Cov	No	No	
90838	PSYCHOTHERAPY W PATIENT W E AND M SRVCS 60 MIN	Not Cov	No	Not Cov	No	No	
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
90845	PSYCHOANALYSIS	Not Cov	No	Not Cov	No	No	
90846	FAMILY PSYCHOTHERAPY W O PATIENT PRESENT 50 MINS	No	No	Not Cov	No	No	
90847	FAMILY PSYCHOTHERAPY W PATIENT PRESENT 50 MINS	Not Cov	No	Not Cov	No	No	
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	No	No	Not Cov	No	No	
90853	GROUP PSYCHOTHERAPY	Not Cov	No	Not Cov	No	No	
90863	PHARMACOLOGIC MANAGEMENT W PSYCHOTHERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
90865	NARCOSYNTHESIS PSYC DX AND THER PURPOSES	No	No	Not Cov	No	No	
90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND M	Not Cov	Yes	Not Cov	Yes	Yes	Document current Dx major depressive episode Document age 19 or older Documentation that patient has tried and failed antidepressant medication. Documentation that Antidepressant medication is contraindicated.
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Not Cov	Yes	Not Cov	Yes	Yes	Document current Dx major depressive episode Document age 19 or older Documentation that patient has tried and failed antidepressant medication. Documentation that Antidepressant medication is contraindicated.

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90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MN	Not Cov	Yes	Not Cov	Yes	Yes	Document current Dx major depressive episode Document age 19 or older Documentation of clinically significant positive response to previous transcranial magnetic stimulation treatment
90870	ELECTROCONVULSIVE THERAPY	Yes	Yes	Not Cov	Yes	Yes	Document current psychiatric diagnosis Document age 18 or older Documentation that Pre-electroconvulsive therapy (ECT) workup completed and clearance given Informed consent obtained from patient or guardian Treatment plan
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W PSYTX 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W PSYTX 45 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
90880	HYPNOTHERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	Not Cov	Not Cov	Not Cov	Not Cov		
90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	Not Cov	No	Not Cov	No		
90887	INTERPJ EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	Not Cov	No	Not Cov	No		
90889	PREP REPORT PT PSYCH STATUS AGENCY PAYER	Not Cov	No	Not Cov	No	No	
90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
90901	BIOFEEDBACK TRAINING ANY MODALITY	Not Cov	Not Cov	Not Cov	Not Cov		
90911	BIOFDBK TRNG PERINL MUSC ANORECT URO SPHX W EMG	No	No	Not Cov	No		
90935	HEMODIALYSIS PROCEDURE W PHYS QHP EVALUATION	No	No	Not Cov	No		
90937	HEMODIALYSIS PX REPEAT EVAL W WO REVJ DIALYS RX	Not Cov	No	Not Cov	No		
90940	HEMODIALYSIS ACCESS FLOW STUDY	No	No	Not Cov	No		
90945	DIALYSIS OTHER THAN HEMODIALYSIS 1 PHYS QHP EVAL	No	No	Not Cov	No		
90947	DIALYSIS OTH THN HEMODIALY REPEAT PHYS QHP EVALS	Not Cov	No	Not Cov	No		
90951	ESRD RELATED SVC MONTHLY AND UNDER 2 YR OLD 4 OR GRT V	Not Cov	No	Not Cov	No		
90952	ESRD RELATED SVC MONTHLY UNDER 2 YR OLD 2 3 VISITS	Not Cov	No	Not Cov	No		
90953	ESRD RELATED SVC MONTHLY UNDER 2 YR OLD 1 VISIT	Not Cov	No	Not Cov	No		
90954	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4 OR GRT VISITS	Not Cov	No	Not Cov	No		
90955	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2 3 VISITS	Not Cov	No	Not Cov	No		
90956	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	Not Cov	No	Not Cov	No		

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90957	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4 OR GRT VISITS	Not Cov	No	Not Cov	No		
90958	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2 3 VISITS	Not Cov	No	Not Cov	No		
90959	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	Not Cov	No	Not Cov	No		
90960	ESRD RELATED SVC MONTHLY 20 AND OR GRT YR OLD 4 OR GRT	Not Cov	No	Not Cov	No		
90961	ESRD RELATED SVC MONTHLY 20 OR GRT YR OLD 2 3 VISITS	Not Cov	No	Not Cov	No		
90962	ESRD RELATED SVC MONTHLY 20 AND OR GRT YR OLD 1 VISIT	Not Cov	No	Not Cov	No		
90963	ESRD SVC HOME DIALYSIS FULL MONTH UNDER 2YR OLD	Not Cov	No	Not Cov	No		
90964	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	Not Cov	No	Not Cov	No		
90965	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	Not Cov	No	Not Cov	No		
90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	Not Cov	No	Not Cov	No		
90967	ESRD RELATED SVC UNDER FULL MONTH UNDER 2 YR OLD	Not Cov	No	Not Cov	No		
90968	ESRD RELATED SVC UNDER FULL MONTH 2-11 YR OLD	Not Cov	No	Not Cov	No		
90969	ESRD RELATED SVC UNDER FULL MONTH 12-19 YR OLD	Not Cov	No	Not Cov	No		
90970	ESRD RELATED SVC UNDER FULL MONTH 20 OR GRT YR OLD	Not Cov	No	Not Cov	No		
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	Not Cov	No	Not Cov	No		
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	Not Cov	No	Not Cov	No		
90997	HEMOPERFUSION	Not Cov	No	Not Cov	No		
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OUTPATIENT	Not Cov	No	Not Cov	No		
91010	ESOPHAGEAL MOTILITY STUDY W INTERP AND RPT	No	No	Not Cov	No		
91013	ESOPHAGEAL MOTILITY STD W I AND R STIM PERFUSION	No	No	Not Cov	No		
91020	GASTRIC MOTILITY MANOMETRIC STUDIES	No	No	Not Cov	No		
91022	DUODENAL MOTILITY MANOMETRIC STUDY	No	No	Not Cov	No		
91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	No	No	Not Cov	No		
91034	GASTROESOPHAG REFLX TEST W CATH PH ELTRD PLCMT	No	No	Not Cov	No		
91035	GASTROESOPHAG REFLX TEST W TELEMTRY PH ELTRD	No	No	Not Cov	No		
91037	GASTROESOPHAG REFLX TEST W INTRLUML IMPED ELTRD	No	No	Not Cov	No		
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	No	No	Not Cov	No		
91040	ESOPHGL BALO DISTENSION DX STD W PROVOCATION	No	No	Not Cov	No		
91065	BREATH HYDROGEN METHANE TEST	No	No	Not Cov	No		
91110	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W I AND R	No	No	Not Cov	No		
91111	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W I AND R	No	No	Not Cov	No		
91112	GI TRANSIT AND PRES MEAS WIRELESS CAPSULE W INTERP	Not Cov	Not Cov	Not Cov	Not Cov		
91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W I AND R	No	No	Not Cov	No		
91120	RECTAL SESATION TONE AND COMPLIANCE TEST	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
91122	ANORECTAL MANOMETRY	No	No	Not Cov	No		
91132	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	No	No	Not Cov	No		
91133	ELECTROGASTROGRAPHY DX TRANSCUT W PROVOCTVE TSTG	No	No	Not Cov	No		
91200	LIVER ELASTOGRAPHY W O IMAG W I AND R	No	No	Not Cov	No		
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
92002	OPHTH MEDICAL XM AND EVAL INTERMEDIATE NEW PT	Not Cov	No	Not Cov	No		
92004	OPHTH MEDICAL XM AND EVAL COMPRE NEW PT 1 OR GRT VST	Not Cov	No	Not Cov	No		
92012	OPHTH MEDICAL XM AND EVAL INTERMEDIATE ESTAB PT	Not Cov	No	Not Cov	No		
92014	OPHTH MEDICAL XM AND EVAL COMPRHNSV ESTAB PT 1 OR GRT	Not Cov	No	Not Cov	No		
92015	DETERMINATION REFRACTIVE STATE	Not Cov	No	Not Cov	No		
92018	OPHTH XM AND EVAL ANES W WO MANJ GLOBE COMPL	No	No	Not Cov	No		
92019	OPHTH XM AND EVAL ANES W WO MANJ GLOBE LMTD	No	No	Not Cov	No		
92020	GONIOSCOPY SEPARATE PROCEDURE	No	No	Not Cov	No		
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI BI	No	No	Not Cov	No		
92060	SENSORMOTOR XM W MLT MEAS OCULAR DEVIJ W I AND R SPX	No	No	Not Cov	No		
92065	ORTHOPTIC AND PLEOPTIC TRAINING W MEDICAL DIRECTJ	No	No	Not Cov	No		
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	Not Cov	No	Not Cov	No		
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	Not Cov	No	Not Cov	No		
92081	VISUAL FIELD XM UNI BI W INTERPRETJ LIMITED EXAM	No	No	Not Cov	No		
92082	VISUAL FIELD XM UNI BI W INTERP INTERMED EXAM	No	No	Not Cov	No		
92083	VISUAL FIELD XM UNI BI W INTERP EXTENDED EXAM	No	No	Not Cov	No		
92100	SERIAL TONOMETRY SPX W MLT MEAS INTRAOCULAR PRES	No	No	Not Cov	No		
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMT W I AND R UNI BI	No	No	Not Cov	No		
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	No	No	Not Cov	No		
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	No	No	Not Cov	No		
92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	No	No	Not Cov	No		
92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI BI	Not Cov	Not Cov	Not Cov	Not Cov		
92225	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I AND R 1ST	No	No	Not Cov	No		
92226	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I AND R SBS	No	No	Not Cov	No		
92227	REMOTE IMG DX RETINL DIS W ALYS AND REPORT UNI B	Not Cov	Not Cov	Not Cov	Not Cov		
92228	REMOTE IMAGING MGT RETINAL DISEASE W I AND R UNI B	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
92230	FLUORESCEIN ANGIOSCOPY INTERPRETATION AND REPORT	No	No	Not Cov	No		
92235	FLUORESCEIN ANGRPH W MULTIFRAME I AND R UNI BI	No	No	Not Cov	No		
92240	INDOCYANINE-GREEN ANGRPH W MULTIFRAME I AND R UNI BI	No	No	Not Cov	No		
92242	FLUORESCEIN ICG ANGRPH W MULTIFRAME I AND R UNI BI	No	No	Not Cov	No		
92250	FUNDUS PHOTOGRAPHY W INTERPRETATION AND REPORT	No	No	Not Cov	No		
92260	OPHTHALMODYNAMOMETRY	No	No	Not Cov	No		
92265	NEEDLE OCULOGRAPHY 1 XOC MUSC 1 BOTH EYE W I AND R	No	No	Not Cov	No		
92270	ELECTRO-OCULOGRAPY W INTERPRETATION AND REPORT	No	No	Not Cov	No		
92273	FULL FIELD ELECTRORETINOGRAPHY W I AND R	No	No	Not Cov	No		
92274	MULTIFOCAL ELECTRORETINOGRAPHY W I AND R	No	No	Not Cov	No		
92283	COLOR VISION XM EXTENDED ANOMALOSCOPE EQUIV	No	No	Not Cov	No		
92284	DARK ADAPTATION XM W INTERPRETATION AND REPORT	No	No	Not Cov	No		
92285	XTRNL OCULAR PHOTOG W I AND R DOCMT MEDICAL PROGRE	No	No	Not Cov	No		
92286	ANT SGM IMAGING W MICROSCOPY ENDOTHELIAL ANALY	No	No	Not Cov	No		
92287	ANT SGM IMAGING W FLUOROSCEIN ANGIO AND I AND R	No	No	Not Cov	No		
92310	RX AND FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	Not Cov	Not Cov	Not Cov	Not Cov		
92311	RX AND FITG CONTACT CORNEAL LENS APHAKIA 1 EYE	Not Cov	Not Cov	Not Cov	Not Cov		
92312	RX AND FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES	Not Cov	Not Cov	Not Cov	Not Cov		
92313	RX AND FITG CORNEOSCLERAL LENS	Not Cov	Not Cov	Not Cov	Not Cov		
92314	RX AND FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	Not Cov	Not Cov	Not Cov	Not Cov		
92315	RX CONTACT CORNEAL LENS APHAKIA 1 EYE	Not Cov	Not Cov	Not Cov	Not Cov		
92316	RX CONTACT CORNEAL LENS APHAKIA BOTH EYES	Not Cov	Not Cov	Not Cov	Not Cov		
92317	RX CONTACT CORNEOSCLERAL LENS	Not Cov	Not Cov	Not Cov	Not Cov		
92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	Not Cov	Not Cov	Not Cov	Not Cov		
92326	REPLACEMENT CONTACT LENS	Not Cov	Not Cov	Not Cov	Not Cov		
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
92354	FITTING SPECTACLE MOUNTED LW VIS AID 1 ELMNT	Not Cov	No	Not Cov	No		
92355	FITTING SPECTACLE MOUNTED LW VIS AID TLSCP	Not Cov	No	Not Cov	No		
92358	PROSTHESIS SERVICE APHAKIA TEMPORARY	Not Cov	Not Cov	Not Cov	Not Cov		
92370	RPR AND REFITG SPECTACLES EXCEPT APHAKIA	Not Cov	Not Cov	Not Cov	Not Cov		

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92371	RPR AND REFITG SPECTACLE PROSTHESIS APHAKIA	Not Cov	Not Cov	Not Cov	Not Cov		
92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	No	No	No	No		
92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	No	No	Not Cov	No		
92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
92511	NASOPHARYNGOSCOPY W ENDOSCOPE SPX	No	No	Not Cov	No		
92512	NASAL FUNCTION STUDIES	No	No	Not Cov	No		
92516	FACIAL NERVE FUNCTION STUDIES	No	No	Not Cov	No		
92520	LARYNGEAL FUNCTION STUDIES	No	No	Not Cov	No		
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	No	No	Not Cov	No		
92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	No	No	Not Cov	No		
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	No	No	Not Cov	No		
92524	BEHAVIORAL AND QUALIT ANALYSIS VOICE AND RESONANCE	No	No	Not Cov	No		
92526	TX SWALLOWING DYSFUNCTION AND ORAL FUNCJ FEEDING	No	No	Not Cov	No		
92531	SPONTANEOUS NYSTAGMUS W GAZE	No	No	Not Cov	No		
92532	POSITIONAL NYSTAGMUS TEST	No	No	Not Cov	No		
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION	No	No	Not Cov	No		
92534	OPTOKINETIC NYSTAGMUS TEST	No	No	Not Cov	No		
92537	CALORIC VESTIBULAR TEST W REC BI BITHERMAL	No	No	Not Cov	No		
92538	CALORIC VESTIBULAR TEST W REC BI MONOTHERMAL	No	No	Not Cov	No		
92540	VSTBLR FUNCJ NYSTAG FOVL AND PERPH STIMJ OSCIL TRK	No	No	Not Cov	No		
92541	SPONTANEOUS NYSTAGMUS TEST	No	No	Not Cov	No		
92542	POSITIONAL NYSTAGMUS TEST	No	No	Not Cov	No		
92544	OPTKINETIC NYSTAG BIDIR FOVEAL PERIPH STIM W REC	No	No	Not Cov	No		

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92545	OSCILLATING TRACKING TEST W RECORDING	No	No	Not Cov	No		
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	No	No	Not Cov	No		
92547	USE VERTICAL ELECTRODES	No	No	Not Cov	No		
92548	COMPUTERIZED DYNAMIC POSTUROGRAPY	No	No	Not Cov	No		
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	No	No	Not Cov	No		
92551	SCREENING TEST PURE TONE AIR ONLY	No	No	Not Cov	No		
92552	PURE TONE AUDIOMETRY AIR ONLY	No	No	Not Cov	No		
92553	PURE TONE AUDIOMETRY AIR AND BONE	No	No	Not Cov	No		
92555	SPEECH AUDIOMETRY THRESHOLD	No	No	Not Cov	No		
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	No	No	Not Cov	No		
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	No	No	Not Cov	No		
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	No	No	Not Cov	No		
92559	AUDIOMETRIC TESTING GROUPS	Not Cov	Not Cov	Not Cov	Not Cov		
92560	BEKESY AUDIOMETRY SCREENING	Not Cov	Not Cov	Not Cov	Not Cov		
92561	BEKESY AUDIOMETRY DIAGNOSTIC	Not Cov	Not Cov	Not Cov	Not Cov		
92562	LOUDNESS BALANCE BINAURAL MONAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
92563	TONE DECAY TEST	Not Cov	Not Cov	Not Cov	Not Cov		
92564	SHORT INCREMENT SENSITIVITY INDEX	Not Cov	Not Cov	Not Cov	Not Cov		
92565	STENGER TEST PURE TONE	Not Cov	Not Cov	Not Cov	Not Cov		
92567	TYMPANOMETRY	No	No	Not Cov	No		
92568	ACOUSTIC REFLEX THRESHOLD	No	No	Not Cov	No		
92570	ACOUSTIC IMMIT TEST TYMPANOM ACOUST REFLX DECAY	No	No	Not Cov	No		
92571	FILTERED SPEECH TEST	Not Cov	Not Cov	Not Cov	Not Cov		
92572	STAGGERED SPONDAIC WORD	Not Cov	Not Cov	Not Cov	Not Cov		
92575	SENSORINEURAL ACUITY LEVEL	Not Cov	Not Cov	Not Cov	Not Cov		
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	Not Cov	Not Cov	Not Cov	Not Cov		
92577	STENGER TEST SPEECH	Not Cov	Not Cov	Not Cov	Not Cov		
92579	VISUAL REINFORCEMENT AUDIOMETRY	No	No	Not Cov	No		
92582	CONDITIONING PLAY AUDIOMETRY	No	No	Not Cov	No		
92583	SELECT PICTURE AUDIOMETRY	Not Cov	Not Cov	Not Cov	Not Cov		
92584	ELECTROCOCHLEOGRAPHY	No	No	Not Cov	No		
92585	AUDITORY EVOKED POTENTIALS COMPREHENSIVE	No	No	Not Cov	No		
92586	AUDITORY EVOKED POTENTIALS LIMITED	No	No	Not Cov	No		
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	No	No	Not Cov	No		

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92588	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP DX EVAL	No	No	Not Cov	No		
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
92591	HEARING AID EXAMINATION AND SELECTION BINAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
92592	HEARING AID CHECK MONAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
92593	HEARING AID CHECK BINAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
92594	ELECTROACOUS EVAL HEARING AID MONAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
92595	ELECTROACOUS EVAL HEARING AID BINAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	Not Cov	Not Cov	Not Cov	Not Cov		
92597	EVAL AND FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	No	No	Not Cov	No		
92601	ANALYSIS COCHLEAR IMPLT PT UNDER 7 YR PRGRMG	No	No	Not Cov	No		
92602	ANALYSIS COCHLEAR IMPLT PT UNDER 7 YR SBSQ REPRGRMG	No	No	Not Cov	No		
92603	ANALYSIS COCHLEAR IMPLT 7 YR OR GRT PRGRMG	No	No	Not Cov	No		
92604	ANALYSIS COCHLEAR IMPLT 7 YR OR GRT SBSQ REPRGRMG	No	No	Not Cov	No		
92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	No	No	Not Cov	No		
92606	THER SVC N-SP-GENRATJ DEV PRGRMG AND MODIFICAJ	Not Cov	No	Not Cov	No		
92607	RX SP-GENRATJ AUGMNT AND COMUNICAJ DEV 1ST HR	No	No	Not Cov	No		
92608	RX SP-GENRATJ AUGMNT AND COMUNICAJ DEV EA 30 MIN	No	No	Not Cov	No		
92609	THER SP-GENRATJ DEV PRGRMG AND MODIFICAJ	No	No	Not Cov	No		
92610	EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ	No	No	Not Cov	No		
92611	MOTION FLUOR EVAL SWLNG FUNCJ C V REC	No	No	Not Cov	No		
92612	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C V REC	No	No	Not Cov	No		
92613	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C V REC I AND R	No	No	Not Cov	No		
92614	FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C V REC	No	No	Not Cov	No		
92615	FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C V REC I AND R	Not Cov	No	Not Cov	No		
92616	FLEXIBLE NDSC EVAL SWLNG AND LARYN SENS C V REC	No	No	Not Cov	No		
92617	FLEXIBLE NDSC EVAL SWLNG AND LARYN SENS C V I AND R	Not Cov	No	Not Cov	No		
92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	No	No	Not Cov	No		
92620	EVAL CENTRAL AUDITORY FUNCJ W REPRT 1ST 60 MIN	No	No	Not Cov	No		
92621	EVAL CENTRAL AUDITORY FUNCJ W REPRT EA 15 MIN	No	No	Not Cov	No		
92625	ASSESSMENT TINNITUS	No	No	Not Cov	No		
92626	EVALUATION AUDITORY REHAB STATUS 1ST HR	No	No	Not Cov	No		
92627	EVALUATION AUDITORY REHAB STATUS EA 15 MIN	No	No	Not Cov	No		
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	No	No	Not Cov	No		
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	No	No	Not Cov	No		

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92640	ANALYSIS W PRGRMG AUD BRAINSTEM IMPLANT PR HR	No	No	Not Cov	No		
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART BRANCH	No	No	Not Cov	No		
92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	No	No	Not Cov	No		
92924	PRQ TRLUML CORONARY ANGIO ATHERECT ONE ART BRNCH	No	No	Not Cov	No		
92925	PRQ TRLUML CORONARY ANGIO ATHEREC ADDL ART BRNCH	No	No	Not Cov	No		
92928	PRQ TRLUML CORONARY STENT W ANGIO ONE ART BRNCH	No	No	Not Cov	No		
92929	PRQ TRLUML CORONARY STENT W ANGIO ADDL ART BRNCH	No	No	Not Cov	No		
92933	PRQ TRLUML CORONRY STENT ATH ANGIO ONE ART BRNCH	No	No	Not Cov	No		
92934	PRQ TRLUML CORONARY STENT ATH ANGIO ADDL BRANCH	No	No	Not Cov	No		
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	No	No	Not Cov	No		
92938	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	No	No	Not Cov	No		
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	No	No	Not Cov	No		
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	Not Cov	No	Not Cov	No		
92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	No	No	Not Cov	No		
92950	CARDIOPULMONARY RESUSCITATION	No	No	Not Cov	No		
92953	TEMPORARY TRANSCUTANEOUS PACING	No	No	Not Cov	No		
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	No	No	Not Cov	No		
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	No	No	Not Cov	No		
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	Not Cov	No	Not Cov	No		
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	Not Cov	No	Not Cov	No		
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	No	No	Not Cov	No		
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	No	No	Not Cov	No		
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	Not Cov	No	Not Cov	No		
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	No	No	Not Cov	No		
92978	ENDOLUMINAL CORONARY IVUS OCT I AND R INITIAL VESSEL	No	No	Not Cov	No		
92979	ENDOLUMINAL CORONARY IVUS OCT I AND R ADDL VESSEL	No	No	Not Cov	No		
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	No	No	Not Cov	No		
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	No	No	Not Cov	No		
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	No	No	Not Cov	No		
92992	ATRIAL SEPTECT SEPTOST TRANSVENOUS BALLOON	Not Cov	No	Not Cov	No		

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92993	ATRIAL SEPTECT SEPTOSTOMY BLADE METHOD	Not Cov	No	Not Cov	No		
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	No	No	Not Cov	No		
92998	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	No	No	Not Cov	No		
93000	ECG ROUTINE ECG W LEAST 12 LDS W I AND R	Not Cov	No	Not Cov	No		
93005	ECG ROUTINE ECG W LEAST 12 LDS TRCG ONLY W O I AND R	No	No	Not Cov	No		
93010	ECG ROUTINE ECG W LEAST 12 LDS I AND R ONLY	Not Cov	No	Not Cov	No		
93015	CV STRS TST XERS AND OR RX CONT ECG W SI AND R	Not Cov	No	Not Cov	No		
93016	CV STRS TST XERS AND OR RX CONT ECG W O I AND R	Not Cov	No	Not Cov	No		
93017	CV STRS TST XERS AND OR RX CONT ECG TRCG ONLY	No	No	Not Cov	No		
93018	CV STRS TST XERS AND OR RX CONT ECG I AND R ONLY	Not Cov	No	Not Cov	No		
93024	ERGONOVINE PROVOCATION TST	No	No	Not Cov	No		
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	Not Cov	Not Cov	Not Cov	Not Cov		
93040	RHYTHM ECG 1-3 LEADS W INTERPRETATION AND REPORT	Not Cov	No	Not Cov	No		
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W O I AND R	No	No	Not Cov	No		
93042	RHYTHM ECG 1-3 LEADS INTERPRETATION AND REPRT ON	Not Cov	No	Not Cov	No		
93050	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	Not Cov	Not Cov	Not Cov	Not Cov		
93224	XTRNL ECG AND 48 HR RECORD SCAN STOR W R AND I	Not Cov	No	Not Cov	No		
93225	XTRNL ECG AND 48 HR RECORDING	No	No	Not Cov	No		
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	No	No	Not Cov	No		
93227	XTRNL ECG CONTINUOUS RHYTHM W I AND R UP TO 48 HRS	Not Cov	No	Not Cov	No		
93228	XTRNL MOBILE CV TELEMETRY W I AND REPORT 30 DAYS	Not Cov	No	Not Cov	No		
93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Not Cov	Yes	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	No	No	Not Cov	No		
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	No	No	Not Cov	No		
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Not Cov	Not Cov	Not Cov	Not Cov		
93268	XTRNL PT ACTIV ECG TRANSMIS W R AND I UNDER 30 DAYS	Not Cov	No	Not Cov	No		
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	No	No	Not Cov	No		
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	No	No	Not Cov	No		
93272	XTRNL PT ACTIVTD ECG DWNLD W R AND I UNDER 30 DAYS	Not Cov	No	Not Cov	No		
93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W WO ECG	No	No	Not Cov	No		
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	No	No	Not Cov	No		
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	No	No	Not Cov	No		
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	No	No	Not Cov	No		
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	No	No	Not Cov	No		
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	No	No	Not Cov	No		
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	No	No	Not Cov	No		
93286	PERI-PX EVAL AND PROGRAM IN PRSN PACEMAKER SYSTEM	No	No	Not Cov	No		
93287	PERI-PX DEV EVAL AND PROG SING DUAL MULTI LEAD DFB	No	No	Not Cov	No		
93288	INTERROGATION EVAL IN PERSON 1 DUAL MLT LEAD PM	No	No	Not Cov	No		
93289	INTERROG EVAL F2F 1 DUAL MLT LEADS IMPLTBL DFB	No	No	Not Cov	No		
93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	No	No	Not Cov	No		
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM	No	No	Not Cov	No		
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	No	No	Not Cov	No		
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	No	No	Not Cov	No		
93294	INTERROGATION EVAL REMOTE UNDER 90 D 1 2 MLT LEAD PM	Not Cov	No	Not Cov	No		
93295	INTERROGATION EVAL REMOTE UNDER 90 D 1 2 MLT LD DFB	Not Cov	No	Not Cov	No		
93296	INTERROGATION REMOTE UNDER 90 D TECHNICIAN REVIEW	No	No	Not Cov	No		
93297	INTERROGATION EVAL REMOTE UNDER 30 D CV MNTR SYS	Not Cov	No	Not Cov	No		
93298	INTERROGATION EVALUATION REMOTE UNDER 30 D ILR SYS	Not Cov	No	Not Cov	No		
93299	INTERROGATION EVAL REMOTE UNDER 30 D TECH REVIEW	No	No	Not Cov	No		
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	No	No	Not Cov	No		
93304	F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	No	No	Not Cov	No		
93306	ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D	No	No	Not Cov	No		
93307	ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP	No	No	Not Cov	No		
93308	ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD	No	No	Not Cov	No		
93312	ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUISJ I AND R	No	No	Not Cov	No		
93313	ECHO R-T 2D W PROBE PLACEMENT ONLY	No	No	Not Cov	No		
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I AND R ONLY	No	No	Not Cov	No		
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I AND R	No	No	Not Cov	No		
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	No	No	Not Cov	No		
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP AND REPORT	No	No	Not Cov	No		
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	No	No	Not Cov	No		
93320	DOPPLER ECHOCARD PULSE WAVE W SPECTRAL DISPLAY	No	No	Not Cov	No		
93321	DOP ECHOCARD PULSE WAVE W SPECTRAL F-UP LMTD STD	No	No	Not Cov	No		

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93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	No	No	Not Cov	No		
93350	ECHO TTHRC R-T 2D W WO M-MODE COMPLETE REST AND ST	No	No	Not Cov	No		
93351	ECHO TTHRC R-T 2D W WO M-MODE REST AND STRS CONT ECG	No	No	Not Cov	No		
93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	Not Cov	No	Not Cov	No		
93355	ECHO TEE GUID TCAT ICAR VESSEL STRUCTURAL INTVN	No	No	Not Cov	No		
93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT	No	No	Not Cov	No		
93452	L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I	No	No	Not Cov	No		
93453	R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I	No	No	Not Cov	No		
93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I	No	No	Not Cov	No		
93455	CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I	No	No	Not Cov	No		
93456	CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I	No	No	Not Cov	No		
93457	CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I	No	No	Not Cov	No		
93458	CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I	No	No	Not Cov	No		
93459	CATH PLMT L HRT ARTS GRFTS WNJX AND ANGIO IMG S AND I	No	No	Not Cov	No		
93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG	No	No	Not Cov	No		
93461	R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I	No	No	Not Cov	No		
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	No	No	Not Cov	No		
93463	MEDICATION ADMIN AND HEMODYNAMIC MEASURMENT	Not Cov	No	Not Cov	No		
93464	PHYSIOLOGIC EXERCISE STUDY AND HEMODYNAMIC MEASU	No	No	Not Cov	No		
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	No	No	Not Cov	No		
93505	ENDOMYOCARDIAL BIOPSY	No	No	Not Cov	No		
93530	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY	No	No	Not Cov	No		
93531	CMBN R HRT AND RETROGRADE L HRT CATHJ CGEN ANOMA	No	No	Not Cov	No		
93532	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN	No	No	Not Cov	No		
93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	No	No	Not Cov	No		
93561	INDIC DIL STD ARTL AND OR VEN CATHJ W OUTP MEAS	No	No	Not Cov	No		
93562	INDIC DIL STD ARTL AND OR VEN CATHJ SBSQ OUTP MEA	No	No	Not Cov	No		
93563	NJX SEL HRT ART CONGENITAL HRT CATH W S AND I	No	No	Not Cov	No		
93564	NJX SEL HRT ART GRFT CONGENITAL HRT CATH W S AND I	No	No	Not Cov	No		
93565	NJX SEL L VENT ATRIAL ANGIO HRT CATH W S AND I	No	No	Not Cov	No		
93566	NJX SEL R VENT ATRIAL ANGIO HRT CATH W S AND I	No	No	Not Cov	No		
93567	NJX SUPRAVALV AORTOG HRT CATH W S AND I	No	No	Not Cov	No		
93568	NJX PULMONARY ANGIO HRT CATH W S AND I	No	No	Not Cov	No		
93571	IV DOP VEL AND OR PRESS C FLO RSRV MEAS 1ST VSL	No	No	Not Cov	No		

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93572	IV DOP VEL AND OR PRESS C FLO RSRV MEAS ADDL VSL	No	No	Not Cov	No		
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W IMPLT	No	No	Not Cov	No		
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W IMPLT	No	No	Not Cov	No		
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	No	No	Not Cov	No		
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	No	No	Not Cov	No		
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	Not Cov	No	Not Cov	No		
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	Not Cov	No	Not Cov	No		
93592	PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	Not Cov	No	Not Cov	No		
93600	BUNDLE OF HIS RECORDING	No	No	Not Cov	No		
93602	INTRA-ATRIAL RECORDING	No	No	Not Cov	No		
93603	RIGHT VENTRICULAR RECORDING	No	No	Not Cov	No		
93609	INTRA-VENTRIC AND ATRIAL MAPG TACHYCARD W CATH MA	No	No	Not Cov	No		
93610	INTRA-ATRIAL PACING	No	No	Not Cov	No		
93612	INTRAVENTRICULAR PACING	No	No	Not Cov	No		
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	No	No	Not Cov	No		
93615	ESOPHGL REC ATRIAL W WO VENTRICULAR ELECTROGRAMS	No	No	Not Cov	No		
93616	ESOPHGL REC ATRIAL W WO VENTR ELECTRGRAMS W PACG	No	No	Not Cov	No		
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	No	No	Not Cov	No		
93619	COMPRE ELECTROPHYSIOLOGIC W O ARRHYT INDUCTION	No	No	Not Cov	No		
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	No	No	Not Cov	No		
93621	COMPRE ELECTROPHYSIOL XM W LEFT ATRIAL PACNG REC	No	No	Not Cov	No		
93622	COMPRE ELECTROPHYSIOL XM W LEFT VENTR PACNG REC	No	No	Not Cov	No		
93623	PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS	No	No	Not Cov	No		
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W PAC REC W ARRHYT	No	No	Not Cov	No		
93631	INTRAOP EPICAR AND ENDOCAR PACG AND MAPG	No	No	Not Cov	No		
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN REPLACE	No	No	Not Cov	No		
93641	EPHYS EVAL PACG CVDFB LDS W TSTG OF PULSE GEN	No	No	Not Cov	No		
93642	EPHYS EVAL PACG CVDFB PRGRMG REPRGRMG PARAMETERS	No	No	Not Cov	No		
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	Not Cov	Not Cov	Not Cov	Not Cov		
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	No	No	Not Cov	No		
93653	EPHYS EVAL W ABLATION SUPRAVENT ARRHYTHMIA	No	No	Not Cov	No		
93654	EPHYS EVAL W ABLATION VENTRICULAR TACHYCARDIA	No	No	Not Cov	No		
93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	No	No	Not Cov	No		
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	No	No	Not Cov	No		

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93657	ABLATE L R ATRIAL FIBRIL W ISOLATED PULM VEIN	No	No	Not Cov	No		
93660	CARDIOVASCULAR FUNCTION EVAL W TILT TABLE W MNTR	No	No	Not Cov	No		
93662	INTRACARD ECHOCARD W THER DX IVNTJ INCL IMG S AND I	No	No	Not Cov	No		
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	No	Not Cov	Not Cov	Not Cov		
93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Not Cov	Not Cov	Not Cov	Not Cov		
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	No	No	Not Cov	No		
93740	TEMPRATURE GRADIENT STUDY	No	No	Not Cov	No		
93745	1ST SET-UP AND PRGRMG PHYS QHP OF WEARABLE CVDFB	No	No	Not Cov	No		
93750	INTERROGATION VAD IN PRSON W PHYS QHP ANALYSIS	No	No	Not Cov	No		
93770	DERMINATION OF VENOUS PRESSUE	No	No	Not Cov	No		
93784	AMBL BLD PRESS W TAPE AND DISK 24 OR GRT HR ALYS I AND R	Not Cov	No	Not Cov	No		
93786	BL BLD PRESS W TAPE AND DISK 24 OR GRT HR REC ONL	No	No	Not Cov	No		
93788	AMBL BLD PRESS W TAPE DISK 24 OR GRT HR ALYS W REPRT	No	No	Not Cov	No		
93790	AMBL BLD PRESS TAPE AND DISK 24 OR GRT HR REVIEW	Not Cov	No	Not Cov	No		
93792	PT CAREGIVER TRAINJ FOR INITIATION HOME INR MNTR	Not Cov	Not Cov	Not Cov	Not Cov		
93793	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	Not Cov	Not Cov	Not Cov	Not Cov		
93797	OUTPATIENT CARDIAC REHAB W O CONT ECG MONITOR	No	No	Not Cov	No		
93798	OUTPATIENT CARDIAC REHAB W CONT ECG MONITORING	No	No	Not Cov	No		
93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	No	No	Not Cov	No		
93882	DUPLEX SCAN EXTRACRANIAL ART UNI LMTD STUDY	No	No	Not Cov	No		
93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	No	No	Not Cov	No		
93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	No	No	Not Cov	No		
93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	No	No	Not Cov	No		
93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	No	No	Not Cov	No		
93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	No	No	Not Cov	No		
93895	CAROTID INTIMA MEDIA AND CAROTID ATHEROMA EVAL BI	Not Cov	Not Cov	Not Cov	Not Cov		
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	No	No	Not Cov	No		

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93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	No	No	Not Cov	No		
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	No	No	Not Cov	No		
93925	DUP-SCAN LXTR ART ARTL BPGS COMPL BI STUDY	No	No	Not Cov	No		
93926	DUP-SCAN LXTR ART ARTL BPGS UNI LMTD STUDY	No	No	Not Cov	No		
93930	DUP-SCAN UXTR ART ARTL BPGS COMPL BI STUDY	No	No	Not Cov	No		
93931	DUP-SCAN UXTR ART ARTL BPGS UNI LMTD STUDY	No	No	Not Cov	No		
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	No	No	Not Cov	No		
93971	DUP-SCAN XTR VEINS UNILATERAL LIMITED STUDY	No	No	Not Cov	No		
93975	DUP-SCAN ARTL FLO ABDL PEL SCROT AND RPR ORGN COM	No	No	Not Cov	No		
93976	DUP-SCAN ARTL FLO ABDL PEL SCROT AND RPR ORGN LMT	No	No	Not Cov	No		
93978	DUP-SCAN AORTA IVC ILIAC VASCL BPGS COMPLETE	No	No	Not Cov	No		
93979	DUP-SCAN AORTA IVC ILIAC VASCL BPGS UNI LMTD	No	No	Not Cov	No		
93980	DUP-SCAN ARTL INFL AND VEN O F PEN VSL COMPL	No	No	Not Cov	No		
93981	DUP-SCAN ARTL INFL AND VEN O F PEN VSL F-UP LMTD STD	No	No	Not Cov	No		
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	No	No	Not Cov	No		
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Not Cov	Not Cov	Not Cov	Not Cov		
94002	VENTILATION ASSIST AND MGMT INPATIENT 1ST DAY	No	No	Not Cov	No		
94003	VENTILATION ASSIST AND MGMT INPATIENT EA SBSQ DA	Not Cov	No	Not Cov	No		
94004	VENTILATION ASSIST AND MGMT NURSING FAC PR DAY	Not Cov	No	Not Cov	No		
94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
94010	SPMTRY W VC EXPIRATORY FLO W WO MXML VOL VNTJ	No	No	Not Cov	No		
94011	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT AND 2 Y	No	No	Not Cov	No		
94012	MEAS SPIRO FRCD EXP FLO PRE AND POST BRONCH INF 2YRS	No	No	Not Cov	No		
94013	MEASUREMENT LUNG VOLUMES INFANT CHILD 2 YRS	No	No	Not Cov	No		
94014	PT-INITIATE SPIROMETRIC RECORDING PHYS QHP R AND I	No	No	Not Cov	No		
94015	PATIENT-INITIATED SPIROMETRIC RECORDING	No	No	Not Cov	No		
94016	PATIENT-INITIATED SPIROMETRIC PHYS QHP R AND I ONLY	Not Cov	No	Not Cov	No		
94060	BRNCDILAT RSPSE SPMTRY PRE AND POST-BRNCDILAT ADMN	No	No	Not Cov	No		
94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W ADMN AGT	No	No	Not Cov	No		
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	No	No	Not Cov	No		
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	No	No	Not Cov	No		
94250	EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX	No	No	Not Cov	No		
94375	RESPIRATORY FLOW VOLUME LOOP	No	No	Not Cov	No		
94400	BREATHING RESPONSE TO CO2	No	No	Not Cov	No		

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94450	BREATHING RESPONSE TO HYPOXIA	No	No	Not Cov	No		
94452	HIGH ALTITUDE SIMULATJ TEST W PHYS INTERP AND REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
94453	HIGH ALTITUDE SIMULATJ W PHYS I AND R W O2 TITRATION	Not Cov	Not Cov	Not Cov	Not Cov		
94610	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS QHP	Not Cov	Not Cov	Not Cov	Not Cov		
94617	EXERCISE TEST FOR BRONCHOSPASM	No	No	Not Cov	No		
94618	PULMONARY STRESS TESTING	No	No	Not Cov	No		
94621	CARDIOPULMONARY EXERCISE TESTING	No	No	Not Cov	No		
94640	PRESSURIZED NONPRESSURIZED INHALATION TREATMENT	No	No	Not Cov	No		
94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS PROPH	No	No	Not Cov	No		
94644	CONTINUOUS INHALATION TREATMENT 1ST HR	No	Not Cov	Not Cov	Not Cov		
94645	CONTINUOUS INHALATION TREATMENT EA ADDL HR	No	Not Cov	Not Cov	Not Cov		
94660	CPAP VENTILATION CPAP INITIATION AND MGMT	No	No	Not Cov	No		
94662	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT AND MGM	No	No	Not Cov	No		
94664	DEMO AND EVAL OF PT UTILIZ AERSL GEN NEB INHLR IP	No	No	Not Cov	No		
94667	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO AND EVAL	No	No	Not Cov	No		
94668	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	No	No	Not Cov	No		
94669	MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	Not Cov	Not Cov	Not Cov	Not Cov		
94680	O2 UPTK EXP GAS ANALYSIS REST AND XERS DIRECT SIMP	No	No	Not Cov	No		
94681	O2 UPTK EXP GAS ALYS W CO2 OUTPUT PCT O2 XTRC	No	No	Not Cov	No		
94690	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	No	No	Not Cov	No		
94726	PLETHYSMOGRAPHY LUNG VOLUMES W WO AIRWAY RESIST	No	No	Not Cov	No		
94727	GAS DILUT WASHOUT LUNG VOL W WO DISTRIB VENT AND V	No	No	Not Cov	No		
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	No	No	Not Cov	No		
94729	CO DIFFUSING CAPACITY	No	No	Not Cov	No		
94750	PULMONARY COMPLIANCE STUDY	No	No	Not Cov	No		
94760	NONINVASIVE EAR PULSE OXIMETRY SINGLE DETER	No	No	Not Cov	No		
94761	NONINVASIVE EAR PULSE OXIMETRY MULTIPLE DETER	No	No	Not Cov	No		
94762	NONINVASIVE EAR PULSE OXIMETRY OVERNIGHT MONITOR	No	No	Not Cov	No		
94770	CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER	No	No	Not Cov	No		
94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	No	No	Not Cov	No		
94774	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I AND R	Not Cov	No	Not Cov	No		
94775	PEDIATRIC APNEA MONITOR ATTACHMENT	Not Cov	No	Not Cov	No		
94776	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	Not Cov	No	Not Cov	No		
94777	PEDIATRIC APNEA MONITOR PHYS QHP REVIEW	Not Cov	No	Not Cov	No		

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94780	CAR SEAT BED TESTING W INTERP AND REPORT 60 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
94781	CAR SEAT BED TESTNG W INTERP AND REPORT ADDL 30MIN	Not Cov	Not Cov	Not Cov	Not Cov		
94799	UNLISTED PULMONARY SERVICE PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
95004	PERCUTANEOUS TESTS W ALLERGENIC EXTRACTS	No	No	Not Cov	No		
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	Not Cov	No	Not Cov	No		
95017	ALLG TSTG PERQ AND IC VENOMS IMMED REACT W I AND R	No	No	Not Cov	No		
95018	ALLG TEST PERQ AND IC DRUG BIOL IMMED REACT W I AND R	No	No	Not Cov	No		
95024	INTRACUTANEOUS TESTS W ALLERGENIC EXTRACTS	No	No	Not Cov	No		
95027	INTRACUTANEOUS TESTS W ALLERGENIC XTRCS AIRBORNE	No	No	Not Cov	No		
95028	IC TSTS W ALLGIC XTRCS DLYD TYP RXN W READING	No	No	Not Cov	No		
95044	PATCH APPLICATION TEST SPECIFY NUMBER TESTS	No	No	Not Cov	No		
95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS	No	No	Not Cov	No		
95056	PHOTO TESTS	No	No	Not Cov	No		
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	No	No	Not Cov	No		
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	No	No	Not Cov	No		
95070	INHLJ BRNCL CHALLENGE TSTG W HISTAM METHACHOL	No	No	Not Cov	No		
95071	INHLJ BRNCL CHALLENGE TSTG W AGS GASES	No	No	Not Cov	No		
95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES	No	No	Not Cov	No		
95079	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	No	No	Not Cov	No		
95115	PROF SVCS ALLG IMMNTX X W PRV ALLGIC XTRCS 1 NJX	No	No	Not Cov	No		
95117	PROF SVCS ALLG IMMNTX X W PRV ALLGIC XTRCS NJXS	No	No	Not Cov	No		
95120	PROF SVCS ALLG IMMNTX W PRV ALLGIC XTRC 1 NJX	Not Cov	Not Cov	Not Cov	Not Cov		
95125	PROF SVCS ALLG IMMNTX W PRV ALLGIC XTRC 2 OR GRT NJX	Not Cov	Not Cov	Not Cov	Not Cov		
95130	PROF SVCS ALLG IMMNTX W PRV XTRC 1 STING INSECT	Not Cov	Not Cov	Not Cov	Not Cov		
95131	PROF SVCS ALLG IMMNTX W PRV XTRC 2 STING INSECT	Not Cov	Not Cov	Not Cov	Not Cov		
95132	PROF SVCS ALLG IMMNTX W PRV XTRC 3 STING INSECT	Not Cov	Not Cov	Not Cov	Not Cov		
95133	PROF SVCS ALLG IMMNTX W PRV XTRC 4 STING INSECT	Not Cov	Not Cov	Not Cov	Not Cov		
95134	PROF SVCS ALLG IMMNTX W PRV XTRC 5 STING INSECT	Not Cov	Not Cov	Not Cov	Not Cov		
95144	PREPJ AND ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	No	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
95145	PREPJ AND ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	No	No	Not Cov	No		
95146	PREPJ AND ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	No	No	Not Cov	No		
95147	PREPJ AND ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	No	No	Not Cov	No		
95148	PREPJ AND ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	No	No	Not Cov	No		
95149	PREPJ AND ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	No	No	Not Cov	No		
95165	PREPJ AND ALLERGEN IMMUNOTHERAPY 1 MLT ANTIGEN	No	No	Not Cov	No		
95170	PREPJ AND ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	No	No	Not Cov	No		
95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR	No	No	Not Cov	No		
95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
95250	CONT GLUC MNTR PHYSICIAN QHP PROVIDED EQUIPTMENT	Not Cov	No	Not Cov	No		
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I AND R	Not Cov	No	Not Cov	No		
95782	POLYSOM UNDER 6 YRS SLEEP STAGE 4 OR GRT ADDL PARAM ATTN	No	No	Not Cov	No		
95783	POLYSOM UNDER 6 YRS SLEEP W CPAP BILVL VENT 4 OR GRT PAR	No	No	Not Cov	No		
95800	SLP STDY UNATND W HRT RATE O2 SAT RESP SLP TIME	No	No	Not Cov	No		
95801	SLP STDY UNATND W MIN HRT RATE O2 SAT RESP ANAL	No	No	Not Cov	No		
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes

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95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT	No	No	Not Cov	No		
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	No	No	Not Cov	No		
95813	ELECTROENCEPHALOGRAM EXTND MNTR OVER 1 HR	No	No	Not Cov	No		
95816	ELECTROENCEPHALOGRAM W REC AWAKE AND DROWSY	No	No	Not Cov	No		
95819	ELECTROENCEPHALOGRAM W REC AWAKE AND ASLEEP	No	No	Not Cov	No		
95822	ELECTROENCEPHALOGRAM REC COMA SLEEP ONLY	No	No	Not Cov	No		
95824	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	No	No	Not Cov	No		
95827	ELECTROENCEPHALOGRAM ALL NIGHT RECORDING	No	No	Not Cov	No		
95829	ELECTROCORTICOGRAM SURGERY SPX	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
95830	INSERTION SPHENOIDAL ELECTRODES EEG PHYS QHP	Not Cov	No	Not Cov	No		
95831	MUSC TSTG MNL W REPRT XTR EX HAND TRNK	No	No	Not Cov	No		
95832	MUSC TSTG MNL W REPRT HAND W WO CMPRSN NRML SIDE	No	No	Not Cov	No		
95833	MUSC TSTG MNL W REPRT TOTAL EVAL BODY EX HANDS	No	No	Not Cov	No		
95834	MUSC TSTG MNL W REPRT TOTAL EVAL BODY W HANDS	No	No	Not Cov	No		
95836	ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS	Yes	Yes	Not Cov	Yes		
95851	ROM MEAS AND REPRT EA XTR EX HAND EA TRNK SCTJ SPI	No	No	Not Cov	No		
95852	ROM MEAS AND REPRT HAND W WO COMPARISON NORMAL SID	No	No	Not Cov	No		
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST	No	No	Not Cov	No		
95860	NDL EMG 1 XTR W WO RELATED PARASPINAL AREAS	No	No	Not Cov	No		
95861	NDL EMG 2 XTR W WO RELATED PARASPINAL AREAS	No	No	Not Cov	No		
95863	NDL EMG 3 XTR W WO RELATED PARASPINAL AREAS	No	No	Not Cov	No		
95864	NDL EMG 4 XTR W WO RELATED PARASPINAL AREAS	No	No	Not Cov	No		
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	No	No	Not Cov	No		
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	No	No	Not Cov	No		
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	No	No	Not Cov	No		
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	No	No	Not Cov	No		
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1 T12	No	No	Not Cov	No		
95870	NEEDLE EMG LMTD STD MUSC 1 XTR NON-LIMB UNI BI	No	No	Not Cov	No		
95872	NEEDLE EMG W 1 FIBER ELECTRODE QUAN MEAS JITTER	No	No	Not Cov	No		
95873	ELECTRICAL STIMULATION GUID W CHEMODENERVATION	No	No	Not Cov	No		
95874	NEEDLE EMG GUID W CHEMODENERVATION	No	No	Not Cov	No		
95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	No	No	Not Cov	No		
95885	NEEDLE EMG EA EXTREMITY W PARASPINL AREA LIMITED	No	No	Not Cov	No		
95886	NEEDLE EMG EA EXTREMTY W PARASPINL AREA COMPLETE	No	No	Not Cov	No		
95887	NEEDLE EMG NONEXTREMTY MSCLES W NERVE CONDUCTION	No	No	Not Cov	No		
95905	MOTOR AND SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	No	No	Not Cov	No		
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	No	No	Not Cov	No		
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	No	No	Not Cov	No		
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	No	No	Not Cov	No		
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	No	No	Not Cov	No		
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	No	No	Not Cov	No		
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	No	No	Not Cov	No		
95913	NERVE CONDUCTION STUDIES 13 OR GRT STUDIES	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	No	No	Not Cov	No		
95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	No	No	Not Cov	No		
95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	No	No	Not Cov	No		
95924	TSTG ANS FUNCJ PARASYMP AND SYMP W 5 MIN PASIVE TILT	No	No	Not Cov	No		
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	No	No	Not Cov	No		
95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	No	No	Not Cov	No		
95927	SHORT-LATENCY SOMATOSENS EP STD TRNK HEAD	No	No	Not Cov	No		
95928	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	No	No	Not Cov	No		
95929	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	No	No	Not Cov	No		
95930	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W I AND R	No	No	Not Cov	No		
95933	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	No	No	Not Cov	No		
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	No	No	Not Cov	No		
95938	SHORT-LATENCY SOMATOSENS EP STD UPR AND LOW LIMB	No	No	Not Cov	No		
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR AND LOW LI	No	No	Not Cov	No		
95940	IONM 1 ON 1 IN OR W ATTENDANCE EACH 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
95941	IONM REMOTE NEARBY OR GRT 1 PATIENT IN OR PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
95943	PARASYMP AND SYMP NRV FUNCJ HRT RATE VARIABILITY	No	No	Not Cov	No		
95950	MONITOR ID AND LATERALIZATION SEIZURE FOCUS EEG	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
95951	LOCALIZE CEREBRAL SEIZURE CABLE RADIO EEG VIDEO	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
95953	LOCALIZE CEREBRAL SEIZURE CPTR PORTABLE EEG	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
95954	RX PHYSICAL EEG ACTIVAJ PHYS QHP ATTENDANCE	No	No	Not Cov	No		
95955	EEG NONINTRACRANIAL SURGERY	No	No	Not Cov	No		
95956	MNTR SEIZURE CMPTR 16CHAN EEG ATND EA 24 HR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W EEG	No	No	Not Cov	No		
95961	FUNCJAL CORT AND SUBCORT MAPG PHYS QHP ATTND INIT HR	No	No	Not Cov	No		
95962	FUNCJAL CORT AND SUBCORT MAPG PHYS QHP ATTND ADDL HR	No	No	Not Cov	No		
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	No	No	Not Cov	No		
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	No	No	Not Cov	No		
95967	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	No	No	Not Cov	No		
95970	ELEC ALYS NSTIM PLS GEN BRN SC PERPH W O REPRGRM	No	No	Not Cov	No		
95971	ELEC ALYS NSTIM PLS GEN SMPL SC PERPH W PRGRMG	No	No	Not Cov	No		
95972	ELEC ALYS NSTIM PLS GEN CPLX SC PERPH W PRGRMG	No	No	Not Cov	No		
95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	Yes	Yes	Not Cov	Yes		
95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	Yes	Yes	Not Cov	Yes		
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W PRGRMG	No	No	Not Cov	No		
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W O REPRGRMG	No	No	Not Cov	No		
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W REPRGRMG	No	No	Not Cov	No		

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95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	Yes	Yes	Not Cov	Yes		
95984	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	No	No	Not Cov	No		
95990	REFILL AND MAINTENANCE PUMP DRUG DLVR SPINAL BRAIN	No	No	Not Cov	No		
95991	RFL AND MAIN IMPLT PMP RSVR DLVR SPI BRN PHY QHP	No	No	Not Cov	No		
95992	CANALITH REPOSITIONING PROCEDURE	No	No	Not Cov	No		
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96000	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	Not Cov	Not Cov	Not Cov	Not Cov		
96001	COMPRE CPTR MTN ALYS W DYN PLNTR PRES MEAS WALKG	Not Cov	Not Cov	Not Cov	Not Cov		
96002	DYN SURF EMG WALKG FUNCJAL ACTV 1-12 MUSC	Not Cov	Not Cov	Not Cov	Not Cov		
96003	DYN FINE WIRE EMG WALKG FUNCJAL ACTV 1 MUSC	Not Cov	Not Cov	Not Cov	Not Cov		
96004	PHYS QHP R AND I CPTR MTN ALYS WALK FUNCJL ACTV REPR	Not Cov	Not Cov	Not Cov	Not Cov		
96020	TEST SELECT AND ADMN FUNCTL BRAIN MAP PHYS QHP	Not Cov	Not Cov	Not Cov	Not Cov		
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	Not Cov	No	Not Cov	No		
96105	ASSESSMENT APHASIA W INTERP AND REPORT PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
96110	DEVELOPMENTAL SCREEN W SCORING AND DOC STD INSTRM	No	No	Not Cov	No	No	
96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Yes	Yes	Not Cov	Yes		
96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN	Yes	Yes	Not Cov	Yes		
96116	NUBHVL STATUS XM PR HR W PT INTERPJ AND PREPJ	Yes	Yes	Not Cov	Yes	Yes	History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96127	BEHAV ASSMT W SCORE AND DOCD STAND INSTRUMENT	No	No	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Yes	Yes	Not Cov	Yes		Documentation of Diagnosis Documentation of Description of symptoms Member and family psych and medical history Documentation that medications or substance use have been ruled out as contributing factor Tests are to be administered and number of hours/visits being requested What question will the testing answer and what action will be taken based on those results
96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Yes	Yes	Not Cov	Yes		Documentation of Diagnosis Documentation of Description of symptoms Member and family psych and medical history Documentation that medications or substance use have been ruled out as contributing factor Tests are to be administered and number of hours/visits being requested What question will the testing answer and what action will be taken based on those results

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96136	PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
96137	PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
96138	PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
96139	PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes Therapy notes/progress notes
96146	PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96150	HLTH AND BEHAVIOR ASSMT EA 15 MIN W PT 1ST ASSMT	No	No	Not Cov	No	No	
96151	HLTH AND BEHAVIOR ASSMT EA 15 MIN W PT RE-ASSMT	No	No	Not Cov	No	No	
96152	HLTH AND BEHAVIOR IVNTJ EA 15 MIN INDIV	No	No	Not Cov	No	No	
96153	HLTH AND BEHAVIOR IVNTJ EA 15 MIN GRP 2 OR GRT PTS	No	No	Not Cov	No	No	
96154	HLTH AND BEHAVIOR IVNTJ EA 15 MIN FAM W PT	No	No	Not Cov	No	No	
96155	HLTH AND BEHAVIOR IVNTJ EA 15 MIN FAM W O PT	Not Cov	Not Cov	Not Cov	Not Cov	No	
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	Not Cov	No	Not Cov	No		
96161	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	Not Cov	No	Not Cov	No		
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	No	No	Not Cov	No		
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	No	No	Not Cov	No		
96365	IV INFUSION THERAPY PROPHYLAXIS DX 1ST TO 1 HR	No	No	Not Cov	No		
96366	IV INFUSION THERAPY PROPHYLAXIS DX EA HOUR	No	No	Not Cov	No		
96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	No	No	Not Cov	No		
96368	IV NFS THERAPY PROPHYLAXIS DX CONCURRENT NFS	No	No	Not Cov	No		
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W PUMP SET-UP	No	No	Not Cov	No		
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	No	No	Not Cov	No		
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	No	No	Not Cov	No		
96372	THERAPEUTIC PROPHYLACTIC DX INJECTION SUBQ IM	No	No	Not Cov	No	No	
96373	THERAPEUTIC PROPHYLACTIC DX NJX INTRA-ARTERIAL	No	No	Not Cov	No		
96374	THER PROPH DX NJX IV PUSH SINGLE 1ST SBST DRUG	No	No	Not Cov	No		
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
96376	THER PROPH DX NJX EA SEQL IV PUSH SBST DRUG FAC	No	No	Not Cov	No		
96377	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	No	No	Not Cov	No		
96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96401	CHEMOTX ADMN SUBQ IM NON-HORMONAL ANTI-NEO	No	No	Not Cov	No		
96402	CHEMOTX ADMN SUBQ IM HORMONAL ANTI-NEO	No	No	Not Cov	No		
96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL UNDER 7	No	No	Not Cov	No		
96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL OVER 7	No	No	Not Cov	No		
96409	CHEMOTX ADMN IV PUSH TQ 1 1ST SBST DRUG	No	No	Not Cov	No		
96411	CHEMOTX ADMN IV PUSH TQ EA SBST DRUG	No	No	Not Cov	No		
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1 1ST SBST DRUG	No	No	Not Cov	No		
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	No	No	Not Cov	No		
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	No	No	Not Cov	No		
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	No	No	Not Cov	No		
96420	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	No	No	Not Cov	No		
96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS UNDER 1 HR	No	No	Not Cov	No		
96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	No	No	Not Cov	No		
96425	CHEMOTX ADMN IA NFS OVER 8 HR PRTBLE IMPLTBL PMP	No	No	Not Cov	No		
96440	CHEMOTX ADMN PLEURAL CAVITY REQ AND W THORACNTS	No	No	Not Cov	No		
96446	CHEMOTX ADMN PRTL CAVITY PORT CATH	No	No	Not Cov	No		
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	No	No	Not Cov	No		
96521	REFILLING AND MAINTENANCE PORTABLE PUMP	No	No	Not Cov	No		
96522	REFILL AND MAINTENANCE PUMP DRUG DLVR SYSTEMIC	No	No	Not Cov	No		
96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	No	No	Not Cov	No		
96542	CHEMOTX NJX SUBARACHND INTRAVENTR RSVR 1 MULT	No	No	Not Cov	No		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	Not Cov	Not Cov	Not Cov	Not Cov		
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	Yes	Yes	Not Cov	No		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	Not Cov	Not Cov	Not Cov	Not Cov		
96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	Not Cov	Not Cov	Not Cov	Not Cov		
96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	Not Cov	Not Cov	Not Cov	Not Cov		
96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD	Not Cov	Not Cov	Not Cov	Not Cov		
96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	Not Cov	Not Cov	Not Cov	Not Cov		
96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	Not Cov	Not Cov	Not Cov	Not Cov		
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Prior imaging reports, x-rays, CT, MRI, U/S, etc. Notes indicating Medication Trial Failures Progress Notes
97010	APPLICATION MODALITY 1 OR GRT AREAS HOT COLD PACKS	No	No	Not Cov	No		
97012	APPL MODALITY 1 OR GRT AREAS TRACTION MECHANICAL	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97014	APPL MODALITY 1 OR GRT AREAS ELEC STIMJ UNATTENDED	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97016	APPL MODALITY 1 OR GRT AREAS VASOPNEUMATIC DEVICES	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
97018	APPL MODALITY 1 OR GRT AREAS PARAFFIN BATH	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97022	APPLICATION MODALITY 1 OR GRT AREAS WHIRLPOOL	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97024	APPLICATION MODALITY 1 OR GRT AREAS DIATHERMY	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97026	APPLICATION MODALITY 1 OR GRT AREAS INFRARED	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97028	APPL MODALITY 1 OR GRT AREAS ULTRAVIOLET	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97032	APPL MODALITY 1 OR GRT AREAS ELEC STIMJ EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97033	APPL MODALITY 1 OR GRT AREAS IONTOPHORESIS EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97034	APPL MODALITY 1 OR GRT AREAS CONTRAST BATHS EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
97035	APPL MODALITY 1 OR GRT AREAS ULTRASOUND EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97036	APPL MODALITY 1 OR GRT AREAS HUBBARD TANK EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97113	THER PX 1 OR GRT AREAS EACH 15 MIN AQUA THER W XERSS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97127	THERAPEUTIC IVNTJ W FOCUS ON COGNITIVE FUNCTION	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97140	MANUAL THERAPY TQS 1 OR GRT REGIONS EACH 15 MINUTES	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97151	BEHAVIOR ID ASSESSMENT BY PHYS QHP EA 15 MIN	No	No	Not Cov	No		
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	No	No	Not Cov	No		
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	No	No	Not Cov	No		
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	No	No	Not Cov	No		
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	No	No	Not Cov	No		
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	No	No	Not Cov	No		
97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	No	No	Not Cov	No		
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97169	ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
97171	ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
97172	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97537	COMMUNITY WORK REINTEGRATION TRAINJ EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97542	WHEELCHAIR MGMT EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97545	WORK HARDENING CONDITIONING 1ST 2 HR	Not Cov	Not Cov	Not Cov	Not Cov		
97546	WORK HARDENING CONDITIONING EACH HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM OR LESS	No	No	Not Cov	No		
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	No	No	Not Cov	No		
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W O ANES 1 SESS	No	No	Not Cov	No		
97605	NEGATIVE PRESSURE WOUND THERAPY DME UNDER EQ 50 SQ CM	No	No	Not Cov	No		
97606	NEGATIVE PRESSURE WOUND THERAPY DME OVER 50 SQ CM	No	No	Not Cov	No		
97607	NEG PRESSURE WOUND THERAPY NON DME UNDER EQ 50 SQ CM	No	No	Not Cov	No		
97608	NEG PRESSURE WOUND THERAPY NON DME OVER 50 SQ CM	No	No	Not Cov	No		
97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	Not Cov	Not Cov	Not Cov	Not Cov		
97750	PHYSICAL PERFORMANCE TEST MEAS W REPRT EA 15 MIN	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97755	ASSTV TECHNOL ASSMT DIR CNTCT W REPRT EA 15 MIN	No	No	Not Cov	No		
97760	ORTHOTICS MGMT AND TRAINJ INITIAL ENCTR EA 15 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97802	MEDICAL NUTRITION ASSMT AND IVNTJ INDIV EACH 15 MI	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97803	MEDICAL NUTRITION RE-ASSMT AND IVNTJ INDIV EA 15 M	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97804	MEDICAL NUTRITION THERAPY GRP2 INDIV EA 30 MI	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
97810	ACUPUNCTURE 1 OR GRT NDLES W O ELEC STIMJ INIT 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
97811	ACUPUNCTURE 1 OR GRT NDLS W O ELEC STIMJ EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
97813	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
97814	ACUP 1 OR GRT NDLS W ELEC STIMJ EA 15 MIN W RE-INSJ	Not Cov	Not Cov	Not Cov	Not Cov		
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	No	No	Not Cov	No		
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	No	No	Not Cov	No		
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	No	No	Not Cov	No		
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	No	No	Not Cov	No		
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	No	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GRT REGION	Not Cov	Not Cov	Not Cov	Not Cov		
98960	EDUCATION AND TRAINING SELF-MGMT NONPHYS 1 PT	Not Cov	Not Cov	Not Cov	Not Cov		
98961	EDUCATION AND TRAINING SELF-MGMT NONPHYS 2-4 PTS	Not Cov	Not Cov	Not Cov	Not Cov		
98962	EDUCATION AND TRAINING SELF-MGMT NONPHYS 5-8 PTS	Not Cov	Not Cov	Not Cov	Not Cov		
98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
98969	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
99000	HANDLG AND OR CONVEY OF SPEC FOR TR OFFICE TO LAB	Not Cov	No	Not Cov	No		
99001	HANDLG AND OR CONVEY OF SPEC FOR TR FROM PT TO LAB	Not Cov	No	Not Cov	No		
99002	HANDLE CONVEY ANY OTH SVC DEVICE FIT PHYS QHP	Not Cov	No	Not Cov	No		
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	Not Cov	No	Not Cov	No		
99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	Not Cov	Not Cov	Not Cov	Not Cov		
99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	Not Cov	Not Cov	Not Cov	Not Cov		
99050	SERVICES PROVIDED OFFICE OTH THN REG SCHED HOURS	Not Cov	No	Not Cov	No		
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND HOLIDAY HRS	Not Cov	No	Not Cov	No		
99053	SERVICES PROVIDED BTW 10 PM AND 8 AM AT 24-HR FACI	Not Cov	No	Not Cov	No		
99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	Not Cov	No	Not Cov	No		
99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	Not Cov	No	Not Cov	No		
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	Not Cov	No	Not Cov	No		
99070	SUPPLIES AND MATERIALS ABOVE BEYOND PROV BY PHYS QHP	Not Cov	No	Not Cov	No		
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99075	MEDICAL TESTIMONY	Not Cov	No	Not Cov	No	No	
99078	PHYS QHP EDUCATION SVCS RENDERED PTS GRP SETTING	Not Cov	No	Not Cov	No		
99080	SPEC REPORTS OVER USUAL MED COMUNICAJ STAND RPRTG	Not Cov	No	Not Cov	No		
99082	UNUSUAL TRAVEL	Not Cov	No	Not Cov	No		
99091	COLLJ AND INTERPJ PHYS QHP PHYSIO COMPUTR DATA 30 MI	Not Cov	Not Cov	Not Cov	Not Cov		
99100	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR OR LESS	Not Cov	No	Not Cov	No		
99116	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	Not Cov	No	Not Cov	No		
99135	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	Not Cov	No	Not Cov	No		
99140	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	Not Cov	No	Not Cov	No		
99151	MOD SED SAME PHYS QHP INITIAL 15 MINS UNDER 5 YRS	No	No	Not Cov	No		
99152	MOD SED SAME PHYS QHP INITIAL 15 MINS 5 OR GRT YRS	No	No	Not Cov	No		
99153	MOD SED SAME PHYS QHP EACH ADDL 15 MINS	No	No	Not Cov	No		
99155	MOD SED OTHER PHYS QHP INITIAL 15 MINS UNDER 5 YRS	No	No	Not Cov	No		
99156	MOD SED OTHER PHYS QHP INITIAL 15 MINS 5 OR GRT YRS	No	No	Not Cov	No		
99157	MOD SED OTHER PHYS QHP EACH ADDL 15 MINS	No	No	Not Cov	No		
99170	ANOGENITAL XM MAGNIFY CHILD SUSPECT TRAUMA W IMG	No	No	Not Cov	No		
99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	Not Cov	Not Cov	Not Cov	Not Cov		
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	Not Cov	No	Not Cov	No		
99174	INSTRUMENT BASED OCULAR SCR BI W RMT ANAL AND RPT	Not Cov	No	Not Cov	No		
99175	IPECAC SIMILAR ADMN EMESIS AND OBS STOMACH EMPTIED	No	No	Not Cov	No		
99177	INSTRUMENT BASED OCULAR SCR BI W ONSITE ANALYSIS	No	No	Not Cov	No		
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99184	INITIAT SELECTIVE HEAD BODY HYPOTHERMIA NEONATE	Not Cov	Not Cov	Not Cov	Not Cov		
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS QHP	Not Cov	Not Cov	Not Cov	Not Cov		
99190	ASSEMBLY AND OPERJ PUMP OXYGENATOR HEAT EXCH EA HR	Not Cov	No	Not Cov	No		
99191	ASSEMBLY AND OPERJ PUMP OXYGENATOR HEAT EXCH 45 MI	Not Cov	No	Not Cov	No		
99192	ASSEMBLY AND OPERJ PUMP OXYGENATOR HEAT EXCH 30 MI	Not Cov	No	Not Cov	No		
99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	No	No	Not Cov	No		
99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
99201	OFFICE OUTPATIENT NEW 10 MINUTES	No	No	Not Cov	No	No	
99202	OFFICE OUTPATIENT NEW 20 MINUTES	No	No	Not Cov	No	No	

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99203	OFFICE OUTPATIENT NEW 30 MINUTES	No	No	Not Cov	No	No	
99204	OFFICE OUTPATIENT NEW 45 MINUTES	No	No	Not Cov	No	No	
99205	OFFICE OUTPATIENT NEW 60 MINUTES	No	No	Not Cov	No	No	
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	No	No	Not Cov	No	No	
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	No	No	Not Cov	No	No	
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	No	No	Not Cov	No	No	
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	No	No	Not Cov	No	No	
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	No	No	Not Cov	No	No	
99217	OBSERVATION CARE DISCHARGE MANAGEMENT	Not Cov	No	Not Cov	No		
99218	INITIAL OBSERVATION CARE DAY 30 MINUTES	Not Cov	No	Not Cov	No		
99219	INITIAL OBSERVATION CARE DAY 50 MINUTES	Not Cov	No	Not Cov	No		
99220	INITIAL OBSERVATION CARE DAY 70 MINUTES	Not Cov	No	Not Cov	No		
99221	INITIAL HOSPITAL CARE DAY 30 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99222	INITIAL HOSPITAL CARE DAY 50 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99223	INITIAL HOSPITAL CARE DAY 70 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99224	SBSQ OBSERVATION CARE DAY 15 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99225	SBSQ OBSERVATION CARE DAY 25 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99226	SBSQ OBSERVATION CARE DAY 35 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99231	SBSQ HOSPITAL CARE DAY 15 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99232	SBSQ HOSPITAL CARE DAY 25 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99233	SBSQ HOSPITAL CARE DAY 35 MINUTES	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99234	OBSERVATION INPATIENT HOSPITAL CARE 40 MINUTES	Not Cov	No	Not Cov	No		
99235	OBSERVATION INPATIENT HOSPITAL CARE 50 MINUTES	Not Cov	No	Not Cov	No		
99236	OBSERVATION INPATIENT HOSPITAL CARE 55 MINUTES	Not Cov	No	Not Cov	No		
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN OR LESS	Not Cov	No	Not Cov	No		
99239	HOSPITAL DISCHARGE DAY MANAGEMENT OVER 30 MIN	Not Cov	No	Not Cov	No		
99241	OFFICE CONSULTATION NEW ESTAB PATIENT 15 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99242	OFFICE CONSULTATION NEW ESTAB PATIENT 30 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99243	OFFICE CONSULTATION NEW ESTAB PATIENT 40 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99244	OFFICE CONSULTATION NEW ESTAB PATIENT 60 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99245	OFFICE CONSULTATION NEW ESTAB PATIENT 80 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99251	INITIAL INPATIENT CONSULT NEW ESTAB PT 20 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99252	INITIAL INPATIENT CONSULT NEW ESTAB PT 40 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99253	INITIAL INPATIENT CONSULT NEW ESTAB PT 55 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99254	INITIAL INPATIENT CONSULT NEW ESTAB PT 80 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99255	INITIAL INPATIENT CONSULT NEW ESTAB PT 110 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99281	EMERGENCY DEPARTMENT VISIT LIMITED MINOR PROB	No	No	Not Cov	No		
99282	EMERGENCY DEPARTMENT VISIT LOW MODER SEVERITY	No	No	Not Cov	No		
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	No	No	Not Cov	No		
99284	EMERGENCY DEPARTMENT VISIT HIGH URGENT SEVERITY	No	No	Not Cov	No		
99285	EMERGENCY DEPT VISIT HIGH SEVERITY AND THREAT FUNCJ	No	No	Not Cov	No		
99288	PHYS QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99291	CRITICAL CARE ILL INJURED PATIENT INIT 30-74 MIN	No	No	Not Cov	No		
99292	CRITICAL CARE ILL INJURED PATIENT ADDL 30 MIN	No	No	Not Cov	No		
99304	INITIAL NURSING FACILITY CARE DAY 25 MINUTES	Not Cov	No	Not Cov	No	No	
99305	INITIAL NURSING FACILITY CARE DAY 35 MINUTES	Not Cov	No	Not Cov	No	No	
99306	INITIAL NURSING FACILITY CARE DAY 45 MINUTES	Not Cov	No	Not Cov	No	No	
99307	SBSQ NURSING FACILITY CARE DAY E M STABLE 10 MIN	Not Cov	No	Not Cov	No	No	
99308	SBSQ NURSING FACIL CARE DAY MINOR COMPLJ 15 MIN	Not Cov	No	Not Cov	No	No	
99309	SBSQ NURSING FACIL CARE DAY NEW PROBLEM 25 MIN	Not Cov	No	Not Cov	No	No	
99310	SBSQ NURS FACIL CARE DAY UNSTABL NEW PROB 35 MIN	Not Cov	No	Not Cov	No	No	
99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	Not Cov	No	Not Cov	No		
99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	Not Cov	No	Not Cov	No		
99318	E M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99324	DOMICIL REST HOME NEW PT VISIT LOW SEVER 20 MIN	Not Cov	No	Not Cov	No	No	
99325	DOMICIL REST HOME NEW PT VISIT MOD SEVER 30 MIN	Not Cov	No	Not Cov	No	No	
99326	DOMICIL REST HOME NEW PT HI-MOD SEVER 45 MINUTES	Not Cov	No	Not Cov	No	No	
99327	DOMICIL REST HOME NEW PT VISIT HI SEVER 60 MIN	Not Cov	No	Not Cov	No	No	
99328	DOM R-HOME E M NEW PT SIGNIF NEW PROB 75 MINUTES	Not Cov	No	Not Cov	No	No	
99334	DOM R-HOME E M EST PT SELF-LMTD MINOR 15 MINUTES	Not Cov	No	Not Cov	No	No	
99335	DOM R-HOME E M EST PT LW MOD SEVERITY 25 MINUTES	Not Cov	No	Not Cov	No	No	
99336	DOM R-HOME E M EST PT MOD HI SEVERITY 40 MINUTES	Not Cov	No	Not Cov	No	No	
99337	DOM R-HOME E M EST PT SIGNIF NEW PROB 60 MINUTES	Not Cov	No	Not Cov	No	No	
99339	INDIV PHYS SUPVJ HOME DOM R-HOME MO 15-29 MIN	Not Cov	No	Not Cov	No		
99340	INDIV PHYS SUPVJ HOME DOM R-HOME MO 30 MIN OR GRT	Not Cov	No	Not Cov	No		
99341	HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES	Not Cov	No	Not Cov	No	No	
99342	HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES	Not Cov	No	Not Cov	No	No	
99343	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES	Not Cov	No	Not Cov	No	No	
99344	HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES	Not Cov	No	Not Cov	No	No	
99345	HOME VISIT NEW PT UNSTABL SIGNIF NEW PROB 75 MIN	Not Cov	No	Not Cov	No	No	
99347	HOME VISIT EST PT SELF LIMITED MINOR 15 MINUTES	Not Cov	No	Not Cov	No	No	
99348	HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES	Not Cov	No	Not Cov	No	No	
99349	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES	Not Cov	No	Not Cov	No	No	
99350	HOME VST EST PT UNSTABLE SIGNIF NEW PROB 60 MINS	Not Cov	No	Not Cov	No	No	
99354	PROLNG E AND M PSYCTX SVC OFFICE O P DIR CON 1ST HR	No	No	Not Cov	No	No	
99355	PROLNG E AND M PSYCTX SVC OFFICE O P DIR CON ADDL 30	No	No	Not Cov	No	No	

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99356	PROLONGED SERVICE I P REQ UNIT FLOOR TIME 1ST HR	Not Cov	No	Not Cov	No	No	
99357	PROLONGED SVC I P REQ UNIT FLOOR TIME EA 30 MIN	Not Cov	No	Not Cov	No	No	
99358	PROLNG E M SVC BEFORE AND AFTER DIR PT CARE 1ST HR	Not Cov	Not Cov	Not Cov	Not Cov		
99359	PROLNG E M BEFORE AND AFTER DIR CARE EA 30 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
99360	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	Not Cov	No	Not Cov	No		
99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	No	No	Not Cov	No		
99367	TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	No	No	Not Cov	No		
99368	TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	No	No	Not Cov	No		
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN OR GRT	Not Cov	No	Not Cov	No		
99377	SUPERVISION HOSPICE PATIENT MONTH 15-29 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99378	SUPERVISION HOSPICE PATIENT MONTH 30 MINUTES OR GRT	Not Cov	No	Not Cov	No		
99379	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99380	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN OR GRT	Not Cov	No	Not Cov	No		
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT UNDER 1YEAR	Not Cov	No	Not Cov	No		
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	Not Cov	No	Not Cov	No		
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	Not Cov	No	Not Cov	No		
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	Not Cov	No	Not Cov	No		
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	Not Cov	No	Not Cov	No		
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS AND OVER	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT UNDER 1Y	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS AND OLDER	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99401	PREVENT MED COUNSEL AND RISK FACTOR REDJ SPX 15 MIN	Not Cov	No	Not Cov	No		
99402	PREVENT MED COUNSEL AND RISK FACTOR REDJ SPX 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99403	PREVENT MED COUNSEL AND RISK FACTOR REDJ SPX 45 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99404	PREVENT MED COUNSEL AND RISK FACTOR REDJ SPX 60 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
99407	TOBACCO USE CESSATION INTENSIVE OVER 10 MINUTES	Not Cov	No	Not Cov	No		
99408	ALCOHOL SUBSTANCE SCREEN AND INTERVEN 15-30 MIN	No	No	Not Cov	No	No	
99409	ALCOHOL SUBSTANCE SCREEN AND INTERVENTION OVER 30 MIN	No	No	Not Cov	No	No	
99411	PREV MED COUNSEL AND RISK FACTOR REDJ GRP SPX 30 M	Not Cov	Not Cov	Not Cov	Not Cov		
99412	PREV MED COUNSEL AND RISK FACTOR REDJ GRP SPX 60 M	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99415	PROLNG CLINCL STAFF SVC DURING O P E M 1ST HR	Not Cov	Not Cov	Not Cov	Not Cov		
99416	PROLNG CLINCL STAFF SVC DURING O P E M EA 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Not Cov	Not Cov	Not Cov	Not Cov		
99441	PHYS QHP TELEPHONE EVALUATION 5-10 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99442	PHYS QHP TELEPHONE EVALUATION 11-20 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99443	PHYS QHP TELEPHONE EVALUATION 21-30 MIN	Not Cov	No	Not Cov	No		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99444	PHYS QHP ONLINE EVALUATION AND MANAGEMENT SERVICE	Not Cov	Not Cov	Not Cov	Not Cov		
99446	INTERPROF PHONE INTERNET ASSESS MANAGE 5-10	No	No	Not Cov	No		
99447	INTERPROF PHONE INTERNET ASSESS MANAGE 11-20	Not Cov	Not Cov	Not Cov	Not Cov		
99448	INTERPROF PHONE INTERNET ASSESS MANAGE 21-30	Not Cov	Not Cov	Not Cov	Not Cov		
99449	INTERPROF PHONE INTERNET ASSESS MANAGE 31 OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
99450	BASIC LIFE AND OR DISABILITY EXAMINATION	Not Cov	Not Cov	Not Cov	Not Cov		
99451	NTRPROF PHONE NTRNET EHR ASSMT AND MGMT 5 OR GRT MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99452	NTRPROF PHONE NTRNET EHR REFERRAL SVC 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	Not Cov	Not Cov	Not Cov	Not Cov		
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	Not Cov	Not Cov	Not Cov	Not Cov		
99455	WORK RELATED MED DBLT XM TREATING PHYS	Not Cov	Not Cov	Not Cov	Not Cov		
99456	WORK RELATED MED DBLT XM OTH THN TREATING PHYS	Not Cov	Not Cov	Not Cov	Not Cov		
99457	REMOTE PHYSIOLOGIC MONITORING 20 MIN PLUS PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
99460	1ST HOSP BIRTHING CENTER CARE PER DAY NML NB	Not Cov	No	Not Cov	No		
99461	1ST CARE PR DAY NML NB XCPT HOSP BIRTHING CENTER	Not Cov	No	Not Cov	No		
99462	SUBQ HOSPITAL CARE PER DAY E M NORMAL NEWBORN	Not Cov	No	Not Cov	No		
99463	1ST HOSP BIRTHING CENTER NB ADMIT AND DSCHG SM DAT	Not Cov	No	Not Cov	No		
99464	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	No	No	Not Cov	No		
99465	DELIVERY BIRTHING ROOM RESUSCITATION	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99466	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	No	No	Not Cov	No		
99467	CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	No	No	Not Cov	No		
99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS OR LESS	Not Cov	No	Not Cov	No		
99469	SUBQ I P CRITICAL CARE PR DAY AGE 28 DAYS OR LESS	Not Cov	No	Not Cov	No		
99471	INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS	Not Cov	No	Not Cov	No		
99472	SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO	Not Cov	No	Not Cov	No		
99475	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	Not Cov	No	Not Cov	No		
99476	SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	Not Cov	No	Not Cov	No		
99477	INITIAL HOSP NEONATE 28 D OR LESS NOT CRITICALLY ILL	Not Cov	No	Not Cov	No		
99478	SUBSEQUENT INTENSIVE CARE INFANT UNDER 1500 GRAMS	Not Cov	No	Not Cov	No		
99479	SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	Not Cov	No	Not Cov	No		
99480	SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	Not Cov	No	Not Cov	No		
99483	ASSMT AND CARE PLANNING PT W COGNITIVE IMPAIRMENT	Not Cov	Not Cov	Not Cov	Not Cov		
99484	CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
99485	SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99486	SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
99487	CMPLX CHRON CARE MGMT W O PT VST 1ST HR PER MO	Not Cov	Not Cov	Not Cov	Not Cov		
99489	CMPLX CHRON CARE MGMT EA ADDL 30 MIN PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
99490	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
99491	CHRONIC CARE MGMT SVC AT LEAST 30 MIN PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
99492	1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	No	No	Not Cov	No		
99493	SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	No	No	Not Cov	No		
99494	1ST SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	No	No	Not Cov	No		
99495	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
99496	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
99497	ADVANCE CARE PLANNING FIRST 30 MINS	No	No	Not Cov	No		
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	No	No	Not Cov	No		
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Notes indicating Medication Trial Failures Progress Notes
99500	HOME VISIT PRENATAL MONITORING AND ASSESSMENT	Not Cov	Not Cov	Not Cov	Not Cov		
99501	HOME VISIT POSTNATAL ASSMT AND F-UP CARE	Not Cov	Not Cov	Not Cov	Not Cov		
99502	HOME VISIT NEWBORN CARE AND ASSESSMENT	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
99503	HOME VISIT RESPIRATORY THERAPY CARE	Not Cov	Not Cov	Not Cov	Not Cov		
99504	HOME VISIT MECHANICAL VENTILATION CARE	Not Cov	Not Cov	Not Cov	Not Cov		
99505	HOME VISIT STOMA CARE AND MAINT CLST AND CSTOST	Not Cov	Not Cov	Not Cov	Not Cov		
99506	HOME VISIT INTRAMUSCULAR INJECTIONS	Not Cov	Not Cov	Not Cov	Not Cov		
99507	HOME VISIT CARE AND MAINT CATH	Not Cov	Not Cov	Not Cov	Not Cov		
99509	HOME VISIT ASSISTANCE DAILY LIV AND PRSONAL CARE	Not Cov	Not Cov	Not Cov	Not Cov		
99510	HOME VISIT INDIV FAM MARRIAGE COUNSELING	Not Cov	Not Cov	Not Cov	Not Cov		
99511	HOME VISIT FECAL IMPACTION MGMT AND ENEMA ADMN	Not Cov	Not Cov	Not Cov	Not Cov		
99512	HOME VISIT HEMODIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
99601	HOME NFS SPECTY DRUG ADMN PR VST UNDER 2 HR	Not Cov	Not Cov	Not Cov	Not Cov		
99602	HOME NFS SPECTY DRUG ADMN PR VST UNDER 2 HR EA HR	Not Cov	Not Cov	Not Cov	Not Cov		
99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	Not Cov	Not Cov	Not Cov	Not Cov		
99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
A0021	AMB SERVICE OUTSIDE STATE PER MILE TRANSPORT	Not Cov	Not Cov	Not Cov	Not Cov		
A0080	NONEMERG TRNSPRT-MILE-VEH VOLUN W NO VESTED INT	Not Cov	Not Cov	Not Cov	Not Cov		
A0090	NONEMERG TRNSPRT-MILE-VEH PROV IND W VESTED INT	Not Cov	Not Cov	Not Cov	Not Cov		
A0100	NONEMERGENCY TRANSPORTATION; TAXI	Not Cov	Not Cov	Not Cov	Not Cov		
A0110	NONEMERG TRNSPRT AND BUS INTRA- INTERSTATE CARRIER	Not Cov	Not Cov	Not Cov	Not Cov		
A0120	NONEMERG TRNSPRT: MINI-BUS MTN AREA OTH SYS	Not Cov	Not Cov	Not Cov	Not Cov		
A0130	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN	Not Cov	Not Cov	Not Cov	Not Cov		
A0140	NONEMERG TRNSPRT AND AIR TRAVEL INTRA- INTERSTATE	Not Cov	Not Cov	Not Cov	Not Cov		
A0160	NONEMERG TRNSPRT: PER MILE-CASE SOCIAL WORKER	Not Cov	Not Cov	Not Cov	Not Cov		
A0170	TRANSPORTATION ANCILLARY: PARKING FEES TOLLS OTH	Not Cov	Not Cov	Not Cov	Not Cov		
A0180	NONEMERG TRANSPORTATION: ANCILLARY: LODGNG-RECIP	Not Cov	Not Cov	Not Cov	Not Cov		
A0190	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP	Not Cov	Not Cov	Not Cov	Not Cov		
A0200	NONEMERG TRANSPORTATION: ANCILLRY: LODGNG-ESCORT	Not Cov	Not Cov	Not Cov	Not Cov		
A0210	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT	Not Cov	Not Cov	Not Cov	Not Cov		
A0225	AMB SRVC NEONAT TRNSPRT BASE RATE EMERG 1 WAY	Not Cov	Not Cov	Not Cov	Not Cov		
A0380	BLS MILEAGE	Not Cov	Not Cov	Not Cov	Not Cov		
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	Not Cov	No	Not Cov	No		
A0384	BLS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB	Not Cov	No	Not Cov	No		
A0390	ALS MILEAGE	Not Cov	Not Cov	Not Cov	Not Cov		

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A0392	ALS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB	Not Cov	No	Not Cov	No		
A0394	ALS SPECIALIZED SERVICE DISPBL SPL; IV DRUG TX	Not Cov	No	Not Cov	No		
A0396	ALS SPCLIZED SERVICE DISPBL SPL; ESOPH INTUBAT	Not Cov	No	Not Cov	No		
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	Not Cov	No	Not Cov	No		
A0420	AMBULANCE WAITING TIME ONE-HALF HOUR INCREMENTS	Not Cov	No	Not Cov	No		
A0422	AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION	Not Cov	No	Not Cov	No		
A0424	EXTRA AMBULANCE ATTENDANT GROUND OR AIR ;	Not Cov	Not Cov	Not Cov	Not Cov		
A0425	GROUND MILEAGE PER STATUTE MILE	Not Cov	Not Cov	Not Cov	Not Cov		
A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Not Cov	Not Cov	Not Cov	Not Cov		
A0427	AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	Not Cov	Not Cov	Not Cov	Not Cov		
A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Not Cov	Not Cov	Not Cov	Not Cov		
A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT	Not Cov	Not Cov	Not Cov	Not Cov		
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Not Cov	Not Cov	Not Cov	Not Cov		
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Not Cov	Not Cov	Not Cov	Not Cov		
A0432	PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER	Not Cov	Not Cov	Not Cov	Not Cov		
A0433	ADVANCED LIFE SUPPORT LEVEL 2	Not Cov	Not Cov	Not Cov	Not Cov		
A0434	SPECIALTY CARE TRANSPORT	Not Cov	Not Cov	Not Cov	Not Cov		
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	Not Cov	Not Cov	Not Cov	Not Cov		
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	Not Cov	Not Cov	Not Cov	Not Cov		
A0888	NONCOVERED AMBULANCE MILEAGE PER MILE	Not Cov	No	Not Cov	No		
A0998	AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT	Not Cov	Not Cov	Not Cov	Not Cov		
A0999	UNLISTED AMBULANCE SERVICE	Not Cov	Not Cov	Not Cov	Not Cov		
A4206	SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH	Not Cov	No	Not Cov	No		
A4207	SYRINGE WITH NEEDLE STERILE 2 CC EACH	Not Cov	No	Not Cov	No		
A4208	SYRINGE WITH NEEDLE STERILE 3 CC EACH	Not Cov	No	Not Cov	No		
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	Not Cov	No	Not Cov	No		
A4210	NEEDLE-FREE INJECTION DEVICE EACH	Not Cov	No	Not Cov	No		
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	Not Cov	No	Not Cov	No		
A4212	NONCORING NEEDLE OR STYLET W WO CATHETER	Not Cov	No	Not Cov	No		
A4213	SYRINGE STERILE 20 CC OR GREATER EACH	Not Cov	No	Not Cov	No		
A4215	NEEDLE STERILE ANY SIZE EACH	Not Cov	No	Not Cov	No		
A4216	STERIL WATER SALINE AND OR DXT DILUENT FLUSH 10 ML	Not Cov	No	Not Cov	No		
A4217	STERILE WATER SALINE 500 ML	Not Cov	No	Not Cov	No		
A4218	STERILE SALINE WATER METERED DOSE DISPNS 10 ML	No	Not Cov	Not Cov	Not Cov		

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A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	No	No	Not Cov	No		
A4221	SUPPLIES FOR MAINT NON-INS RX INFUS CATH PER WK	Not Cov	No	Not Cov	No		
A4222	INFUS SPL EXT RX INFUS PUMP CASSETTE BAG	Not Cov	No	Not Cov	No		
A4223	INFUS SPL NOT USED W EXT INFUS PUMP CASSETTE BAG	Not Cov	No	Not Cov	No		
A4224	SUPPLIES MAINTENANCE INSULIN INFUS CATH PER WEEK	No	No	Not Cov	No		
A4225	SPL EXT INSULIN INFUS PUMP SYR TYPE CART ST EA	No	No	Not Cov	No		
A4230	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	No	No	Not Cov	No		
A4231	INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE	No	No	Not Cov	No		
A4232	SYRINGE W NDLE EXTERNAL INSULIN PUMP STERILE 3CC	Not Cov	No	Not Cov	No		
A4233	REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT	Not Cov	No	Not Cov	No		
A4234	REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA	Not Cov	No	Not Cov	No		
A4235	REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA	Not Cov	No	Not Cov	No		
A4236	REPL BATT SILVER OXIDE HOM BG MON OWND PT EA	Not Cov	No	Not Cov	No		
A4244	ALCOHOL OR PEROXIDE PER PINT	Not Cov	No	Not Cov	No		
A4245	ALCOHOL WIPES PER BOX	Not Cov	No	Not Cov	No		
A4246	BETADINE OR PHISOHEX SOLUTION PER PINT	Not Cov	No	Not Cov	No		
A4247	BETADINE OR IODINE SWABS WIPES PER BOX	Not Cov	No	Not Cov	No		
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML	No	No	Not Cov	No		
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS	Not Cov	No	Not Cov	No		
A4252	BLOOD KETONE TEST OR REAGENT STRIP EACH	Not Cov	No	Not Cov	No		
A4253	BLD GLU TEST REAGT STRIPS HOME BLD GLU MON-50	Not Cov	No	Not Cov	No		
A4255	PLATFORMS HOME BLOOD GLUCOSE MONITOR 50 PER BOX	Not Cov	Not Cov	Not Cov	Not Cov		
A4256	NORMAL LOW AND HIGH CALIBRATOR SOLUTION CHIPS	Not Cov	No	Not Cov	No		
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC	Not Cov	Not Cov	Not Cov	Not Cov		
A4258	SPRING-POWERED DEVICE FOR LANCET EACH	Not Cov	No	Not Cov	No		
A4259	LANCETS PER BOX OF 100	Not Cov	No	Not Cov	No		
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Not Cov	No	Not Cov	No		
A4262	TEMPORARY ABSORBABLE LACRIMAL DUCT IMPLANT EACH	No	Not Cov	Not Cov	Not Cov		
A4263	PERM LONG-TERM NONDISSOLVABLE LAC DUCT IMPL EA	No	Not Cov	Not Cov	Not Cov		
A4264	PERM IMPL CONTRACEPTIVE TUBAL OCCL DEV AND DEL SYS	No	No	Not Cov	No		
A4265	PARAFFIN PER POUND	Not Cov	Not Cov	Not Cov	Not Cov		
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Not Cov	No	Not Cov	No		
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EACH	Not Cov	No	Not Cov	No		
A4268	CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH	Not Cov	No	Not Cov	No		

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A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EACH	Not Cov	No	Not Cov	No		
A4270	DISPOSABLE ENDOSCOPE SHEATH EACH	No	Not Cov	Not Cov	Not Cov		
A4280	ADHES SKN SUPPORT ATTCH USE W EXT BRST PROSTH EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4281	TUBING FOR BREAST PUMP REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
A4283	CAP FOR BREAST PUMP BOTTLE REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
A4284	BREAST SHIELD AND SPLASH PROTECTR W BREAST PUMP REPL	Not Cov	Not Cov	Not Cov	Not Cov		
A4285	POLYCARBONATE BOTTLE USE W BREAST PUMP REPL	Not Cov	Not Cov	Not Cov	Not Cov		
A4286	LOCKING RING FOR BREAST PUMP REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
A4290	SACRAL NERVE STIMULATION TEST LEAD EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4300	IMPLANTABLE ACCESS CATHETER EXTERNAL ACCESS	No	Not Cov	Not Cov	Not Cov		
A4301	IMPLANTABLE ACCESS TOTAL CATHETER PORT RESERVOIR	No	Not Cov	Not Cov	Not Cov		
A4305	DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML OR GRT -HOUR	No	Not Cov	Not Cov	Not Cov		
A4306	DISPOSABL DRUG DEL SYS FLOW RATE UNDER 50 ML PER HOUR	No	Not Cov	Not Cov	Not Cov		
A4310	INSERTION TRAY W O DRAIN BAG AND W O CATHETER	Not Cov	No	Not Cov	No		
A4311	INSRTION TRAY W O DRN BAG W CATH 2-WAY LATEX	Not Cov	No	Not Cov	No		
A4312	INSRTION TRAY W O DRN BAG W CATH 2-WAY SILCON	Not Cov	No	Not Cov	No		
A4313	INSRT TRAY W O DRN BAG W CATH 3-WAY CONT IRRIG	Not Cov	No	Not Cov	No		
A4314	INSRTION TRAY W DRN BAG W CATH 2-WAY LATX W COAT	Not Cov	No	Not Cov	No		
A4315	INSRTION TRAY W DRN BAG W CATH2-WAY ALL SILCON	Not Cov	No	Not Cov	No		
A4316	INSRTION TRAY W DRN BAG W CATH 3-WAY CONT IRRIG	Not Cov	No	Not Cov	No		
A4320	IRRIGATION TRAY W BULB PISTON SYRINGE ANY PRPOS	Not Cov	No	Not Cov	No		
A4321	THERAPEUTIC AGENT URINARY CATHETER IRRIGATION	Not Cov	Not Cov	Not Cov	Not Cov		
A4322	IRRIGATION SYRINGE BULB OR PISTON EACH	Not Cov	No	Not Cov	No		
A4326	MALE EXT CATH W INTEGRAL CLCT CHAMB ANY TYPE EA	Not Cov	No	Not Cov	No		
A4327	FE EXTERNAL URIN COLLECTION DEVICE; METAL CUP EA	Not Cov	No	Not Cov	No		
A4328	FE EXTERNAL URINARY COLLECTION DEVICE; POUCH EA	Not Cov	No	Not Cov	No		
A4330	PERIANAL FECAL COLLECTION POUCH W ADHESIVE EACH	Not Cov	No	Not Cov	No		
A4331	EXT DRN TUBING W CNCTOR ADAPTR FOR LEG BAG EA	Not Cov	No	Not Cov	No		
A4332	LUBRICANT INDIVIDUAL STERILE PACKET EACH	Not Cov	No	Not Cov	No		
A4333	URIN CATHETER ANCHR DEVICE ADHES SKIN ATTCH EA	Not Cov	No	Not Cov	No		
A4334	URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH	Not Cov	No	Not Cov	No		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Not Cov	No	Not Cov	No		
A4336	INCONTINENCE SUPPLY URETHRAL INSERT ANY TYPE EA	Not Cov	No	Not Cov	No		

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A4337	INCONTINENCE SUPPLY RECTAL INSERT ANY TYPE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4338	INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W COAT EA	Not Cov	No	Not Cov	No		
A4340	INDWELLING CATHETER; SPECIALTY TYPE EACH	Not Cov	No	Not Cov	No		
A4344	INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA	Not Cov	No	Not Cov	No		
A4346	INDWELL CATH; FOLY TYPE 3-WAY CONT IRRIGATION EA	Not Cov	No	Not Cov	No		
A4349	MALE EXTERNAL CATHETER W WO ADHES DISPOSABLE EA	Not Cov	No	Not Cov	No		
A4351	INTERMIT URIN CATH; STRAIGHT TIP W WO COAT EA	Not Cov	No	Not Cov	No		
A4352	INTERMITTENT URINARY CATHETER; COUDE TIP EACH	Not Cov	No	Not Cov	No		
A4353	INTERMIT URINARY CATHETER W INSERTION SUPPLIES	Not Cov	No	Not Cov	No		
A4354	INSERTION TRAY W DRAIN BAG BUT WITHOUT CATHETER	Not Cov	No	Not Cov	No		
A4355	IRRIG TUBING CONT BLADD IRRIG 3-WAY CATH EA	Not Cov	No	Not Cov	No		
A4356	EXTERNAL URETHRAL CLAMP COMPRESSION DEVICE EACH	Not Cov	No	Not Cov	No		
A4357	BEDSID DRN BAG DAY NGT W WO ANTI-REFLX DEVC EA	Not Cov	No	Not Cov	No		
A4358	URINARY LEG BAG; VINYL W WO TUBE EACH	Not Cov	No	Not Cov	No		
A4360	DISPSBL EXT URETHRAL CLAMP COMP DEV PAD POUCH EA	Not Cov	No	Not Cov	No		
A4361	OSTOMY FACEPLATE EACH	Not Cov	No	Not Cov	No		
A4362	SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH	Not Cov	No	Not Cov	No		
A4363	OSTOMY CLAMP ANY TYPE REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
A4364	ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE	Not Cov	No	Not Cov	No		
A4366	OSTOMY VENT ANY TYPE EACH	Not Cov	No	Not Cov	No		
A4367	OSTOMY BELT EACH	Not Cov	No	Not Cov	No		
A4368	OSTOMY FILTER ANY TYPE EACH	Not Cov	No	Not Cov	No		
A4369	OSTOMY SKIN BARRIER LIQUID PER OZ	Not Cov	No	Not Cov	No		
A4371	OSTOMY SKIN BARRIER POWDER PER OZ	Not Cov	No	Not Cov	No		
A4372	OST SKIN BARR SOL 4X4 EQUV STD WEAR CONVXITY EA	Not Cov	No	Not Cov	No		
A4373	OST SKN BARR W FLNGE W BUILT-IN CONVXITY SZ EA	Not Cov	No	Not Cov	No		
A4375	OSTOMY POUCH DRAINABLE W FCEPLATE ATTCH PLSTC EA	Not Cov	No	Not Cov	No		
A4376	OSTOMY POUCH DRAINABLE W FACEPLATE ATTCH RUBR EA	Not Cov	No	Not Cov	No		
A4377	OSTOMY POUCH DRAINABLE USE FACEPLATE PLASTIC EA	Not Cov	No	Not Cov	No		
A4378	OSTOMY POUCH DRAINABLE USE FACEPLATE RUBBER EACH	Not Cov	No	Not Cov	No		
A4379	OSTOMY POUCH URINARY W FACEPLATE ATTCH PLSTC EA	Not Cov	No	Not Cov	No		
A4380	OSTOMY POUCH URINARY W FACEPLATE ATTCH RUBBER EA	Not Cov	No	Not Cov	No		
A4381	OSTOMY POUCH URINARY USE FACEPLATE PLASTIC EACH	Not Cov	No	Not Cov	No		
A4382	OSTOMY POUCH URIN USE FACEPLATE HEAVY PLSTC EA	Not Cov	No	Not Cov	No		

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A4383	OSTOMY POUCH URINARY USE FACEPLATE RUBBER EACH	Not Cov	No	Not Cov	No		
A4384	OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH	Not Cov	No	Not Cov	No		
A4385	OST SKN BARRIER SOLID 4X4 EXT W O CONVXITY EA	Not Cov	No	Not Cov	No		
A4387	OSTOMY POUCH CLOSED W BARR BUILT-IN CONVEXITY EA	Not Cov	No	Not Cov	No		
A4388	OST POUCH DRAINABLE W EXT WEAR BARRIER ATTCH EA	Not Cov	No	Not Cov	No		
A4389	OST POUCH DRNABLE W BARR W BUILT-IN CONVXITY EA	Not Cov	No	Not Cov	No		
A4390	OST POUCH DRNABLE W EXT BARRIER W CONVXITY EA	Not Cov	No	Not Cov	No		
A4391	OSTOMY POUCH URINARY W EXT WEAR BARRIER ATTCH EA	Not Cov	No	Not Cov	No		
A4392	OST POUCH URIN W STD WEAR BARRIER W CONVXITY EA	Not Cov	No	Not Cov	No		
A4393	OST POUCH URIN W EXT WEAR BARRIER W CONVXITY EA	Not Cov	No	Not Cov	No		
A4394	OSTOMY DEODORANT W WO LUBRICANT POUCH PER FL OZ	Not Cov	No	Not Cov	No		
A4395	OSTOMY DEODORANT USE OSTOMY POUCH SOLID PER TAB	Not Cov	No	Not Cov	No		
A4396	PERISTOMAL HERNIA SUPPORT BELT	Not Cov	No	Not Cov	No		
A4397	IRRIGATION SUPPLY; SLEEVE EACH	Not Cov	No	Not Cov	No		
A4398	OSTOMY IRRIGATION SUPPLY; BAG EACH	Not Cov	No	Not Cov	No		
A4399	OSTOMY IRRIGATION SUPPLY; CONE CATH W WO BRUSH	Not Cov	No	Not Cov	No		
A4400	OSTOMY IRRIGATION SET	Not Cov	No	Not Cov	No		
A4402	LUBRICANT PER OUNCE	Not Cov	No	Not Cov	No		
A4404	OSTOMY RING EACH	Not Cov	No	Not Cov	No		
A4405	OSTOMY SKIN BARRIER NONPECTIN-BASED PASTE-OZ	Not Cov	No	Not Cov	No		
A4406	OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE	Not Cov	No	Not Cov	No		
A4407	OST SKN BARRIER W BUILT-IN CONVXITY 4X4 IN OR LESS EA	Not Cov	No	Not Cov	No		
A4408	OST SKN BARRIER W BUILT-IN CONVXITY OVER 4X4 IN EA	Not Cov	No	Not Cov	No		
A4409	OST SKN BARR EXT W O BUILT-IN CONVXTY 4X4 IN OR LESS EA	Not Cov	No	Not Cov	No		
A4410	OST SKN BARR EXT W O BUILT-IN CONVXITY OVER 4X4 IN EA	Not Cov	No	Not Cov	No		
A4411	OST SKN BARRIER SOLID 4X4 EQ W BUILT-IN CONVXITY	Not Cov	No	Not Cov	No		
A4412	OST POUCH DRNABLE BARRIER W FLNGE W O FLTR EA	Not Cov	No	Not Cov	No		
A4413	OST POUCH DRNABLE HI OP BARRIER W FLNGE FLTR EA	Not Cov	No	Not Cov	No		
A4414	OST SKN BARRIER W O BUILT-IN CONVXITY 4X4 IN OR LESS EA	Not Cov	No	Not Cov	No		
A4415	OST SKN BARRIER W O BUILT-IN CONVXITY OVER 4X4 IN EA	Not Cov	No	Not Cov	No		
A4416	OSTOMY POUCH CLOSED W BARRIER ATTCH W FILTER EA	Not Cov	No	Not Cov	No		
A4417	OST POUCH CLO W BARRIER ATTCH W BUILT-IN CONVXIT	Not Cov	No	Not Cov	No		
A4418	OSTOMY POUCH CLOS; W O BARRIER ATTCH W FILTER EA	Not Cov	No	Not Cov	No		
A4419	OST POUCH CLOS; BARRIER W NON-LOCK FLNGE W FLTR	Not Cov	No	Not Cov	No		

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A4420	OSTOMY POUCH CLOS; USE BARRIER W LOCK FLNGE EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A4422	OST ABSORBNT MATL POUCH THICKEN LQD STOMAL OP EA	Not Cov	No	Not Cov	No		
A4423	OST POUCH CLOS; BARRIER W LOCK FLNGE W FLTR EA	Not Cov	No	Not Cov	No		
A4424	OSTOMY POUCH DRAINABLE W BARRIER ATTCH W FLTR EA	Not Cov	No	Not Cov	No		
A4425	OST POUCH DRNABL; BARR NON-LOCK FLNGE W FILTR EA	Not Cov	No	Not Cov	No		
A4426	OST POUCH DRAINABLE; USE BARRIER W LOCK FLNGE EA	Not Cov	No	Not Cov	No		
A4427	OST POUCH DRNABLE; BARRIER LOCK FLNGE W FLTR EA	Not Cov	No	Not Cov	No		
A4428	OST POUCH URIN EXT BARR W FAUCET TAP W VALVE	Not Cov	No	Not Cov	No		
A4429	OST POUCH URIN BLT-IN CONVXI W FAUCET TAP VALVE	Not Cov	No	Not Cov	No		
A4430	OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA	Not Cov	No	Not Cov	No		
A4431	OST POUCH URIN; W BARR W FAUCET TAP W VALVE EA	Not Cov	No	Not Cov	No		
A4432	OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV	Not Cov	No	Not Cov	No		
A4433	OST POUCH URIN; FOR BARR W LOCKING FLANGE EA	Not Cov	No	Not Cov	No		
A4434	OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE	Not Cov	No	Not Cov	No		
A4435	OST POUCH DRAIN HI OP EXT WEAR BARR W WO FLTR EA	Not Cov	No	Not Cov	No		
A4450	TAPE NON-WATERPROOF PER 18 SQUARE INCHES	Not Cov	No	Not Cov	No		
A4452	TAPE WATERPROOF PER 18 SQUARE INCHES	Not Cov	No	Not Cov	No		
A4455	ADHESIVE REMOVER OR SOLVENT PER OUNCE	Not Cov	No	Not Cov	No		
A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH	Not Cov	No	Not Cov	No		
A4458	ENEMA BAG WITH TUBING REUSABLE	Not Cov	Not Cov	Not Cov	Not Cov		
A4459	MANUAL PUMP-OPERATED ENEMA SYS REUSABLE ANY TYPE	Not Cov	No	Not Cov	No		
A4461	SURGICAL DRESSING HOLDER NON-REUSABLE EACH	Not Cov	No	Not Cov	No		
A4463	SURGICAL DRESSING HOLDER REUSABLE EACH	Not Cov	No	Not Cov	No		
A4465	NONELASTIC BINDER FOR EXTREMITY	No	No	Not Cov	No		
A4467	BELT STRAP SLEEVE GARMENT OR COVERING ANY TYPE	Not Cov	No	Not Cov	No		
A4470	GRAVLEE JET WASHER	No	Not Cov	Not Cov	Not Cov		
A4480	VABRA ASPIRATOR	No	Not Cov	Not Cov	Not Cov		
A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4483	MOISTR EXCHGR DISPBL USE W INVASV MECH VENT	Not Cov	Not Cov	Not Cov	Not Cov		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A4490	SURGICAL STOCKING ABOVE KNEE LENGTH EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4495	SURGICAL STOCKING THIGH LENGTH EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4500	SURGICAL STOCKING BELOW KNEE LENGTH EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4510	SURGICAL STOCKING FULL-LENGTH EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4520	INCONTINENCE GARMENT ANY TYPE EACH	Not Cov	No	Not Cov	No		
A4550	SURGICAL TRAYS	Not Cov	Not Cov	Not Cov	Not Cov		
A4553	NON-DISPOSABLE UNDERPADS ALL SIZES	Not Cov	Not Cov	Not Cov	Not Cov		
A4554	DISPOSABLE UNDERPADS ALL SIZES	Not Cov	Not Cov	Not Cov	Not Cov		
A4555	ELECTRD TRANSDUCR E-STIM DVC USED CA TX RPL ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
A4556	ELECTRODES PER PAIR	Not Cov	No	Not Cov	No		
A4557	LEAD WIRES PER PAIR	Not Cov	Not Cov	Not Cov	Not Cov		
A4558	CONDUCTIVE GEL PASTE FOR USE W ELECTRICAL DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
A4559	COUPLING GEL PASTE USE W US DEVICE PER OZ	Not Cov	No	Not Cov	No		
A4561	PESSAR RUBBER ANY TYPE	No	No	Not Cov	No		
A4562	PESSARY NON RUBBER ANY TYPE	No	No	Not Cov	No		
A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4565	SLINGS	No	No	Not Cov	No		
A4566	SHOULDER SLING VEST ABDUCTION RESTRAINER PREFAB	Not Cov	Not Cov	Not Cov	Not Cov		
A4570	SPLINTS	Not Cov	No	Not Cov	No		
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE	Not Cov	Not Cov	Not Cov	Not Cov		
A4580	CAST SUPPLIES	Not Cov	Not Cov	Not Cov	Not Cov		
A4590	SPECIAL CASTING MATERIAL	Not Cov	Not Cov	Not Cov	Not Cov		
A4595	ELECTRICAL STIMULATOR SUPPLIES 2 LEAD PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
A4600	SLEEVE INTERMITTENT LIMB COMPRS DEVC REPL EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4601	LITHIUM ION BATT RECHARG NONPROS USE REPLACEMENT	Not Cov	No	Not Cov	No		
A4602	REPL BA EXT INFUS PUMP OWND PATIENT LI 1.5 V EA	Not Cov	No	Not Cov	No		
A4604	TUBING W INTGR HEAT ELEM W POS AIRWAY PRESS DEVC	Not Cov	No	Not Cov	No		
A4605	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH	Not Cov	No	Not Cov	No		
A4606	OXYGEN PROBE USE W OXIMETER DEVICE REPLACEMENT	Not Cov	No	Not Cov	No		
A4608	TRANSTRACHEAL OXYGEN CATHETER EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4611	BATTRY HEAVY DUTY; REPL PT-OWNED VENTILATOR	Not Cov	No	Not Cov	No		
A4612	BATTRY CABLES; REPLACEMENT PT-OWNED VENTILATOR	Not Cov	No	Not Cov	No		
A4613	BATTRY CHARGER; REPLACEMENT PT-OWNED VENTILATOR	Not Cov	No	Not Cov	No		
A4614	PEAK EXPIRATORY FLOW RATE METER HAND HELD	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A4615	CANNULA NASAL	Not Cov	No	Not Cov	No		
A4616	TUBING PER FOOT	Not Cov	No	Not Cov	No		
A4617	MOUTHPIECE	Not Cov	Not Cov	Not Cov	Not Cov		
A4618	BREATHING CIRCUITS	Not Cov	No	Not Cov	No		
A4619	FACE TENT	Not Cov	No	Not Cov	No		
A4620	VARIABLE CONCENTRATION MASK	Not Cov	No	Not Cov	No		
A4623	TRACHEOSTOMY INNER CANNULA	Not Cov	No	Not Cov	No		
A4624	TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA	Not Cov	No	Not Cov	No		
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Not Cov	No	Not Cov	No		
A4626	TRACHEOSTOMY CLEANING BRUSH EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4627	SPACR BAG RESRVOR W WO MASK W METRD DOSE INHAL	Not Cov	No	Not Cov	No		
A4628	OROPHARYNGEAL SUCTION CATHETER EACH	Not Cov	No	Not Cov	No		
A4629	TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY	Not Cov	No	Not Cov	No		
A4630	REPLCMT BATTRY MED NECES TRNSQ ELEC STIM OWND PT	Not Cov	Not Cov	Not Cov	Not Cov		
A4633	REPLCMT BULB LAMP ULTRAVIOLET LIGHT TX SYSTEM EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4634	REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL	Not Cov	Not Cov	Not Cov	Not Cov		
A4635	UNDERARM PAD CRUTCH REPLACEMENT EACH	Not Cov	No	Not Cov	No		
A4636	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH	Not Cov	No	Not Cov	No		
A4637	REPLACEMENT TIP CANE CRUTCH WALKER EACH	Not Cov	No	Not Cov	No		
A4638	REPLACEMENT BATTRY PT-OWNED EAR PULSE GEN EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4639	REPLACEMENT PAD INFRARED HEATING PAD SYSTEM EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4640	REPLCMT PAD W MED NECES ALTRNAT PRSS PAD OWND PT	Not Cov	No	Not Cov	No		
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE DX UP TO 6 MCI	No	No	Not Cov	No		
A4648	TISSUE MARKER IMPLANTABLE ANY TYPE EACH	No	No	Not Cov	No		
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A4650	IMPLANTABLE RADIATION DOSIMETER EACH	No	No	Not Cov	No		
A4651	CALIBRATED MICROCAPILLARY TUBE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4652	MICROCAPILLARY TUBE SEALANT	Not Cov	Not Cov	Not Cov	Not Cov		
A4653	PERITON DIALYSIS CATHETER ANCHR DEVICE BELT EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH	No	No	Not Cov	No		
A4660	SPHYGMOMANOMETER BP APPARATUS W CUFF AND STETHOSCOPE	Not Cov	Not Cov	Not Cov	No		
A4663	BLOOD PRESSURE CUFF ONLY	No	Not Cov	Not Cov	No		
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Not Cov	Not Cov	Not Cov	No		
A4671	DISPBL CYCLER SET USED W CYCLER DIALYSIS MACH EA	Not Cov	Not Cov	Not Cov	Not Cov		
A4672	DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A4673	EXT LINE W EASY LOCK CONNECTORS USED W DIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
A4674	CHEMS ANTISEPTICS SOL CLEAN STERILIZE DIALY 8OZ	Not Cov	Not Cov	Not Cov	Not Cov		
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH	No	Not Cov	Not Cov	Not Cov		
A4690	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH	No	Not Cov	Not Cov	Not Cov		
A4706	BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON	No	Not Cov	Not Cov	Not Cov		
A4707	BICARBONATE CONCENTRATE POWDER HEMODIAL-PACKET	No	Not Cov	Not Cov	Not Cov		
A4708	ACTAT CONCENTRATE SOLUTION HEMODIAL PER GALLON	No	Not Cov	Not Cov	Not Cov		
A4709	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON	No	Not Cov	Not Cov	Not Cov		
A4714	TREATED WATER FOR PERITONEAL DIALYSIS PER GALLON	No	Not Cov	Not Cov	Not Cov		
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS	No	Not Cov	Not Cov	Not Cov		
A4720	DIALYSATE DXTROS FL OVER 249 UNDER EQ 999 CC PERITON DI	No	Not Cov	Not Cov	Not Cov		
A4721	DIALYSATE DXTROS FL OVER 999 UNDER EQ 1999CC PERITON DI	No	Not Cov	Not Cov	Not Cov		
A4722	DIALYSATE DXTROS FL OVER 1999 UNDER EQ 2999CC PERITON DI	No	Not Cov	Not Cov	Not Cov		
A4723	DIALYSATE DXTROS FL OVER 2999 UNDER EQ 3999CC PERITON DI	No	Not Cov	Not Cov	Not Cov		
A4724	DIALYSATE DXTROS FL OVER 3999 UNDER EQ 4999CC PERITON DI	No	Not Cov	Not Cov	Not Cov		
A4725	DIALYSATE DXTROS FL OVER 4999 UNDER EQ 5999CC PERITON DI	No	Not Cov	Not Cov	Not Cov		
A4726	DIALYSATE DEXTROSE FLUID OVER 5999 CC PD	No	Not Cov	Not Cov	Not Cov		
A4728	DIALYSATE SOLUTION NON-DXTROS CONTAINING 500 ML	Not Cov	Not Cov	Not Cov	Not Cov		
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS EACH	No	Not Cov	Not Cov	Not Cov		
A4736	TOPICAL ANESTHETIC FOR DIALYSIS PER G	No	Not Cov	Not Cov	Not Cov		
A4737	INJECTABLE ANESTHETIC FOR DIALYSIS PER 10 ML	No	Not Cov	Not Cov	Not Cov		
A4740	SHUNT ACCESSORY HEMODIALYSIS ANY TYPE EACH	No	Not Cov	Not Cov	Not Cov		
A4750	BLOOD TUBING ARTERIAL VENOUS HEMODIALYSIS EACH	No	Not Cov	Not Cov	Not Cov		
A4755	BLOOD TUBING ART AND VENOUS COMBINED HEMODIALYSIS EA	No	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A4760	DIALYSATE SOL TST KIT PERITON DIALYSIS TYPE EA	No	Not Cov	Not Cov	Not Cov		
A4765	DIALYSATE CONC POWDER ADD PERITON DIALYSIS-PCKET	No	Not Cov	Not Cov	Not Cov		
A4766	DIALYSATE CONC SOL ADD PERITON DIALYSIS-10 ML	No	Not Cov	Not Cov	Not Cov		
A4770	BLOOD COLLECTION TUBE VACUUM FOR DIALYSIS PER 50	No	Not Cov	Not Cov	Not Cov		
A4771	SERUM CLOTTING TIME TUBE FOR DIALYSIS PER 50	No	Not Cov	Not Cov	Not Cov		
A4772	BLOOD GLUCOSE TEST STRIPS FOR DIALYSIS PER 50	No	Not Cov	Not Cov	Not Cov		
A4773	OCCULT BLOOD TEST STRIPS FOR DIALYSIS PER 50	No	Not Cov	Not Cov	Not Cov		
A4774	AMMONIA TEST STRIPS FOR DIALYSIS PER 50	No	Not Cov	Not Cov	Not Cov		
A4802	PROTAMINE SULFATE FOR HEMODIALYSIS PER 50 MG	No	Not Cov	Not Cov	Not Cov		
A4860	DISPBL CATHETER TIPS PERITONEAL DIALYSIS PER 10	No	Not Cov	Not Cov	Not Cov		
A4870	PLUMBING AND OR ELEC WORK HOME HEMODIAL EQUIPMENT	No	Not Cov	Not Cov	Not Cov		
A4890	CONTRACTS REPAIR AND MAINTENANCE HEMODIAL EQUIPMENT	No	Not Cov	Not Cov	Not Cov		
A4911	DRAIN BAG BOTTLE FOR DIALYSIS EACH	No	Not Cov	Not Cov	Not Cov		
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A4918	VENOUS PRESSURE CLAMP FOR HEMODIALYSIS EACH	No	Not Cov	Not Cov	Not Cov		
A4927	GLOVES NON-STERILE PER 100	No	No	Not Cov	No		
A4928	SURGICAL MASK PER 20	No	Not Cov	Not Cov	Not Cov		
A4929	TOURNIQUET FOR DIALYSIS EACH	No	Not Cov	Not Cov	Not Cov		
A4930	GLOVES STERILE PER PAIR	No	No	Not Cov	No		
A4931	ORAL THERMOMETER REUSABLE ANY TYPE EACH	No	No	Not Cov	No		
A4932	RECTAL THERMOMETER REUSABLE ANY TYPE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A5051	OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH	Not Cov	No	Not Cov	No		
A5052	OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA	Not Cov	No	Not Cov	No		
A5053	OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH	Not Cov	No	Not Cov	No		
A5054	OSTOMY POUCH CLOSED; USE BARRIER W FLANGE EACH	Not Cov	No	Not Cov	No		
A5055	STOMA CAP	Not Cov	No	Not Cov	No		
A5056	OST POUCH DRAINABLE EXT WEAR BARRIER W FILTER EA	Not Cov	No	Not Cov	No		
A5057	OST POUCH DRAINABL EXT WEAR BARR CONVXTY FLTR EA	Not Cov	No	Not Cov	No		
A5061	OSTOMY POUCH DRAINABLE; W BARRIER ATTACHED EACH	Not Cov	No	Not Cov	No		
A5062	OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA	Not Cov	No	Not Cov	No		

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A5063	OSTOMY POUCH DRAINABLE; USE BARRIER W FLANGE EA	Not Cov	No	Not Cov	No		
A5071	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH	Not Cov	No	Not Cov	No		
A5072	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA	Not Cov	No	Not Cov	No		
A5073	OSTOMY POUCH URINARY; USE BARRIER W FLANGE EACH	Not Cov	No	Not Cov	No		
A5081	STOMA PLUG OR SEAL ANY TYPE	Not Cov	No	Not Cov	No		
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Not Cov	No	Not Cov	No		
A5083	CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA	Not Cov	No	Not Cov	No		
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Not Cov	No	Not Cov	No		
A5102	BEDSID DRAIN BOTTLE W WO TUBING RIGD XPNDABLE EA	Not Cov	No	Not Cov	No		
A5105	URINARY SUSPENSORY WITH LEG BAG W WO TUBE EACH	Not Cov	No	Not Cov	No		
A5112	URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH	Not Cov	No	Not Cov	No		
A5113	LEG STRAP; LATEX REPLACEMENT ONLY PER SET	Not Cov	No	Not Cov	No		
A5114	LEG STRAP; FOAM FABRIC REPLACEMENT ONLY PER SET	Not Cov	No	Not Cov	No		
A5120	SKIN BARRIER WIPES OR SWABS EACH	Not Cov	No	Not Cov	No		
A5121	SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH	Not Cov	No	Not Cov	No		
A5122	SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH	Not Cov	No	Not Cov	No		
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Not Cov	No	Not Cov	No		
A5131	APPLINC CLNR INCONT AND OSTOMY APPLINCS PER 16 OZ	Not Cov	No	Not Cov	No		
A5200	PERCUT CATH TUBE ANCHR DEVICE ADHES SKIN ATTCH	Not Cov	Not Cov	Not Cov	Not Cov		
A5500	DIAB ONLY FIT CSTM PREP AND SPL SHOE MX DNSITY INSRT	Not Cov	No	Not Cov	No		
A5501	DIAB ONLY FIT CSTM PREP AND SPL SHOE MOLD PTS FT	Not Cov	No	Not Cov	No		
A5503	DIAB ONLY MOD SHOE CSTM MOLD ROLLER ROCKR BOTTOM	Not Cov	No	Not Cov	No		
A5504	DIAB ONLY MOD SHOE CSTM MOLD SHOE W WEDGE SHOE	Not Cov	No	Not Cov	No		
A5505	DIAB ONLY MOD SHOE CSTM MOLD SHOE W MT BAR SHOE	Not Cov	No	Not Cov	No		
A5506	DIAB ONLY MOD SHOE CSTM MOLD SHOE W OFF SET HEEL	Not Cov	No	Not Cov	No		
A5507	DIAB ONLY NOS MOD SHOE CSTM MOLD SHOE PER SHOE	Not Cov	No	Not Cov	No		
A5508	DIAB ONLY DELUXE FEATURE SHOE CSTM MOLD SHOE	Not Cov	No	Not Cov	No		
A5510	DIAB ONLY DIR FORM COMPRS MOLD PTS FT W O HEAT	Not Cov	No	Not Cov	No		
A5512	FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	Not Cov	No	Not Cov	No		
A5513	FOR DIAB ONLY MX DNSITY INSRT CSTM MOLD CSTM EA	Not Cov	No	Not Cov	No		
A5514	DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA	Not Cov	Yes	Not Cov	Yes		
A6000	NON-CNTC WND WARMING WND COVR W DEVC AND CARD	Not Cov	Not Cov	Not Cov	Not Cov		
A6010	COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G	Not Cov	No	Not Cov	No		
A6011	COLLEGEN BASED WOUND FILLR GEL PASTE STERL PER G	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A6021	COLLAGEN DRESSING STERILE SIZE 16 SQ IN LESS EA	Not Cov	No	Not Cov	No		
A6022	COLL DRSG STERL PAD SIZE OVER 16 SQ IN BUT EQ 48 SQ EA	Not Cov	No	Not Cov	No		
A6023	COLLAGEN DRESSING STERILE SIZE OVER 48 SQ IN EACH	Not Cov	No	Not Cov	No		
A6024	COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN	Not Cov	No	Not Cov	No		
A6025	GEL SHEET FOR DERMAL EPIDERMAL APPLICATION EACH	Not Cov	No	Not Cov	No		
A6154	WOUND POUCH EACH	Not Cov	No	Not Cov	No		
A6196	ALGINAT OTH FIBER GELL DRESS STERIL PAD 16 SQ OR LESS	Not Cov	No	Not Cov	No		
A6197	ALGINATE OTH FIBER GELL DRESS PAD OVER 16 UNDER EQ 48 S	Not Cov	No	Not Cov	No		
A6198	ALGINATE OTH FIBER GELL DRESS WND PAD OVER 48 SQ EA	Not Cov	No	Not Cov	No		
A6199	ALGINATE OTH FIBER GEL DRESS WND FIL STERL 6 IN	Not Cov	No	Not Cov	No		
A6203	COMPOS DRESS STERL PAD 16 SQ OR LESS W ADHES BORDR EA	Not Cov	No	Not Cov	No		
A6204	COMPOS DRESS OVER 16SQ BUT UNDER EQ 48 SQ W ADHES BORD	Not Cov	No	Not Cov	No		
A6205	COMPOS DRESS STERL PAD OVER 48 SQ W ADHES BORDR	Not Cov	No	Not Cov	No		
A6206	CONTACT LAYER STERL 16 SQ IN LESS EA DRESSING	Not Cov	No	Not Cov	No		
A6207	CNTC LAYER OVER 16 SQ BUT UNDER EQUAL 48 SQ EA DRESSIN	Not Cov	No	Not Cov	No		
A6208	CONTACT LAYER STERL OVER 48 SQ IN EACH DRESSING	Not Cov	No	Not Cov	No		
A6209	FOAM DRESS STERL PAD 16 SQ OR LESS NO ADHES BORDR EA	Not Cov	No	Not Cov	No		
A6210	FOAM DRESS OVER 16 BUT UNDER EQ 48 SQ W O ADHES BORD	Not Cov	No	Not Cov	No		
A6211	FOAM DRESS STERL PAD OVER 48 SQ NO ADHES BORDR EA	Not Cov	No	Not Cov	No		
A6212	FOAM DRESS STERL PAD SZ 16 SQ OR GRT W ADHES BORDR EA	Not Cov	No	Not Cov	No		
A6213	FOAM DRESS OVER 16 SQ BUT UNDER EQ 48 SQ W ADHES BORD	Not Cov	No	Not Cov	No		
A6214	FOAM DRESS STERL PAD SZ OVER 48 SQ W ADHES BORDR EA	Not Cov	No	Not Cov	No		
A6215	FOAM DRESSING WOUND FILLER STERILE PER G	Not Cov	No	Not Cov	No		
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ OR LESS W O ADHES EA	Not Cov	No	Not Cov	No		
A6217	GAUZE NON-IMPREG NONSTERL OVER 16 UNDER EQ 48 SQ W O A	Not Cov	No	Not Cov	No		
A6218	GAUZE NON-IMPREG NONSTERL OVER 48 SQ W O ADHES EA	Not Cov	No	Not Cov	No		
A6219	GAUZE NON-IMPREG STERL 16 SQ LESS W ADHES BORDR	Not Cov	No	Not Cov	No		
A6220	GAUZE NON-IMPREG OVER 16 UNDER EQ 48 SQ W ADHES BORDR	Not Cov	No	Not Cov	No		
A6221	GAUZE NON-IMPREG STERL OVER 48 SQ W ADHES BORDR EA	Not Cov	No	Not Cov	No		
A6222	GAUZE IMPREG NOT H2O NL SALINE HYDROGEL 16 SQ OR LESS	Not Cov	No	Not Cov	No		
A6223	GAUZE IMPREG NOT H2O SALINE HYDRGEL OVER 16 UNDER EQ 4	Not Cov	No	Not Cov	No		
A6224	GAUZE IMPREG NOT H2O NL SALINE HYDROGEL OVER 48 SQ	Not Cov	No	Not Cov	No		
A6228	GAUZE IMPREG H2O NL SALINE STERL OVER 16 SQ NO ADHES	Not Cov	Not Cov	Not Cov	Not Cov		
A6229	GAUZE IMPREG H2O NL SALINE STERL OVER 16 BUT UNDER EQ 48	Not Cov	No	Not Cov	No		

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A6230	GAUZE IMPREG H2O NL SALINE STERL OVER 48 SQ NO ADHES	Not Cov	No	Not Cov	No		
A6231	GAUZE IMPREG HYDROGEL DIR WND CNTC STERL 16 SQ OR LESS	Not Cov	No	Not Cov	No		
A6232	GAUZE IMPREG HYDROGEL DIR WND CNTC OVER 16 UNDER EQ 4	Not Cov	No	Not Cov	No		
A6233	GAUZE IMPREG HYDROGEL DIR WND CNTC STERL OVER 48 SQ	Not Cov	No	Not Cov	No		
A6234	HYDROCOLLOID DRESS STERL 16 SQ OR LESS NO ADHES BORDR	Not Cov	No	Not Cov	No		
A6235	HYDROCOLLOID DRESS OVER 16 BUT UNDER EQ 48 SQ W O ADHE	Not Cov	No	Not Cov	No		
A6236	HYDROCOLLOID DRESS STERL OVER 48 SQ NO ADHES BORDR	Not Cov	No	Not Cov	No		
A6237	HYDROCOLLOID DRESS STERL 16 SQ OR LESS ADHES BORDR	Not Cov	No	Not Cov	No		
A6238	HYDROCOLLOID DRESS OVER 16 BUT UNDER EQ 48 SQ W ADHE	Not Cov	No	Not Cov	No		
A6239	HYDROCOLLOID DRESS STERL OVER 48 SQ W ADHES BORDR	Not Cov	Not Cov	Not Cov	Not Cov		
A6240	HYDROCOLLOID DRESSING WND FIL PASTE STERL PER OZ	Not Cov	No	Not Cov	No		
A6241	HYDROCOLLOID DRESS WND FIL DRY FORM STERL PER G	Not Cov	No	Not Cov	No		
A6242	HYDROGEL DRESS STERL PAD 16 SQ OR LESS NO ADHES BORDR	Not Cov	No	Not Cov	No		
A6243	HYDROGEL DRESS OVER 16 SQ BUT UNDER EQ 48 SQ W O ADHE	Not Cov	No	Not Cov	No		
A6244	HYDROGEL DRESS STERL PAD OVER 48 SQ NO ADHES BORDR	Not Cov	No	Not Cov	No		
A6245	HYDROGEL DRESS STERL PAD 16 SQ OR LESS ADHES BORDR	Not Cov	No	Not Cov	No		
A6246	HYDROGEL DRESS OVER 16 SQ BUT UNDER EQ 48 SQ W ADHES	Not Cov	No	Not Cov	No		
A6247	HYDROGEL DRESS STERL PAD OVER 48 SQ ADHES BORDR	Not Cov	No	Not Cov	No		
A6248	HYDROGEL DRESSING WOUND FILLER GEL PER FL OZ	Not Cov	No	Not Cov	No		
A6250	SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ	Not Cov	Not Cov	Not Cov	Not Cov		
A6251	SPCLTY ABSORB DRESS STERL 16 SQ OR LESS NO ADHES BORDR	Not Cov	No	Not Cov	No		
A6252	SPCLTY ABSORB DRESS OVER 16 UNDER EQ 48 SQ W O ADHES B	Not Cov	No	Not Cov	No		
A6253	SPCLTY ABSORB DRESS STERL OVER 48 SQ NO ADHES BORDR	Not Cov	No	Not Cov	No		
A6254	SPCLTY ABSORB DRESS STERL 16 SQ OR LESS ADHES BORDR EA	Not Cov	No	Not Cov	No		
A6255	SPCLTY ABSORB DRESS STERL OVER 16 UNDER EQ 48 SQ W AD	Not Cov	No	Not Cov	No		
A6256	SPCLTY ABSORB DRESS STERL OVER 48 SQ ADHES BORDR	Not Cov	No	Not Cov	No		
A6257	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS	Not Cov	No	Not Cov	No		
A6258	TRNSPRT FILM STERL OVER 16 SQ BUT UNDER EQ 48 SQ EA DR	Not Cov	No	Not Cov	No		
A6259	TRANSPARENT FILM STERL OVER 48 SQ IN EA DRESSING	Not Cov	No	Not Cov	No		
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A6266	GAUZE IMPREG NOT H2O SALINE ZINC PASTE LINR YD	Not Cov	No	Not Cov	No		
A6402	GAUZE NON-IMPREG STERL 16 SQ OR LESS W O ADHES BORDR	Not Cov	No	Not Cov	No		
A6403	GAUZE NON-IMPREG STERL OVER 16 UNDER EQ 48 SQ W O AD	Not Cov	No	Not Cov	No		
A6404	GAUZE NON-IMPREG STERL OVER 48 SQ W O ADHES BORDR	Not Cov	No	Not Cov	No		
A6407	PACK STRIPS NON-IMPREGNTD UP 2 IN WDTH-LINR YARD	Not Cov	No	Not Cov	No		
A6410	EYE PAD STERILE EACH	Not Cov	No	Not Cov	No		
A6411	EYE PAD NON-STERILE EACH	Not Cov	No	Not Cov	No		
A6412	EYE PATCH OCCLUSIVE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A6413	ADHESIVE BANDAGE FIRST-AID TYPE ANY SIZE EACH	Not Cov	NO	Not Cov	NO		
A6441	PADD BANDGE NON-ELAST NON-WOVEN NON-KNITTED WDTH	Not Cov	No	Not Cov	No		
A6442	CONFORMING BANDGE NON-ELAST KNITTED WOVEN NON-ST	Not Cov	No	Not Cov	No		
A6443	CONFORMING BANDGE NON-ELAST KNITTED WOVEN NON-ST	Not Cov	No	Not Cov	No		
A6444	CONFORMING BANDGE NON-ELAST KNITTED WOVEN NON-ST	Not Cov	No	Not Cov	No		
A6445	CONFORMING BANDGE NON-ELAST KNITTED WOVEN STERL	Not Cov	No	Not Cov	No		
A6446	CONFORMING BANDGE NON-ELAST KNITTED WOVEN STERL	Not Cov	No	Not Cov	No		
A6447	CONFORMING BANDGE NON-ELAST KNITTED WOVEN STERL	Not Cov	No	Not Cov	No		
A6448	LT COMPRS BANDGE ELAST WDTH UNDER 3 IN PER YARD	Not Cov	No	Not Cov	No		
A6449	LT COMPRS BANDGE ELAST WDTH GRT THN EQ 3 AND UNDER 5 IN	Not Cov	No	Not Cov	No		
A6450	LT COMPRS BANDGE ELAST WDTH GRT THN EQ 5 IN PER YARD	Not Cov	No	Not Cov	No		
A6451	MOD COMPRS BANDGE LOAD RESIST WDTH GRT THN EQ 3 AND UND	Not Cov	No	Not Cov	No		
A6452	HI COMPRS BANDGE LOAD RESIST WDTH GRT THN EQ 3 AND UNDE	Not Cov	No	Not Cov	No		
A6453	SELF-ADHERENT BANDGE WDTH UNDER EQ 3 IN PER YARD	Not Cov	No	Not Cov	No		
A6454	SELF-ADHERENT BANDGE WDTH GRT THN EQ 3 AND UNDER 5 IN	Not Cov	No	Not Cov	No		
A6455	SELF-ADHERENT BANDGE WDTH GRT THN EQ 5 IN PER YARD	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A6456	ZINC PASTE IMPREGNTD BANDGE WDTH GRT THN EQ 3 AND UNDER	Not Cov	No	Not Cov	No		
A6457	TUBULAR DRSG W WO ELASTIC ANY WDTH PER LINEAR YD	Not Cov	No	Not Cov	No		
A6460	SYN RSRB WND DRSG STER PAD 16 SI OR LESS NO ADH BO EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6461	SYN RSRB STR PAD SZ OVER 16 SI BUT UNDER EQ 48 SI NO A	Not Cov	Not Cov	Not Cov	Not Cov		
A6501	COMPRS BURN GARMENT BODYSUIT CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
A6502	COMPRS BURN GARMENT CHIN STRAP CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
A6503	COMPRS BURN GARMENT FACIAL HOOD CUSTOM FAB	Not Cov	No	Not Cov	No		
A6504	COMPRS BURN GARMENT GLOVE WRIST CUSTOM FAB	Not Cov	No	Not Cov	No		
A6505	COMPRS BURN GARMENT GLOVE ELB CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
A6506	COMPRS BURN GARMENT GLOVE AXILLA CUSTOM FAB	Not Cov	No	Not Cov	No		
A6507	COMPRS BURN GARMENT FT KNEE LENGTH CUSTOM FAB	Not Cov	No	Not Cov	No		
A6508	COMPRS BURN GARMENT FT THIGH LENGTH CUSTOM FAB	Not Cov	No	Not Cov	No		
A6509	COMPRS BRN GARMNT UP TRNK WAIST ARM OPENING CSTM	Not Cov	No	Not Cov	No		
A6510	COMPRS BRN GARMNT TRNK ARMS TO LEG OPENING CSTM	Not Cov	No	Not Cov	No		
A6511	COMPRS BRN GARMNT LW TRNK W LEG OPENING CSTM FAB	Not Cov	No	Not Cov	No		
A6512	COMPRESSION BURN GARMENT NOC	Not Cov	No	Not Cov	No		
A6513	COMPRS BRN MASK FCE AND OR NCK PLSTC EQUL CSTM FAB	Not Cov	No	Not Cov	No		
A6530	GRADIENT COMPRESSION STK BELW KNEE 18-30 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6531	GRADIENT COMPRESSION STK BELW KNEE 30-40 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6532	GRADIENT COMPRESSION STK BELW KNEE 40-50 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6533	GRADIENT COMPRESSION STK THIGH LEN 18-30 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6534	GRADIENT COMPRESSION STK THIGH LEN 30-40 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6535	GRADIENT COMPRESSION STK THIGH LEN 40-50 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6536	GRADIENT COMPRS STK FULL LEN CHAP 18-30 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6537	GRADIENT COMPRS STK FULL LEN CHAP 30-40 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6538	GRADIENT COMPRS STK FULL LEN CHAP 40-50 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6539	GRADIENT COMPRESSION STK WAIST LEN 18-30 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6540	GRADIENT COMPRESSION STK WAIST LEN 30-40 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6541	GRADIENT COMPRESSION STK WAIST LEN 40-50 MMHG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6544	GRADIENT COMPRESSION STOCKING GARTER BELT	Not Cov	Not Cov	Not Cov	Not Cov		
A6545	GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA	Not Cov	Not Cov	Not Cov	Not Cov		
A6549	GRADIENT COMPRESSION STOCKING SLEEVE NOS	Not Cov	Not Cov	Not Cov	No		
A6550	WND CARE SET NEG PRSS WND TX ELEC PUMP SPL	Not Cov	No	Not Cov	No		
A7000	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH	Not Cov	No	Not Cov	No		

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A7001	CANISTER NON-DISPOSABLE USED W SUCTION PUMP EACH	Not Cov	No	Not Cov	No		
A7002	TUBING USED WITH SUCTION PUMP EACH	Not Cov	No	Not Cov	No		
A7003	ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL	Not Cov	No	Not Cov	No		
A7004	SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL	Not Cov	No	Not Cov	No		
A7005	ADMN SET W SM VOL NONFILTR NEBULIZR NON-DISPBL	Not Cov	No	Not Cov	No		
A7006	ADMIN SET W SMALL VOLUME FILTR PNEUMAT NEBULIZR	Not Cov	No	Not Cov	No		
A7007	LG VOL NEBULIZR DISPBL UNFIL USED W AROSL COMPRS	Not Cov	No	Not Cov	No		
A7008	LG VOL NEBULIZR DISPBL PREFIL W AROSL COMPRS	Not Cov	Not Cov	Not Cov	Not Cov		
A7009	RESRVOR BOTTLE NON-DISPBL W LG VOL US NEBULIZR	Not Cov	Not Cov	Not Cov	Not Cov		
A7010	CORUGATD TUBING DISPBL W LG VOL NEBULIZR 100 FT	Not Cov	No	Not Cov	No		
A7012	WATER COLLEC DEV USE W LG VOL NEB	Not Cov	No	Not Cov	No		
A7013	FILTER DISPOSABL W AREOSOL COMPRESS US GENERATOR	Not Cov	No	Not Cov	No		
A7014	FILTER NON-DISPBL USED W AROSL COMPRS US GEN	Not Cov	No	Not Cov	No		
A7015	AREO MASK USED W DME NEB	Not Cov	No	Not Cov	No		
A7016	DOME AND MOUTHPIECE USED W SMALL VOLUME US NEBULIZR	Not Cov	Not Cov	Not Cov	Not Cov		
A7017	NEB GLASS AUTOCLAV NOT USE W O2	Not Cov	Not Cov	Not Cov	Not Cov		
A7018	H2O DIST USE W LG VOL NEB 1000 ML	Not Cov	No	Not Cov	No		
A7020	INTERFACE COUGH STIMULAT DEVC REPLACEMENT ONLY	Not Cov	No	Not Cov	No		
A7025	HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A7026	HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND	Not Cov	Not Cov	Not Cov	Not Cov		
A7027	COMB ORAL NASAL MASK USED W CPAP DEVICE EACH	Not Cov	No	Not Cov	No		
A7028	ORAL CUSHION COMB ORAL NASAL MASK REPL ONLY EACH	Not Cov	No	Not Cov	No		
A7029	NASAL PILLOWS COMB ORAL NASL MASK REPL ONLY PAIR	Not Cov	No	Not Cov	No		
A7030	FULL FACE MASK USED W POS ARWAY PRESS DEVICE EA	Not Cov	No	Not Cov	No		
A7031	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA	Not Cov	No	Not Cov	No		
A7032	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
A7033	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR	Not Cov	No	Not Cov	No		
A7034	NASL INTRFCE POS ARWAY PRSS DEVC W WO HEAD STRAP	Not Cov	No	Not Cov	No		
A7035	HEADGEAR USED W POSITIVE AIRWAY PRESSURE DEVICE	Not Cov	No	Not Cov	No		
A7036	CHINSTRAP USED W POSITIVE AIRWAY PRESSURE DEVICE	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Not Cov	No	Not Cov	No		
A7038	FILTER DISPBL USED W POS ARWAY PRESSURE DEVICE	Not Cov	No	Not Cov	No		
A7039	FILTER NON DISPBL USED W POS ARWAY PRESS DEVICE	Not Cov	No	Not Cov	No		
A7040	ONE WAY CHEST DRAIN VALVE	Not Cov	Not Cov	Not Cov	Not Cov		
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING	Not Cov	No	Not Cov	No		
A7044	ORAL INTERFACE USED W POS ARWAY PRESS DEVICE EA	Not Cov	Not Cov	Not Cov	Not Cov		
A7045	EXHALATION PORT W WO SWIVEL REPLACEMENT ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
A7046	WATR CHAMB HUMDIFIR USED W POS ARWAY PRSS DEVC R	Not Cov	No	Not Cov	No		
A7047	ORAL INTERFACE USED RESPIRATORY SUCTION PUMP EA	Not Cov	Not Cov	Not Cov	Not Cov		
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT EA	Not Cov	Not Cov	Not Cov	No		
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A7502	REPL DIAPHRAGM FCEPLATE TRACHEOSTOMA VALVE EA	Not Cov	Not Cov	Not Cov	Not Cov		
A7503	FLTR HOLDER CAP REUSBL TRACHEOSTOMA EXCHG SYS EA	Not Cov	Not Cov	Not Cov	Not Cov		
A7504	FLTR USE TRACHEOSTOMA HEAT AND MOISTR EXCHG SYS EA	Not Cov	Not Cov	Not Cov	Not Cov		
A7505	HOUSING REUSABL W O ADHES EXCHG SYS AND VALV EA	Not Cov	Not Cov	Not Cov	Not Cov		
A7506	ADHES DISC EXCHG SYS AND W TRACHEOSTOMA VALV EA	Not Cov	Not Cov	Not Cov	Not Cov		
A7507	FLTR HLDR AND INTGR FLTR W O ADHES TRACHEOSTMA EXCHG	Not Cov	Not Cov	Not Cov	Not Cov		
A7508	HOUS AND INTGR ADHES TRACHEOSTOMA EXCHG SYS AND VALV	Not Cov	Not Cov	Not Cov	Not Cov		
A7509	FLTR HLDR AND INTGR FLTR HOUS AND ADHES TRACHEOSTOMA	Not Cov	No	Not Cov	No		
A7520	TRACHEOST LARYNGECT TUBE NON-CUFFED POLYVINYLCHL	Not Cov	No	Not Cov	No		
A7521	TRACHEOST LARYNGECT TUBE CUFFD PVC SILICONE EQ EA	Not Cov	No	Not Cov	No		
A7522	TRACHEOST LARYNGECT TUBE STNLESS STEEL EQUAL EA	Not Cov	No	Not Cov	No		
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A7524	TRACHEOSTOMA STENT STUD BUTTON EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A7525	TRACHEOSTOMY MASK EACH	Not Cov	No	Not Cov	No		
A7526	TRACHEOSTOMY TUBE COLLAR HOLDER EACH	Not Cov	No	Not Cov	No		
A7527	TRACHEOSTOMY LARYNGECTOMY TUBE PLUG STOP EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A8000	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES	Not Cov	No	Not Cov	No		
A8001	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES	Not Cov	No	Not Cov	No		
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES	Not Cov	No	Not Cov	No		
A8003	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES	Not Cov	No	Not Cov	No		
A8004	SOFT INTERFACE FOR HELMET REPLACEMENT ONLY	Not Cov	No	Not Cov	No		
A9150	NONPRESCRIPTION DRUG	Not Cov	Not Cov	Not Cov	Not Cov		
A9152	SINGLE VIT MINERAL TRACE ELEMENT ORAL-DOSE NOS	Not Cov	Not Cov	Not Cov	Not Cov		

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A9153	MX VIT W WO MINERLS AND TRACE ELEMS ORL PER DOSE NOS	Not Cov	Not Cov	Not Cov	Not Cov		
A9155	ARTFICIAL SALIVA 30 ML	Not Cov	Not Cov	Not Cov	Not Cov		
A9180	PEDICULOSIS TX TOPICAL ADMIN PATIENT CARETAKER	Not Cov	Not Cov	Not Cov	Not Cov		
A9270	NONCOVERED ITEM OR SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
A9272	WND SUCT DISPBL DSG ALL ACC AND CMPNT ANY TYP EA	Not Cov	Not Cov	Not Cov	Not Cov		
A9273	COLD HOT FL BTL ICE CAP C HEAT AND COLD WRAP ANY	Not Cov	Not Cov	Not Cov	Not Cov		
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Not Cov	Not Cov	Not Cov	Not Cov		
A9275	HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS	Not Cov	No	Not Cov	No		
A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U EQ 1D	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A9279	MONITOR FEATURE DEVC STAND-ALONE INTEGRATED NOC	Not Cov	Not Cov	Not Cov	Not Cov		
A9280	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
A9281	REACHING GRABBING DEVICE ANY TYPE ANY LENGTH EA	Not Cov	Not Cov	Not Cov	Not Cov		
A9282	WIG ANY TYPE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A9283	FOOT PRESSURE OFF LOAD SUPP DEVICE ANY TYPE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
A9284	SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES	No	Not Cov	Not Cov	Not Cov		
A9285	INVERSION EVERSION CORRECTION DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
A9286	HYGIENIC ITEM DEVC DISPBL NON-DISPBL ANY TYPE EA	Not Cov	Not Cov	Not Cov	Not Cov		
A9300	EXERCISE EQUIPMENT	Not Cov	Not Cov	Not Cov	Not Cov		
A9500	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE	No	No	Not Cov	No		
A9501	TECHNETIUM TC-99M TEBOROXIME DX PER STUDY DOSE	No	No	Not Cov	No		

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A9502	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE	No	No	Not Cov	No		
A9503	TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI	No	No	Not Cov	No		
A9504	TECHNETIUM TC-99M APCITIDE DX UP TO 20 MCI	No	No	Not Cov	No		
A9505	THALLIUM TL-201 THALLOUS CHLORID DX PER MCI	No	No	Not Cov	No		
A9507	INDIUM IN-111 CAPROMAB PENDETIDE DX UP TO 10 MCI	No	No	Not Cov	No		
A9508	IODINE I-131 IOBENGUANE SULFATE DX PER 0.5 MCI	No	No	Not Cov	No		
A9509	IODINE I-123 SODIUM IODIDE DX PER MILLICURIE	No	No	Not Cov	No		
A9510	TECHNETIUM TC-99M DISOFENIN DX UP TO 15 MCI	No	No	Not Cov	No		
A9512	TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE	No	No	Not Cov	No		
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
A9515	CHOLINE C-11 DX PER STUDY DOSE UP TO 20 MCI	Not Cov	Not Cov	Not Cov	Not Cov		
A9516	IODINE I-123 SODIUM IODIDE DX PER 100 UCI TO 999	No	No	Not Cov	No		
A9517	IODINE I-131 SODIUM IODIDE CAPS THERAPEUTIC MCI	No	No	Not Cov	No		
A9520	TECHNETIUM TC-99M TILMANOCEPT DX TO 0.5 MCI	No	No	Not Cov	No		
A9521	TECHNETIUM TC-99M EXETAZIME DX UP TO 25 MCI	No	No	Not Cov	No		
A9524	IODINE I-131 IODINATD SERUM ALBUMIN DX PER 5 UCI	No	No	Not Cov	No		
A9526	NITROGEN N-13 AMMONIA DX STDY DOSE UP TO 40 MCI	No	No	Not Cov	No		
A9527	IODINE I-125 SODIUM IODIDE SOL TX PER MCI	No	No	Not Cov	No		
A9528	IODINE I-131 SODIUM IODIDE CAPSULES DX PER MCI	No	No	Not Cov	No		
A9529	IODINE I-131 SODIUM IODIDE SOLIODINE I-131 SODIU	No	No	Not Cov	No		
A9530	IODINE I-131 SODIUM IODIDE SOLUTION TX PER MCI	No	No	Not Cov	No		
A9531	IODINE I-131 SODIM IODIDE DX TO 100 MICROCURIE	No	No	Not Cov	No		
A9532	IODINE I-125 SERUM ALBUMIN DX PER 5 MICROCURIES	No	No	Not Cov	No		
A9536	TECHNETIUM TC-99M DEPREOTIDE DX UP TO 35 MCI	No	No	Not Cov	No		
A9537	TECHNETIUM TC-99M MEBROFENIN DX UP TO 15 MCI	No	No	Not Cov	No		
A9538	TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI	No	No	Not Cov	No		
A9539	TECHNETIUM TC-99M PENTETATE DX UP TO 25 MCI	No	No	Not Cov	No		
A9540	TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI	No	No	Not Cov	No		
A9541	TECHNETIUM TC-99M SULFUR COLLOID DX UP TO 20 MCI	No	No	Not Cov	No		
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Yes	Yes	Not Cov	Yes		See Clinical Information
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Yes	Yes	Not Cov	Yes		See Clinical Information

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A9546	COBALT CO-57 58 CYANOCOBALAMN DX TO 1 MICROCURIE	No	No	Not Cov	No		
A9547	INDIUM IN-111 OXYQUINOLINE DX PER 0.5 MILLICURIE	No	No	Not Cov	No		
A9548	INDIUM IN-111 PENTETATE DX PER 0.5 MILLICURIE	No	No	Not Cov	No		
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE DX TO 25 MCI	No	No	Not Cov	No		
A9551	TECHNETIUM TC-99M SUCCIMER DX UP TO 10 MCI	No	No	Not Cov	No		
A9552	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI	No	No	Not Cov	No		
A9553	CHROMIUM CR-51 SODIUM CHROMATE DX UP TO 250 UCI	No	No	Not Cov	No		
A9554	IODINE I-125 SODIUM IOTHALAMATE DX UP TO 10 UCI	No	No	Not Cov	No		
A9555	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI	No	No	Not Cov	No		
A9556	GALLIUM GA-67 CITRATE DIAGNOSTIC PER MILLICURIE	No	No	Not Cov	No		
A9557	TECHNETIUM TC-99M BICISATE DX UP TO 25 MCI	No	No	Not Cov	No		
A9558	XENON XE-133 GAS DIAGNOSTIC PER 10 MILLICURIES	No	No	Not Cov	No		
A9559	COBALT CO-57 CYANOCOBALAMIN ORAL DX UP TO 1 UCI	No	No	Not Cov	No		
A9560	TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI	No	No	Not Cov	No		
A9561	TECHNETIUM TC-99M OXIDRONATE DX UP TO 30 MCI	No	No	Not Cov	No		
A9562	TECHNETIUM TC-99M MERTIATIDE DX UP TO 15 MCI	No	No	Not Cov	No		
A9563	SODIUM PHOSPHATE P-32 THERAPEUTIC PER MILLICURIE	No	No	Not Cov	No		
A9564	CHROMIC PHOSHATE P-32 SUSP THERAPEUTIC PER MCI	No	No	Not Cov	No		
A9566	TECHNETIUM TC-99M FANOLESOMAB DX UP TO 25 MCI	No	No	Not Cov	No		
A9567	TECHNETIUM TC-99M PENTETATE DX AEROSOL TO 75 MCI	No	No	Not Cov	No		
A9568	TECHTM TC-99M ARCITUMOMAB DX STDY DOSE TO 45 MCI	No	No	Not Cov	No		
A9569	TECHNETIUM TC-99M EXAMETAZIME AUTOLG WBC DX DOSE	No	No	Not Cov	No		
A9570	INDIUM IN-111 AUTOLOGOUS WBC DX PER STUDY DOSE	No	No	Not Cov	No		
A9571	INDIUM IN-111 AUTOLOGOUS PLATELETS DX STUDY DOSE	No	No	Not Cov	No		
A9572	INDIUM IN-111 PENTETREOTIDE DX DOSE TO 6 MCI	No	No	Not Cov	No		
A9575	INJECTION GADOTERATE MEGLUMINE 0.1 ML	No	No	Not Cov	No		
A9576	INJECTION GADOTERIDOL PROHANCE MULTIPACK PER ML	No	No	Not Cov	No		
A9577	INJ GADOBENATE DIMEGLUMINE MULTIHANCE PER ML	No	No	Not Cov	No		
A9578	INJ GADOBENATE DIMEGLUMINE MXHANCE MXPACK PER ML	No	No	Not Cov	No		
A9579	INJECTION GADOLINIUM BASED MR CONTRAST NOS ML	No	No	Not Cov	No		
A9580	SODIUM FLUORIDE F-18 DX PER STUDY DOSE TO 30 MCI	Not Cov	Not Cov	Not Cov	Not Cov		
A9581	INJECTION GADOXETATE DISODIUM 1 ML	No	No	Not Cov	No		
A9582	IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI	No	No	Not Cov	No		
A9583	INJECTION GADOFOSVESET TRISODIUM 1 ML	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
A9584	IODINE I-123 IOFLUPANE DX-STUDY DOSE UP 5 MCI	No	No	Not Cov	No		
A9585	INJECTION GADOBUTROL 0.1 ML	No	No	Not Cov	No		
A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI	No	No	Not Cov	No		
A9587	GALLIUM GA-68 DOTATATE DIAGNOSTIC 0.1 MILLICURIE	Not Cov	Not Cov	Not Cov	Not Cov		
A9588	FLUCICLOVINE F-18 DIAGNOSTIC 1 MILLICURIE	Not Cov	Not Cov	Not Cov	Not Cov		
A9589	INSTILLATION HEXAMINOLEVULINATE HCl 100 MG	Not Cov	Not Cov	Not Cov	Not Cov		
A9597	POSITRON EMISSION TOMOGRAPHY RP DX TUMOR ID NOC	Not Cov	Not Cov	Not Cov	Not Cov		
A9598	POSITRON EMISSION TOMO RP DX NON-TUMOR ID NOC	Not Cov	Not Cov	Not Cov	Not Cov		
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	No	No	Not Cov	No		
A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	No	No	Not Cov	No		
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	No	No	Not Cov	No		
A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Current laboratory/ pathology results Notes indicating Medication Trial Failures Progress Notes
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Not Cov	Not Cov	Not Cov	Not Cov		
A9700	SUP OF INJ CONTRST MAT-ECHO P STUDY	Not Cov	No	Not Cov	No		
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
A9901	DME DEL SET UP AND DISPNS SRVC CMPNT ANOTH HCPCS	Not Cov	Not Cov	Not Cov	Not Cov		
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Not Cov	Not Cov	Not Cov	Not Cov		
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4081	NASOGASTRIC TUBING WITH STYLET	Not Cov	No	Not Cov	No		
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
B4083	STOMACH TUBE - LEVINE TYPE	Not Cov	No	Not Cov	No		
B4087	GASTROSTOMY J-TUBE STANDARD ANY MATERIAL TYPE EA	No	No	Not Cov	No		
B4088	GASTROSTOMY J-TUBE LOW-PROFILE ANY MAT TYPE EACH	No	No	Not Cov	No		
B4100	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4102	ENTRAL FORMULA ADLT REPL FLS AND LYTES 500 ML EQ 1 U	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4103	ENTRAL FORMULA PED REPL FLS AND LYTES 500 ML EQ 1 U	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4104	ADDITIVE FOR ENTERAL FORMULA	Not Cov	Not Cov	Not Cov	Not Cov		
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
B4149	ENTRAL F MANF BLNDRIZD NAT FOODS W NUTRIENTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4150	ENTRAL F NUTRITIONALLY CMPL W INTACT NUTRIENTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4154	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4155	ENTRAL F NUTRITIONALLY INCMPL MODULAR NUTRIENTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
B4157	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4158	ENTRAL F PED NUTRITION CMPL W INTACT NUTRNTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4161	ENTRAL F PED HYDROLYZED AA AND PEPTIDE CHAIN PROTS	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4162	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
B4164	PARNTRAL NUTRITION SOL; CARBS 50PCT LESS - HOM MIX	Not Cov	No	Not Cov	No		
B4168	PARNTRAL NUTRITION SOL; AMINO ACID 3.5PCT -HOM MIX	Not Cov	No	Not Cov	No		
B4172	PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7PCT -HOM MIX	Not Cov	No	Not Cov	No		
B4176	PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5PCT -HOM MIX	Not Cov	No	Not Cov	No		
B4178	PARNTRAL NUTRIT SOL; AMINO ACID OVER 85PCT - HOM MIX	Not Cov	No	Not Cov	No		
B4180	PARNTRAL NUTRITION SOL; CARBS OVER 50PCT - HOME MIX	Not Cov	No	Not Cov	No		
B4185	PARENTERAL NUTRITION SOL PER 10 GRAMS LIPIDS	Not Cov	No	Not Cov	No		
B4189	PARNTRAL NUT SOL; AMINO ACID AND CARB 10-51 GMS PROT	Not Cov	No	Not Cov	No		
B4193	PARNTRAL NUT SOL; AMINO ACID AND CARB 52-73 GMS PROT	Not Cov	No	Not Cov	No		
B4197	PARNTRAL NUT SOL; AMINO ACID AND CARB 74-100 GM PROT	Not Cov	No	Not Cov	No		
B4199	PARNTRAL NUT SOL; AMINO ACID AND CARB OVER 100 GMS PPAR	Not Cov	No	Not Cov	No		
B4216	PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY	Not Cov	No	Not Cov	No		
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	Not Cov	No	Not Cov	No		
B4222	PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	Not Cov	No	Not Cov	No		
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	Not Cov	No	Not Cov	No		
B5000	PARNTRAL NUT SOL; AMINO ACID AND CARBS RENL-AMIROSYN	Not Cov	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
B5100	PARENTERAL NUT SOL AMINO ACID AND CARBOHYDRATES	Not Cov	No	Not Cov	No		
B5200	PARNTRAL NUT SOL AMINO ACID AND CARB STRSS-BR CHAIN	Not Cov	No	Not Cov	No		
B9002	ENTERAL NUTRITION INFUSION PUMP ANY TYPE	Not Cov	No	Not Cov	No		
B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE	Not Cov	No	Not Cov	No		
B9006	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	Not Cov	No	Not Cov	No		
B9998	NOC FOR ENTERAL SUPPLIES	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
B9999	NOC FOR PARENTERAL SUPPLIES	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
C1713	ANCHOR SCREW OPPOSING BN-TO-BN SOFT TISSUE-TO-BN	No	Not Cov	No	Not Cov		
C1714	CATHETER TRANSLUMINAL ATHERECTOMY DIRECTIONAL	No	Not Cov	Not Cov	Not Cov		
C1715	BRACHYTHERAPY NEEDLE	No	Not Cov	Not Cov	Not Cov		
C1716	BRACHYTHERAPY NONSTRANDED GOLD-198 PER SOURCE	No	Not Cov	Not Cov	Not Cov		
C1717	BRACHYTX NONSTRANDED HI DOSE IRIDIUM-192 PER SRC	No	Not Cov	Not Cov	Not Cov		
C1719	BRACHYTX NONSTRANDED NON-HD IRIDIUM-192 PER SRC	No	Not Cov	Not Cov	Not Cov		
C1721	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER	No	Not Cov	Not Cov	Not Cov		
C1722	CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER	No	Not Cov	Not Cov	Not Cov		
C1724	CATHETER TRANSLUMINAL ATHERECTOMY ROTATIONAL	No	Not Cov	Not Cov	Not Cov		
C1725	CATHETER TRANSLUMINAL ANGIOPLASTY NON-LASER	No	Not Cov	Not Cov	Not Cov		
C1726	CATHETER BALLOON DILATATION NON-VASCULAR	No	Not Cov	Not Cov	Not Cov		
C1727	CATHETER BALLOON TISSUE DISSECTOR NON-VASCULAR	No	Not Cov	Not Cov	Not Cov		
C1728	CATHETER BRACHYTHERAPY SEED ADMINISTRATION	No	Not Cov	Not Cov	Not Cov		
C1729	CATHETER DRAINAGE	No	Not Cov	Not Cov	Not Cov		
C1730	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 19 OR LESS	No	Not Cov	Not Cov	Not Cov		
C1731	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 20 OR GRT	No	Not Cov	Not Cov	Not Cov		
C1732	CATH ELECTROPHYSIOLOGY DX ABLAT 3D VECTOR MAP	No	Not Cov	Not Cov	Not Cov		
C1733	CATH EP DX ABLAT NOT 3D VECTOR MAP NOT COOL-TIP	No	Not Cov	Not Cov	Not Cov		
C1749	ENDO RETRO IMAG ILLUMINATION COLONOSCOPE DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
C1750	CATHETER HEMODIAL PERITONEAL LONG-TERM	No	Not Cov	Not Cov	Not Cov		
C1751	CATHETER INFUS INSRT PERIPHERALLY CNTRLLY MIDLN	No	Not Cov	Not Cov	Not Cov		
C1752	CATHETER HEMODIALYSIS SHORT-TERM	No	Not Cov	Not Cov	Not Cov		
C1753	CATHETER INTRAVASCULAR ULTRASOUND	No	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C1754	CATHETER INTRADISCAL	No	Not Cov	Not Cov	Not Cov		
C1755	CATHETER INTRASPINAL	No	Not Cov	Not Cov	Not Cov		
C1756	CATHETER PACING TRANSESOPHAGEAL	No	Not Cov	Not Cov	Not Cov		
C1757	CATHETER THROMBECTOMY EMBOLECTOMY	No	Not Cov	Not Cov	Not Cov		
C1758	CATHETER URETERAL	No	Not Cov	Not Cov	Not Cov		
C1759	CATHETER INTRACARDIAC ECHOCARDIOGRAPHY	No	Not Cov	Not Cov	Not Cov		
C1760	CLOSURE DEVICE VASCULAR	No	Not Cov	Not Cov	Not Cov		
C1762	CONNECTIVE TISSUE HUMAN	No	Not Cov	Not Cov	Not Cov		
C1763	CONNECTIVE TISSUE NON-HUMAN	No	Not Cov	Not Cov	Not Cov		
C1764	EVENT RECORDER CARDIAC	No	Not Cov	Not Cov	Not Cov		
C1765	ADHESION BARRIER	No	Not Cov	Not Cov	Not Cov		
C1766	INTRDUCR SHEATH GUID INTRACARD EP NOT PEEL-AWAY	No	Not Cov	Not Cov	Not Cov		
C1767	GENERATOR NEUROSTIMULATOR NONRECHARGEABLE	No	Not Cov	Not Cov	Not Cov		
C1768	GRAFT VASCULAR	No	Not Cov	Not Cov	Not Cov		
C1769	GUIDE WIRE	No	Not Cov	Not Cov	Not Cov		
C1770	IMAGING COIL MAGNETIC RESONANCE	No	Not Cov	Not Cov	Not Cov		
C1771	REPAIR DEVICE URINARY INCONTINENCE W SLING GRAFT	No	Not Cov	Not Cov	Not Cov		
C1772	INFUSION PUMP PROGRAMMABLE	No	Not Cov	Not Cov	Not Cov		
C1773	RETRIEVAL DEVICE INSERTABLE	No	Not Cov	Not Cov	Not Cov		
C1776	JOINT DEVICE	No	Not Cov	Not Cov	Not Cov		
C1777	LEAD CARDIOVERT-DEFIB ENDOCARDIAL SINGLE COIL	No	Not Cov	Not Cov	Not Cov		
C1778	LEAD NEUROSTIMULATOR	No	Not Cov	Not Cov	Not Cov		
C1779	LEAD PACEMAKER TRANSVENOUS VDD SINGLE PASS	No	Not Cov	Not Cov	Not Cov		
C1780	LENS INTRAOCULAR	No	Not Cov	Not Cov	Not Cov		
C1781	MESH	No	Not Cov	No	Not Cov		
C1782	MORCELLATOR	No	Not Cov	Not Cov	Not Cov		
C1783	OCULAR IMPLANT AQUEOUS DRAINAGE ASSIST DEVICE	No	Not Cov	Not Cov	Not Cov		
C1784	OCULAR DEVICE INTRAOPERATIVE DETACHED RETINA	No	Not Cov	Not Cov	Not Cov		
C1785	PACEMAKER DUAL CHAMBER RATE-RESPONSIVE	No	Not Cov	Not Cov	Not Cov		
C1786	PACEMAKER SINGLE CHAMBER RATE-RESPONSIVE	No	Not Cov	Not Cov	Not Cov		
C1787	PATIENT PROGPATIENT PROGRAMMER NEUROSTIMULATOR	No	Not Cov	Not Cov	Not Cov		
C1788	PORT INDWELLING	No	Not Cov	Not Cov	Not Cov		
C1789	PROSTHESIS BREAST	No	Not Cov	Not Cov	Not Cov		
C1813	PROSTHESIS PENILE INFLATABLE	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C1814	RETINAL TAMPONADE DEVICE SILICONE OIL	No	Not Cov	Not Cov	Not Cov		
C1815	PROSTHESIS URINARY SPHINCTER	No	Not Cov	Not Cov	Not Cov		
C1816	RECEIVER AND OR TRANSMITTER NEUROSTIMULATOR	No	Not Cov	Not Cov	Not Cov		
C1817	SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC	No	Not Cov	Not Cov	Not Cov		
C1818	INTEGRATED KERATOPROSTHESIS	No	Not Cov	Not Cov	Not Cov		
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE	No	Not Cov	Not Cov	Not Cov		
C1820	GEN NEUROSTIM W RECHRG BATTERY AND CHARGING SYSTEM	No	Not Cov	Not Cov	Not Cov		
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL	Not Cov	Not Cov	Not Cov	Not Cov		
C1822	GEN NEUROSTIM HIGH FREQ RECHARG BATT AND CHARG SYS	Not Cov	Not Cov	Not Cov	Not Cov		
C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Not Cov	Not Cov	Not Cov	Not Cov		
C1830	POWERED BONE MARROW BIOPSY NEEDLE	Not Cov	Not Cov	Not Cov	Not Cov		
C1840	LENS INTRAOCULAR TELESCOPIC	Not Cov	Not Cov	Not Cov	Not Cov		
C1841	RETINAL PROSTH INCL ALL INTRL AND EXTERNL CMPNT	Not Cov	Not Cov	Not Cov	Not Cov		
C1842	RETINAL PROS ALL INT AND EXT CMPNT; ADD-ON TO C1841	Not Cov	Not Cov	Not Cov	Not Cov		
C1874	STENT COATED COVERED WITH DELIVERY SYSTEM	No	Not Cov	Not Cov	Not Cov		
C1875	STENT COATED COVERED WITHOUT DELIVERY SYSTEM	No	Not Cov	Not Cov	Not Cov		
C1876	STENT NON-COATED NON-COVERED W DELIVERY SYSTEM	No	Not Cov	Not Cov	Not Cov		
C1877	STENT NON-COATED NON-COVR WITHOUT DELIV SYSTEM	No	Not Cov	Not Cov	Not Cov		
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION SYNTHETIC	No	Not Cov	Not Cov	Not Cov		
C1880	VENA CAVA FILTER	No	Not Cov	Not Cov	Not Cov		
C1881	DIALYSIS ACCESS SYSTEM	No	Not Cov	Not Cov	Not Cov		
C1882	CARDIOVERT-DEFIB OTH THAN SINGLE DUAL CHAMB	No	Not Cov	Not Cov	Not Cov		
C1883	ADAPTOR EXT PACING LEAD NEUROSTIMULATOR LEAD	No	Not Cov	Not Cov	Not Cov		
C1884	EMBOLIZATION PROTECTIVE SYSTEM	No	Not Cov	Not Cov	Not Cov		
C1885	CATHETER TRANSLUMINAL ANGIOPLASTY LASER	No	Not Cov	Not Cov	Not Cov		
C1886	CATH EXTRAVASCULAR TISSUE ABLAT MODAL INSERTABLE	Not Cov	Not Cov	Not Cov	Not Cov		
C1887	CATHETER GUIDING	No	Not Cov	Not Cov	Not Cov		
C1888	CATHETER ABLATION NON-CARDIAC ENDOVASCULAR	No	Not Cov	Not Cov	Not Cov		
C1889	IMPLANTABLE INSERTABL DEVC FOR DEVC INT PROC NOC	Not Cov	Not Cov	Not Cov	Not Cov		
C1890	No device w/dev-intensive px	Not Cov	Not Cov	Not Cov	Not Cov		
C1891	INFUSION PUMP NON-PROGRAMMABLE PERMANENT	No	Not Cov	Not Cov	Not Cov		
C1892	INTRDUCR SHEATH INTRCARD EP FIX-CURVE PEEL-AWAY	No	Not Cov	Not Cov	Not Cov		
C1893	INTRDUCR SHEATH INTRCARD EP CURVE NOT PEEL-AWAY	No	Not Cov	Not Cov	Not Cov		
C1894	INTRDUCR SHEATH NOT GUID INTRACARD EP NON-LASR	No	Not Cov	Not Cov	Not Cov		

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C1895	LEAD CARDIOVERT-DEFIB ENDOCARDIAL DUAL COIL	No	Not Cov	Not Cov	Not Cov		
C1896	LEAD CARDIOVRT-DFIB NOT ENDOCARDIAL 1 DUL COIL	No	Not Cov	Not Cov	Not Cov		
C1897	LEAD NEUROSTIMULATOR TEST KIT	No	Not Cov	Not Cov	Not Cov		
C1898	LEAD PACEMKR OTH THAN TRNS VDD SINGLE PASS	No	Not Cov	Not Cov	Not Cov		
C1899	LEAD PACEMAKER CARDIOVERT-DEFIB COMBINATION	No	Not Cov	Not Cov	Not Cov		
C1900	LEAD LEFT VENTRICULAR CORONARY VENOUS SYSTEM	No	Not Cov	Not Cov	Not Cov		
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
C2614	PROBE PERCUTANEOUS LUMBAR DISCECTOMY	No	Not Cov	Not Cov	Not Cov		
C2615	SEALANT PULMONARY LIQUID	No	Not Cov	Not Cov	Not Cov		
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Yes	Not Cov	Not Cov	Not Cov		
C2617	STENT NON-COR TEMPORARY WITHOUT DELIVERY SYSTEM	No	Not Cov	Not Cov	Not Cov		
C2618	PROBE NEEDLE CRYOABLATION	No	Not Cov	Not Cov	Not Cov		
C2619	PACEMAKER DUAL CHAMBER NON RATE-RESPONSIVE	No	Not Cov	Not Cov	Not Cov		
C2620	PACEMAKER SINGLE CHAMBER NON RATE-RESPONSIVE	No	Not Cov	Not Cov	Not Cov		
C2621	PACEMAKER OTHER THAN SINGLE OR DUAL CHAMBER	No	Not Cov	Not Cov	Not Cov		
C2622	PROSTHESIS PENILE NON-INFLATABLE	Not Cov	Not Cov	Not Cov	Not Cov		
C2623	CATHETER TRNSLUM ANGPLASTY DRUG-COATED NON-LASER	No	Not Cov	Not Cov	Not Cov		
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Not Cov	Not Cov	Not Cov	Not Cov		
C2625	STENT NON-CORONARY TEMPORARY W DELIVERY SYSTEM	No	Not Cov	Not Cov	Not Cov		
C2626	INFUSION PUMP NON-PROGRAMMABLE TEMPORARY	No	Not Cov	Not Cov	Not Cov		
C2627	CATHETER SUPRAPUBIC CYSTOSCOPIC	No	Not Cov	Not Cov	Not Cov		
C2628	CATHETER OCCLUSION	No	Not Cov	Not Cov	Not Cov		
C2629	INTRDUCR SHTH OTH THAN GUID OTH THAN IC EEG LASR	No	Not Cov	Not Cov	Not Cov		
C2630	CATH EP DX ABLAT NOT 3D VECTOR MAP COOL-TIP	No	Not Cov	Not Cov	Not Cov		
C2631	REPAIR DEVICE URINARY INCONT WITHOUT SLING GRAFT	No	Not Cov	Not Cov	Not Cov		
C2634	BRACHYTX NONSTRAND IODINE-125 OVER 1.01 MCI PER SRC	No	Not Cov	Not Cov	Not Cov		
C2635	BRACHYTX NONSTRND PALLADIUM-103 OVER 2.2 MCI PER SRC	No	Not Cov	Not Cov	Not Cov		
C2636	BRACHYTX LINEAR NONSTRAND PALLADIUM-103 PER 1 MM	No	Not Cov	Not Cov	Not Cov		
C2637	BRACHYTX NONSTRANDED YTTERBIUM-169 PER SOURCE	Not Cov	Not Cov	Not Cov	Not Cov		
C2638	BRACHYTHERAPY STRANDED IODINE-125 PER SOURCE	No	Not Cov	Not Cov	Not Cov		
C2639	BRACHYTHERAPY NONSTRANDED IODINE-125 PER SOURCE	No	Not Cov	Not Cov	Not Cov		
C2640	BRACHYTHERAPY STRANDED PALLADIUM-103 PER SOURCE	No	Not Cov	Not Cov	Not Cov		
C2641	BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SRC	No	Not Cov	Not Cov	Not Cov		
C2642	BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE	No	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C2643	BRACHYTHERAPY NONSTRANDED CESIUM-131 PER SOURCE	No	Not Cov	Not Cov	Not Cov		
C2644	BRACHYTHERAPY SRC CESIUM-131 CHLORID SOL PER MCI	Not Cov	Not Cov	Not Cov	Not Cov		
C2645	BRACHYTHERAPY PLANAR SRC PALLADIUM-103 PER SQ ML	No	Not Cov	Not Cov	Not Cov		
C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Yes	Not Cov	Not Cov	Not Cov		
C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Yes	Not Cov	Not Cov	Not Cov		
C5271	APPL SKN GRFT TRUNK ARM LEG 100 CM; 1ST 25 CM OR LESS	Not Cov	Not Cov	Not Cov	Not Cov		
C5272	APPL SG TRNK ARMS LEGS AREA 100 CM; EA ADD 25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
C5273	APPL SG TRUNK ARM LEG AREA GRT THN EQ100 CM;1ST 100 CM	Not Cov	Not Cov	Not Cov	Not Cov		
C5274	APPL SG TRNK ARM LEG AREAGRT THN EQ100 CM;EA ADD 100 CM	Not Cov	Not Cov	Not Cov	Not Cov		
C5275	APPL SG F-S-N-H-F-G-M-D A TO 100 CM; 1ST 25 CM OR LESS	Not Cov	Not Cov	Not Cov	Not Cov		
C5276	APPL SG F-S-N-H-F-G-M-D A TO 100 CM;EA ADD 25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
C5277	APP SG F N HF G A GRT THN EQ100 CM;1ST 100 CM 1PCT A CHLD	Not Cov	Not Cov	Not Cov	Not Cov		
C5278	APP SG F N HF G A GRT THN EQ100 CM;EA ADD 100 CM 1PCT CHL	Not Cov	Not Cov	Not Cov	Not Cov		
C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8921	TTE W CONTRAST OR W O FLW W CONTRAST; COMPLETE	No	Not Cov	Not Cov	Not Cov		
C8922	TTE W CONTRAST OR W O FLW W CONTRAST; F U OR LTD	No	Not Cov	Not Cov	Not Cov		
C8923	TTE FLW W CNTRST R-T DOC 2D INCL M-MODE REC CMPL	No	Not Cov	Not Cov	Not Cov		
C8924	TTE FLW W CNTRST R-T 2D INCL M-MODE REC FU LTD	No	Not Cov	Not Cov	Not Cov		
C8925	TEE W OR W O FLW W CNTRST REAL TIME 2D; ACQ I AND R	No	Not Cov	Not Cov	Not Cov		
C8926	TEE W OR W O FLW W CNTRST; PROBE PLCMT ACQ I AND R	No	Not Cov	Not Cov	Not Cov		
C8927	TEE ASSESS CARD PUMP FUNCT AND TX MSR IMMED TM BASIS	No	Not Cov	Not Cov	Not Cov		
C8928	TTE W CNTRST INCL M-MODE REC REST AND CV ST W I AND R	No	Not Cov	Not Cov	Not Cov		
C8929	TTE CMPL SPEC DOPPLER AND COLOR FLOW DOPPLER ECHO	No	Not Cov	Not Cov	Not Cov		
C8930	TTE CMPL DUR REST AND CVST W I AND R W PHYS SUP	No	Not Cov	Not Cov	Not Cov		
C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Yes	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
C8937	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Not Cov	Not Cov	Not Cov	Not Cov		
C8957	IV INFUS TX DX; INIT PROLNG RQR PORT IMPL PUMP	No	Not Cov	Not Cov	Not Cov		
C9035	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9036	INJECTION PATISIRAN 0.1 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
C9037	INJECTION RISPERIDONE 0.5 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9038	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9039	INJECTION PLAZOMICIN 5 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9040	INJECTION FREMANEZUMAB-VFRM 1 MG	Yes	Not Cov	Not Cov	Not Cov		
C9041	INJECTION COAGULATION FACTR XA INACTIVATED 10 MG	No	Not Cov	Not Cov	Not Cov		
C9042	INJECTION BENDAMUSTINE HCL 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
C9043	INJECTION LEVOLEUCOVORIN 1 MG	Yes	Not Cov	Not Cov	Not Cov		
C9044	INJECTION CEMIPLIMAB-RWLC 1 MG	Yes	Not Cov	Not Cov	Not Cov		
C9045	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Yes	Not Cov	Not Cov	Not Cov		
C9046	COCAINE HYDROCHLORIDE NASAL SOL TOP ADMN 1 MG	No	Not Cov	Not Cov	Not Cov		
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Yes	Not Cov	Not Cov	Not Cov		
C9048	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Yes	Not Cov	Not Cov	Not Cov		
C9049	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Yes	Not Cov	Not Cov	Not Cov		
C9050	INJECTION EMAPALUMAB-LZSG 1 MG	Yes	Not Cov	Not Cov	Not Cov		
C9051	INJECTION OMADACYCLINE 1 MG	Yes	Not Cov	Not Cov	Not Cov		
C9052	INJECTION RAVULIZUMAB-CWVZ 10 MG	Yes	Not Cov	Not Cov	Not Cov		
C9113	INJECTION PANTOPRAZOLE SODIUM PER VIAL	No	Not Cov	Not Cov	Not Cov		
C9132	PROTHROMBIN CMPLX CONC KCENTRA I.U. FCT IX ACTV	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
C9141	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Not Cov	Not Cov	Not Cov	Not Cov		
C9248	INJECTION CLEVIDIPINE BUTYRATE 1 MG	No	Not Cov	Not Cov	Not Cov		
C9250	HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SD 2ML	No	Not Cov	Not Cov	Not Cov		
C9254	INJECTION LACOSAMIDE 1 MG	No	Not Cov	Not Cov	Not Cov		
C9257	INJECTION BEVACIZUMAB 0.25 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9285	LIDOCAINE 70 MG TETRACAINE 70 MG PER PATCH	No	Not Cov	Not Cov	Not Cov		
C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG	No	Not Cov	Not Cov	Not Cov		
C9293	INJECTION GLUCARPIDASE 10 UNITS	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN	No	Not Cov	Not Cov	Not Cov		
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM	No	Not Cov	Not Cov	Not Cov		

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C9354	ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM	Not Cov	Not Cov	Not Cov	Not Cov		
C9355	COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH	Not Cov	Not Cov	Not Cov	Not Cov		
C9356	TENDON POROUS MATRIX COLLAGEN AND GAG PER SQ CM	Not Cov	Not Cov	Not Cov	Not Cov		
C9358	DERM SUBST NAT NONDNTR COL FET BOV PER 0.5 SQ CM	Not Cov	Not Cov	Not Cov	Not Cov		
C9359	POROUS COLL MATRIX BONE FILLER PUTTY PER 0.5 CC	Not Cov	Not Cov	Not Cov	Not Cov		
C9360	DERM SUBST NAT NONDNTRD COL NEO BOV ORIG 0.5 CM	Not Cov	Not Cov	Not Cov	Not Cov		
C9361	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH	Not Cov	Not Cov	Not Cov	Not Cov		
C9362	POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC	Not Cov	Not Cov	Not Cov	Not Cov		
C9363	SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
C9364	PORCINE IMPLANT PERMACOL PER SQUARE CM	Not Cov	Not Cov	Not Cov	Not Cov		
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9407	IODINE I-131 IOBENGUANE DIAGNOSTIC 1 MCI	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
C9408	IODINE I-131 IOBENGUANE THERAPEUTIC 1 MCI	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
C9447	INJECTION PHENYLEPHRINE AND KETOROLAC 4 ML VIAL	No	Not Cov	Not Cov	Not Cov		
C9460	INJECTION CANGRELOR 1 MG	No	Not Cov	Not Cov	Not Cov		
C9462	INJECTION DELAFLOXACIN 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
C9482	INJECTION SOTALOL HYDROCHLORIDE 1 MG	No	Not Cov	Not Cov	Not Cov		
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
C9600	PC TRNSCTH PLCMT RX ELUT IC STENTS; 1 MAJ CA BR	No	Not Cov	Not Cov	Not Cov		
C9601	PC TRNSCTH PLCMT RX-ELUT IC STNT;EA ADD BR MCA	No	Not Cov	Not Cov	Not Cov		
C9602	PC TL COR ATHERECT W RX ELUT IC STENT; 1 MCA BR	No	Not Cov	Not Cov	Not Cov		
C9603	PERQ TL COR ATHERECT; EA ADD BR MAJ CORONARY ART	No	Not Cov	Not Cov	Not Cov		
C9604	PC TL REV OF THRU CABG COMB DE IC STNT; 1 VES	No	Not Cov	Not Cov	Not Cov		
C9605	PC TL REV OF THRU CABG; EA ADD BR SUBTEND BP GFT	No	Not Cov	Not Cov	Not Cov		
C9606	PERQ TL REV AC TOTAL SUBTOTAL OCCLUSION 1 VES	No	Not Cov	Not Cov	Not Cov		
C9607	PC TL REV CHRN TOT OCCL CA CA BR CABG; 1 VES	No	Not Cov	Not Cov	Not Cov		
C9608	PC TL REV CHRN TOT OCCL; EA ADD CA CA BR BP GFT	No	Not Cov	Not Cov	Not Cov		
C9725	PLCMT ENDORECT INTRACAV APPLIC HI INTNS BRACHYTX	No	Not Cov	No	Not Cov		
C9726	PLCMT AND REMV AA INTO BRST IORT ADD-ON BRST PROC	No	Not Cov	No	Not Cov		
C9727	INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL	No	Not Cov	No	Not Cov		

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C9728	PLCMT INTERSTITIAL DEV NOT ABD PELV PROS RP THOR	No	Not Cov	Not Cov	Not Cov		
C9733	NONOPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY	No	Not Cov	Not Cov	Not Cov		
C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	Not Cov	Not Cov	Not Cov	Not Cov		
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	No	Not Cov	Not Cov	Not Cov		
C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	Yes	Not Cov	Not Cov	Not Cov		
C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	Yes	Not Cov	Not Cov	Not Cov		
C9745	NASAL ENDO SURG; BALLOON DILAT EUSTACHIAN TUBE	Not Cov	Not Cov	Not Cov	Not Cov		
C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	Yes	Not Cov	Not Cov	Not Cov		
C9749	REPAIR NASAL VEST LATERAL WALL STEN W IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Not Cov	Not Cov	Not Cov	Not Cov		
C9752	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB SAC	Not Cov	Not Cov	Not Cov	Not Cov		
C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L S	Not Cov	Not Cov	Not Cov	Not Cov		
C9754	CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE	Not Cov	Not Cov	Not Cov	Not Cov		
C9755	CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS	Not Cov	Not Cov	Not Cov	Not Cov		
C9756	INTRAOPERATIVE NIR FLUOR LM OF LYM W ADMIN ICG	Not Cov	Not Cov	Not Cov	Not Cov		
C9898	RADIOLABELED PROD PROV DURING A HOSPITAL IP STAY	Not Cov	Not Cov	Not Cov	Not Cov		
C9899	IMPL PROS DEVC PAYBLE IP WHO DO NOT HAVE IP COV	Not Cov	Not Cov	Not Cov	Not Cov		
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	Not Cov	Not Cov	Not Cov	Not Cov		
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W PRIM CAREGIVER	Not Cov	Not Cov	Not Cov	Not Cov		
D0150	COMP ORAL EVALUATION - NEW ESTABLISHED PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
D0160	DTL AND EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	Not Cov	Not Cov	Not Cov	Not Cov		
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
D0180	COMP PERIODONTAL EVALUATION - NEW EST PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
D0190	SCREENING OF A PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
D0191	ASSESSMENT OF A PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	Not Cov	Not Cov	Not Cov	Not Cov		
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	Not Cov	Not Cov	Not Cov	Not Cov		
D0230	INTRAORAL - PERIAPICAL EACH ADD RADIOGRAPH IMAGE	Not Cov	Not Cov	Not Cov	Not Cov		
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	Not Cov	Not Cov	Not Cov	Not Cov		
D0250	EXTRA-ORAL - 2D PROJECTION X-RAY	Not Cov	Not Cov	Not Cov	Not Cov		
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	Not Cov	Not Cov	Not Cov	Not Cov		
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	Not Cov	Not Cov	Not Cov	Not Cov		
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	Not Cov	Not Cov	Not Cov	Not Cov		
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	Not Cov	Not Cov	Not Cov	Not Cov		
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	Not Cov	Not Cov	Not Cov	Not Cov		
D0310	SIALOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	Not Cov	Not Cov	Not Cov	Not Cov		
D0321	OTHER TMJ RADIOGRAPHIC IMAGES BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D0322	TOMOGRAPHIC SURVEY	Not Cov	Not Cov	Not Cov	Not Cov		
D0330	PANORAMIC RADIOGRAPHIC IMAGE	Not Cov	Not Cov	Not Cov	Not Cov		
D0340	2D CEPHALOMETRIC X-RAY - ACQUISITION MSR AND ANALY	Not Cov	Not Cov	Not Cov	Not Cov		
D0350	ORAL FACIAL PHOTO IMAGE OBTAIN INTRA EXTRAORLLY	Not Cov	Not Cov	Not Cov	Not Cov		
D0351	3D PHOTOGRAPHIC IMAGE	Not Cov	Not Cov	Not Cov	Not Cov		
D0364	CONE BEAM CT CAP AND INTEPR LTD FD VIEW- UNDER 1 WHOLE JAW	Not Cov	Not Cov	Not Cov	Not Cov		
D0365	CONE BEAM CT CAP AND INT FD VW 1 FULL DENT ARCH-MAND	Not Cov	Not Cov	Not Cov	Not Cov		
D0366	CONE BM CT CAP AND INT FD VIEW 1 FULL DENT ARCH-MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D0367	CONE BEAM CT CAPTURE AND INTERP FD VIEW BOTH JAWS	Not Cov	Not Cov	Not Cov	Not Cov		
D0368	CONE BEAM CT CAP AND INTEPR TMJ SERIES 2 OR GRT EXPOSURES	Not Cov	Not Cov	Not Cov	Not Cov		
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	Not Cov	Not Cov	Not Cov	Not Cov		
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	Not Cov	Not Cov	Not Cov	Not Cov		
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	Not Cov	Not Cov	Not Cov	Not Cov		
D0380	CONE BEAM CT IMAG CAP W LTD FD VIEW- UNDER 1 WHOLE JAW	Not Cov	Not Cov	Not Cov	Not Cov		
D0381	CONE BM CT IMAG CAP FD VW 1 FULL DENT ARCH-MAND	Not Cov	Not Cov	Not Cov	Not Cov		
D0382	CONE BEAM CT IMAG CAP FD VW 1 FULL DENT ARCH-MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D0383	CONE BEAM CT IMAGE CAPTURE FIELD VIEW BOTH JAWS	Not Cov	Not Cov	Not Cov	Not Cov		
D0384	CONE BEAM CT IMAG CAP TMJ SERIES 2 OR GRT EXPOSURES	Not Cov	Not Cov	Not Cov	Not Cov		
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D0391	INTEPR DX IMAG PRACTITNER NOT ASSOC CAP IMAG RPT	Not Cov	Not Cov	Not Cov	Not Cov		
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	Not Cov	Not Cov	Not Cov	Not Cov		
D0394	DIGTL SUBTRACTION 2 OR GRT IMAGES IMAG VOL SAME MODAL	Not Cov	Not Cov	Not Cov	Not Cov		
D0395	FUSION 2 MORE 3D IMAGES VOLUME 1 MORE MODALITIES	Not Cov	Not Cov	Not Cov	Not Cov		
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	Not Cov	Not Cov	Not Cov	Not Cov		
D0412	BLOOD GLUCOSE LEVEL TEST IN-OFFICE GLUCOSE METER	Not Cov	Not Cov	Not Cov	Not Cov		
D0414	LAB PROC MICROB SPEC INC CULTURE AND SENS STUDIES	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D0415	COLLECTION MICROORGANISMS CULTURE AND SENSITIVITY	Not Cov	Not Cov	Not Cov	Not Cov		
D0416	VIRAL CULTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D0417	CLCT AND PREP SALIVA SAMPLE FOR LAB DX TESTING	Not Cov	Not Cov	Not Cov	Not Cov		
D0418	ANALYSIS OF SALIVA SAMPLE	Not Cov	Not Cov	Not Cov	Not Cov		
D0422	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATL	Not Cov	Not Cov	Not Cov	Not Cov		
D0423	GENETIC TEST SUSCEPTIBILITY DISEASES-SPEC ANALY	Not Cov	Not Cov	Not Cov	Not Cov		
D0425	CARIES SUSCEPTIBILITY TESTS	Not Cov	Not Cov	Not Cov	Not Cov		
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY BX PROC	Not Cov	Not Cov	Not Cov	Not Cov		
D0460	PULP VITALITY TESTS	Not Cov	Not Cov	Not Cov	Not Cov		
D0470	DIAGNOSTIC CASTS	Not Cov	Not Cov	Not Cov	Not Cov		
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP REPRT	Not Cov	Not Cov	Not Cov	Not Cov		
D0473	ACCESS TISSUE GR AND MIC EXAMINATION PREP REPRT	Not Cov	Not Cov	Not Cov	Not Cov		
D0474	ACCESS TISS GR AND MIC EX ASSESS SURG MARG PREP RPT	Not Cov	Not Cov	Not Cov	Not Cov		
D0475	DECALCIFICATION PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
D0476	SPECIAL STAINS FOR MICROORGANISMS	Not Cov	Not Cov	Not Cov	Not Cov		
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	Not Cov	Not Cov	Not Cov	Not Cov		
D0478	IMMUNOHISTOCHEMICAL STAINS	Not Cov	Not Cov	Not Cov	Not Cov		
D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	Not Cov	Not Cov	Not Cov	Not Cov		
D0480	ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP REPT	Not Cov	Not Cov	Not Cov	Not Cov		
D0481	ELECTRON MICROSCOPY DIAGNOSTIC	Not Cov	Not Cov	Not Cov	Not Cov		
D0482	DIRECT IMMUNOFLUORESCENCE	Not Cov	Not Cov	Not Cov	Not Cov		
D0483	INDIRECT IMMUNOFLUORESCENCE	Not Cov	Not Cov	Not Cov	Not Cov		
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	Not Cov	Not Cov	Not Cov	Not Cov		
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	Not Cov	Not Cov	Not Cov	Not Cov		
D0486	LAB ACCSS TRNSEPI CYTL SMP MICRO EX PREP AND WRT RPR	Not Cov	Not Cov	Not Cov	Not Cov		
D0502	OTHER ORAL PATHOLOGY PROCEDURES BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D0600	NON-IONIZING DX PROC CPBL QUANTIFYING MON AND REC	Not Cov	Not Cov	Not Cov	Not Cov		
D0601	CARIES RISK ASSESSMENT AND DOC FINDING LOW RISK	Not Cov	Not Cov	Not Cov	Not Cov		
D0602	CARIES RISK ASSESSMENT AND DOC FINDING MOD RISK	Not Cov	Not Cov	Not Cov	Not Cov		
D0603	CARIES RISK ASSESSMENT AND DOC FINDING HIGH RISK	Not Cov	Not Cov	Not Cov	Not Cov		
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D1110	PROPHYLAXIS - ADULT	Not Cov	Not Cov	Not Cov	Not Cov		
D1120	PROPHYLAXIS - CHILD	Not Cov	Not Cov	Not Cov	Not Cov		
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Not Cov	Not Cov	Not Cov	Not Cov		

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D1208	TOPICAL APPLICATION OF FLUORIDE	Not Cov	Not Cov	Not Cov	Not Cov		
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	Not Cov	Not Cov	Not Cov	Not Cov		
D1320	TOBACCO CNSL CONTROL AND PREVENTION ORAL DISEASE	Not Cov	Not Cov	Not Cov	Not Cov		
D1330	ORAL HYGIENE INSTRUCTIONS	Not Cov	Not Cov	Not Cov	Not Cov		
D1351	SEALANT - PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D1353	SEALANT REPAIR - PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D1354	INTERIM CARIES ARREST MEDICAMENT APP - PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D1510	SPACE MAINTAINER - FIXED-UNILATERAL	Not Cov	Not Cov	Not Cov	Not Cov		
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL	Not Cov	Not Cov	Not Cov	Not Cov		
D1526	SPACE MAINTAIN- REMOVABLE- BILATERAL, MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIB	Not Cov	Not Cov	Not Cov	Not Cov		
D1550	RECEMENTATION OF SPACE MAINTAINER	Not Cov	Not Cov	Not Cov	Not Cov		
D1555	REMOVAL OF FIXED SPACE MAINTAINER	Not Cov	Not Cov	Not Cov	Not Cov		
D1575	DISTAL SHOE SPACE MAINTAINER-FIXED-UNILATERAL	Not Cov	Not Cov	Not Cov	Not Cov		
D1999	UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	Not Cov	Not Cov	Not Cov	Not Cov		
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	Not Cov	Not Cov	Not Cov	Not Cov		
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	Not Cov	Not Cov	Not Cov	Not Cov		
D2161	AMALGAM-FOUR MORE SURFACES PRIMARY PERMANENT	Not Cov	Not Cov	Not Cov	Not Cov		
D2330	RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2331	RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2332	RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2335	RESIN-BASED COMPOSITE 4 OR GRT SURFACES INCISAL ANGLE	Not Cov	Not Cov	Not Cov	Not Cov		
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D2410	GOLD FOIL - ONE SURFACE	Not Cov	Not Cov	Not Cov	Not Cov		
D2420	GOLD FOIL - TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2430	GOLD FOIL - THREE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D2510	INLAY - METALLIC - ONE SURFACE	Not Cov	Not Cov	Not Cov	Not Cov		
D2520	INLAY - METALLIC - TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2542	ONLAY - METALLIC - TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2543	ONLAY METALLIC THREE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2544	ONLAY METALLIC FOUR OR MORE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2610	INLAY - PORCELAIN CERAMIC - ONE SURFACE	Not Cov	Not Cov	Not Cov	Not Cov		
D2620	INLAY - PORCELAIN CERAMIC - TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2630	INLAY - PORCELAIN CERAMIC - THREE MORE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2642	ONLAY - PORCELAIN CERAMIC - TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2643	ONLAY - PORCELAIN CERAMIC - THREE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2644	ONLAY - PORCELAIN CERAMIC - 4 OR MORE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2650	INLAY RESIN BASED COMPOSITE ONE SURFACE	Not Cov	Not Cov	Not Cov	Not Cov		
D2651	INLAY RESIN BASED COMPOSITE TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2662	ONLAY RESIN BASED COMPOSITE TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2663	ONLAY RESIN BASED COMPOSITE THREE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D2710	CROWN - RESIN-BASED COMPOSITE	Not Cov	Not Cov	Not Cov	Not Cov		
D2712	CROWN - 3 4 RESIN-BASED COMPOSITE	Not Cov	Not Cov	Not Cov	Not Cov		
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2722	CROWN - RESIN WITH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2740	CROWN - PORCELAIN CERAMIC	Not Cov	Not Cov	Not Cov	Not Cov		
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2780	CROWN - 3 4 CAST HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2781	CROWN - 3 4 CAST PREDOMINATELY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2782	CROWN - 3 4 CAST NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2783	CROWN - 3 4 PORCELAIN CERAMIC	Not Cov	Not Cov	Not Cov	Not Cov		
D2790	CROWN - FULL CAST HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2792	CROWN - FULL CAST NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D2794	CROWN TITANIUM	Not Cov	Not Cov	Not Cov	Not Cov		
D2799	PROV CROWN-FUR TX COMPL DX NEC B4 FINAL IMPRESS	Not Cov	Not Cov	Not Cov	Not Cov		
D2910	RECEMENT INLAY ONLAY PART COVERAGE RESTORATION	Not Cov	Not Cov	Not Cov	Not Cov		
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	Not Cov	Not Cov	Not Cov	Not Cov		
D2920	RECEMENT CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D2921	REATTACHMENT TOOTH FRAGMENT INCISAL EDGE CUSP	Not Cov	Not Cov	Not Cov	Not Cov		
D2929	PREFAB PORCELAIN CERAMIC CROWN - PRIMARY TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D2932	PREFABRICATED RESIN CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D2933	PREFABR STAINLESS STEEL CROWN W RESIN WINDOW	Not Cov	Not Cov	Not Cov	Not Cov		
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	Not Cov	Not Cov	Not Cov	Not Cov		
D2940	PROTECTIVE RESTORATION	Not Cov	Not Cov	Not Cov	Not Cov		
D2941	INTERIM THERAPEUTIC RESTORATION-PRIMARY DENTITN	Not Cov	Not Cov	Not Cov	Not Cov		
D2949	RESTORATIVE FOUNDATION AN INDIRECT RESTORATION	Not Cov	Not Cov	Not Cov	Not Cov		
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	Not Cov	Not Cov	Not Cov	Not Cov		
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	Not Cov	Not Cov	Not Cov	Not Cov		
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	Not Cov	Not Cov	Not Cov	Not Cov		
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D2955	POST REMOVAL	Not Cov	Not Cov	Not Cov	Not Cov		
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D2960	LABIAL VENEER RESIN LAMINATE - CHAIRSIDE	Not Cov	Not Cov	Not Cov	Not Cov		
D2961	LABIAL VENEER - LABORATORY	Not Cov	Not Cov	Not Cov	Not Cov		
D2962	LABIAL VENEER - LABORATORY	Not Cov	Not Cov	Not Cov	Not Cov		
D2971	ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWRK	Not Cov	Not Cov	Not Cov	Not Cov		
D2975	COPING	Not Cov	Not Cov	Not Cov	Not Cov		
D2980	CROWN REPAIR NECESSITATED RESTORATIVE MATL FAIL	Not Cov	Not Cov	Not Cov	Not Cov		
D2981	INLAY REPAIR NECESSITATED RESTORATIVE MATL FAIL	Not Cov	Not Cov	Not Cov	Not Cov		
D2982	ONLAY REPAIR NECESSITATED RESTORATIVE MATL FAIL	Not Cov	Not Cov	Not Cov	Not Cov		
D2983	VENEER REPAIR NECESSITATED RESTORATIVE MATL FAIL	Not Cov	Not Cov	Not Cov	Not Cov		
D2990	RESIN INFILTRATION INCIPIENT SMOOTH SURFACE LES	Not Cov	Not Cov	Not Cov	Not Cov		
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D3110	PULP CAP - DIRECT	Not Cov	Not Cov	Not Cov	Not Cov		

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D3120	PULP CAP - INDIRECT	Not Cov	Not Cov	Not Cov	Not Cov		
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	Not Cov	Not Cov	Not Cov	Not Cov		
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	Not Cov	Not Cov	Not Cov	Not Cov		
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3330	ENDODONTIC THERAPY MOLAR TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	Not Cov	Not Cov	Not Cov	Not Cov		
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE FX TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	Not Cov	Not Cov	Not Cov	Not Cov		
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D3347	RETREATMENT OF PREVIOUS ROOT CANAL TX - PREMOLAR	Not Cov	Not Cov	Not Cov	Not Cov		
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	Not Cov	Not Cov	Not Cov	Not Cov		
D3351	APEXIFICATION RECALCIFICATION INITIAL VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
D3352	APEXIFICATION RECALCIFICATN INTERIM MED REPLACE	Not Cov	Not Cov	Not Cov	Not Cov		
D3353	APEXIFICATION RECALCIFICATION - FINAL VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
D3355	PULPAL REGENERATION - INITIAL VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACE	Not Cov	Not Cov	Not Cov	Not Cov		
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D3410	APICOECTOMY - ANTERIOR	Not Cov	Not Cov	Not Cov	Not Cov		
D3421	APICOECTOMY - PREMOLAR	Not Cov	Not Cov	Not Cov	Not Cov		
D3425	APICOECTOMY - MOLAR FIRST ROOT	Not Cov	Not Cov	Not Cov	Not Cov		
D3426	APICOECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D3428	BONE GRAFT W PERIRADICULAR SURG PER TOOTH 1 SITE	Not Cov	Not Cov	Not Cov	Not Cov		
D3429	BONE GRAFT PERIRADICULR SURG EA ADD CONTIG TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D3430	RETROGRADE FILLING - PER ROOT	Not Cov	Not Cov	Not Cov	Not Cov		
D3431	BIOL MATL SOFT OSS TISS REGEN PERIRADICULAR SURG	Not Cov	Not Cov	Not Cov	Not Cov		
D3432	GUIDED TISS REGEN RESORB BARR PERIRADICULAR SURG	Not Cov	Not Cov	Not Cov	Not Cov		
D3450	ROOT AMPUTATION - PER ROOT	Not Cov	Not Cov	Not Cov	Not Cov		
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
D3470	INTENTIONAL REIMPLANTATION W NECESSARY SPLINTING	Not Cov	Not Cov	Not Cov	Not Cov		

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D3910	SURGICAL PROCEDURE ISOLATION TOOTH W RUBBER DAM	Not Cov	Not Cov	Not Cov	Not Cov		
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
D3950	CANAL PREPARATION AND FITTING PREFORMED DOWEL POST	Not Cov	Not Cov	Not Cov	Not Cov		
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D4210	GINGIVECT PLSTY 4 OR GRT CNTIG TOOTH BOUND SPACES-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4211	GINGIVECT PLSTY 1-3 CNTIG TOOTH BOUND SPACE-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4212	GING GINGIVOPLASTY ALLW ACSS RESTORATV PRO-TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D4230	ANAT CROWN EXP-4 OR GRT CONT TEETH BND TT SPACES QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4231	ANAT CROWN EXP 1-3 TEETH BND TOOTH SP PER QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4240	GINGL FLP PROC 4 OR GRT CONTIG TOOTH BOUND SPACE-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4241	GINGL FLP PROC 1-3 CONTIG TOOTH BOUND SPACE-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4245	APICALLY POSITIONED FLAP	Not Cov	Not Cov	Not Cov	Not Cov		
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	Not Cov	Not Cov	Not Cov	Not Cov		
D4260	OSSEOUS SURG 4 OR GRT CONTIG TOOTH BOUND SPACES-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4261	OSSEOUS SURG 1-3 CONTIG TOOTH BOUND SPACES-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4263	BONE REPL GRAFT - RET NAT TOOTH - 1ST SITE QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4264	BONE REPL GR - RET NAT TOOTH - EA ADD SITE QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4265	BIOLOGIC MATERIALS AID SOFT AND OSSEOUS TISSUE REGEN	Not Cov	Not Cov	Not Cov	Not Cov		
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	Not Cov	Not Cov	Not Cov	Not Cov		
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	Not Cov	Not Cov	Not Cov	Not Cov		
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
D4274	MESIAL DISTAL WEDGE PROCEDURE SINGLE TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT	Not Cov	Not Cov	Not Cov	Not Cov		
D4276	COMB CNCTIVE TISSUE AND DBL PEDICLE GRAFT PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D4277	FREE SFT TSS GFT PROC 1ST T EDNTULS T PSTN GFT	Not Cov	Not Cov	Not Cov	Not Cov		
D4278	FREE SFT TSS GFT EA ADD CNTIG T EDNT T SAME SITE	Not Cov	Not Cov	Not Cov	Not Cov		
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
D4320	PROVISIONAL SPLINTING - INTRACORONAL	Not Cov	Not Cov	Not Cov	Not Cov		
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	Not Cov	Not Cov	Not Cov	Not Cov		
D4341	PRDONTAL SCALING AND ROOT PLANING 4 MORE TEETH-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D4342	PRDONTAL SCALING AND ROOT PLANING 1-3 TEETH-QUAD	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D4346	SCALING PRESENCE GEN MOD SEV GINGIVAL INFLAMM	Not Cov	Not Cov	Not Cov	Not Cov		
D4355	FULL M DEBRID ENBL COMP OR EVAL AND DX SUBQ VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
D4381	LOC DEL ANTIMICROBL AGT DZ CREVICULAR TISS-TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D4910	PERIODONTAL MAINTENANCE	Not Cov	Not Cov	Not Cov	Not Cov		
D4920	UNSCHEDULED DRESSING CHANGE NOT TX DENTIST STAFF	Not Cov	Not Cov	Not Cov	Not Cov		
D4921	GINGIVAL IRRIGATION - PER QUADRANT	Not Cov	Not Cov	Not Cov	Not Cov		
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D5110	COMPLETE DENTURE - MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5120	COMPLETE DENTURE - MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5130	IMMEDIATE DENTURE - MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5140	IMMEDIATE DENTURE - MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5213	MAX PART DENTUR-CAST METL FRMEWRK W RSN BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5214	MAND PART DENTUR- CAST METL FRMEWRK W RSN BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE-CAST METL FW	Not Cov	Not Cov	Not Cov	Not Cov		
D5224	IMMEDIATE MANDIBULAR PART DENTURE-CAST METL FW	Not Cov	Not Cov	Not Cov	Not Cov		
D5225	MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	Not Cov	Not Cov	Not Cov	Not Cov		
D5282	REMOV UNI PAR DENT 1-PIE CAST INCL CLPS TETH MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D5283	REMOVE UNI PAR DEN CAST INCL CLPS TETH MANDIB	Not Cov	Not Cov	Not Cov	Not Cov		
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5520	REPLACE MISSING BROKEN TEETH - COMPLETE DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D5611	REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5612	REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5621	REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5622	REPAIR CAST PARTIAL FRAMEWORK MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D5640	REPLACE BROKEN TEETH - PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE-PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D5670	REPLACE ALL TEETH AND ACRYLIC CAST METAL FRMEWRK MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D5671	REPLACE ALL TEETH AND ACRYLIC CAST METL FRMEWRK MAND	Not Cov	Not Cov	Not Cov	Not Cov		
D5710	REBASE COMPLETE MAXILLARY DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D5711	REBASE COMPLETE MANDIBULAR DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D5720	REBASE MAXILLARY PARTIAL DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D5721	REBASE MANDIBULAR PARTIAL DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D5730	RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	Not Cov	Not Cov	Not Cov	Not Cov		
D5731	RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE	Not Cov	Not Cov	Not Cov	Not Cov		
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	Not Cov	Not Cov	Not Cov	Not Cov		
D5741	RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE	Not Cov	Not Cov	Not Cov	Not Cov		
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	Not Cov	Not Cov	Not Cov	Not Cov		
D5751	RELINE COMPLETE MANDIBULAR DENTRUE LABORATORY	Not Cov	Not Cov	Not Cov	Not Cov		
D5760	RELINE MAXILLARY PARTIAL DENTURE LABORATORY	Not Cov	Not Cov	Not Cov	Not Cov		
D5761	RELINE MANDIBULAR PARTIAL DENTURE LABORATORY	Not Cov	Not Cov	Not Cov	Not Cov		
D5810	INTERIM COMPLETE DENTURE MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5820	INTERIM PARTIAL DENTURE MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5850	TISSUE CONDITIONING MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5851	TISSUE CONDITIONING MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5862	PRECISION ATTACHMENT BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D5863	OVERDENTURE - COMPLETE MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5864	OVERDENTURE - PARTIAL MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D5865	OVERDENTURE - COMPLETE MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5866	OVERDENTURE - PARTIAL MANDIBULAR	Not Cov	Not Cov	Not Cov	Not Cov		
D5867	REPLACEMENT REPL PART SEMI-PRCISN PRCISN ATTCH	Not Cov	Not Cov	Not Cov	Not Cov		
D5875	MODIFICATION REMV PROSTH FOLLOW IMPLANT SURGERY	Not Cov	Not Cov	Not Cov	Not Cov		
D5876	ADD MET SUBSTRUC TO ACRYLIC FULL DENT (PER ARCH)	Not Cov	Not Cov	Not Cov	Not Cov		
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D5911	FACIAL MOULAGE SECTIONAL	Not Cov	Not Cov	Not Cov	Not Cov		

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D5912	FACIAL MOULAGE COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
D5913	NASAL PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5914	AURICULAR PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5915	ORBITAL PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5916	OCULAR PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5919	FACIAL PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5922	NASAL SEPTAL PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5923	OCULAR PROSTHESIS INTERIM	Not Cov	Not Cov	Not Cov	Not Cov		
D5924	CRANIAL PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5926	NASAL PROSTHESIS REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D5927	AURICULAR PROSTHESIS REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D5928	ORBITAL PROSTHESIS REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D5929	FACIAL PROSTHESIS REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D5931	OBTURATOR PROSTHESIS SURGICAL	Not Cov	Not Cov	Not Cov	Not Cov		
D5932	OBTURATOR PROSTHESIS DEFINITIVE	Not Cov	Not Cov	Not Cov	Not Cov		
D5933	OBTURATOR PROSTHESIS MODIFICATION	Not Cov	Not Cov	Not Cov	Not Cov		
D5934	MANDIBULAR RESECTION PROSTHESIS W GUIDE FLANGE	Not Cov	Not Cov	Not Cov	Not Cov		
D5935	MANDIBULAR RESECTION PROSTHESIS W O GUIDE FLANGE	Not Cov	Not Cov	Not Cov	Not Cov		
D5936	OBTURATOR PROSTHESIS INTERIM	Not Cov	Not Cov	Not Cov	Not Cov		
D5937	TRISMUS APPLIANCE NOT FOR TMD TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D5951	FEEDING AID	Not Cov	Not Cov	Not Cov	Not Cov		
D5952	SPEECH AID PROSTHESIS PEDIATRIC	Not Cov	Not Cov	Not Cov	Not Cov		
D5953	SPEECH AID PROSTHESIS ADULT	Not Cov	Not Cov	Not Cov	Not Cov		
D5954	PALATAL AUGMENTATION PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	Not Cov	Not Cov	Not Cov	Not Cov		
D5958	PALATAL LIFT PROSTHESIS INTERIM	Not Cov	Not Cov	Not Cov	Not Cov		
D5959	PALATAL LIFT PROSTHESIS MODIFICATION	Not Cov	Not Cov	Not Cov	Not Cov		
D5960	SPEECH AID PROSTHESIS MODIFICATION	Not Cov	Not Cov	Not Cov	Not Cov		
D5982	SURGICAL STENT	Not Cov	Not Cov	Not Cov	Not Cov		
D5983	RADIATION CARRIER	Not Cov	Not Cov	Not Cov	Not Cov		
D5984	RADIATION SHIELD	Not Cov	Not Cov	Not Cov	Not Cov		
D5985	RADIATION CONE LOCATOR	Not Cov	Not Cov	Not Cov	Not Cov		
D5986	FLUORIDE GEL CARRIER	Not Cov	Not Cov	Not Cov	Not Cov		

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D5987	COMMISSURE SPLINT	Not Cov	Not Cov	Not Cov	Not Cov		
D5988	SURGICAL SPLINT	Not Cov	Not Cov	Not Cov	Not Cov		
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	Not Cov	Not Cov	Not Cov	Not Cov		
D5992	ADJUST MAXILLOFACIAL PROSTH APPLIANCE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D5993	MAINT CLEAN MAXILLOFACIAL PROSTH OTH THN REQ ADJ	Not Cov	Not Cov	Not Cov	Not Cov		
D5994	PERIODONTAL MED CARR PERIPH SEAL LAB PROCESSED	Not Cov	Not Cov	Not Cov	Not Cov		
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
D6011	SECOND STAGE IMPLANT SURGERY	Not Cov	Not Cov	Not Cov	Not Cov		
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	Not Cov	Not Cov	Not Cov	Not Cov		
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
D6051	INTERIM ABUTMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	Not Cov	Not Cov	Not Cov	Not Cov		
D6056	PREFABRICATED ABUTMENT-INCL MOD AND PLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D6058	ABUTMENT SUPPORTED PORCELAIN CERAMIC CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	Not Cov	Not Cov	Not Cov	Not Cov		
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	Not Cov	Not Cov	Not Cov	Not Cov		
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6065	IMPLANT SUPPORTED PORCELAIN CERAMIC CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D6067	IMPLANT SUPPORTED METAL CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D6068	ABUT SUPPORTED RETAINER PORCELAIN CERAMIC FPD	Not Cov	Not Cov	Not Cov	Not Cov		
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	Not Cov	Not Cov	Not Cov	Not Cov		
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	Not Cov	Not Cov	Not Cov	Not Cov		
D6071	ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD	Not Cov	Not Cov	Not Cov	Not Cov		
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	Not Cov	Not Cov	Not Cov	Not Cov		
D6073	ABUT RETAINR CAST METL FPD PREDOM BASE METL	Not Cov	Not Cov	Not Cov	Not Cov		

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D6074	ABUTMENT RETAINR CAST METAL FPD NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	Not Cov	Not Cov	Not Cov	Not Cov		
D6076	IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD	Not Cov	Not Cov	Not Cov	Not Cov		
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD	Not Cov	Not Cov	Not Cov	Not Cov		
D6080	IMPL MAINT PROC REMV REINSRT CLEAN PROSTH AND ABUT	Not Cov	Not Cov	Not Cov	Not Cov		
D6081	SCAL AND DEBR PRES INF MUCOSIT 1 IMPL NO F ENT AND CLOS	Not Cov	Not Cov	Not Cov	Not Cov		
D6085	PROVISIONAL IMPLANT CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D6090	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D6091	REPL ATTACHMNT IMPL ABUT SUPP PROS PER ATTACHMNT	Not Cov	Not Cov	Not Cov	Not Cov		
D6092	RECEMENT IMPLANT ABUTMENT SUPPORTED CROWN	Not Cov	Not Cov	Not Cov	Not Cov		
D6093	RECEMENT IMPL ABUTMNT SUPPORTED FIX PART DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	Not Cov	Not Cov	Not Cov	Not Cov		
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	Not Cov	Not Cov	Not Cov	Not Cov		
D6100	IMPLANT REMOVAL BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D6101	DEBR PERIIMPL DFCT CLN EXPSD IMPL FLP ENTRY CLO	Not Cov	Not Cov	Not Cov	Not Cov		
D6102	DEBR AND OSS CNTR PERIIMPL DFCT;SURF AND FLAP ENTRY AND CL	Not Cov	Not Cov	Not Cov	Not Cov		
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT	Not Cov	Not Cov	Not Cov	Not Cov		
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D6110	IMPL ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D6111	IMPL ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MND	Not Cov	Not Cov	Not Cov	Not Cov		
D6112	IMPL ABUT SUPP REMV DENTURE PART EDENT ARCH-MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D6113	IMPL ABUT SUPP REMV DENTURE PART EDENT ARCH-MAND	Not Cov	Not Cov	Not Cov	Not Cov		
D6114	IMPL ABUT SUPP FIXED DENTURE EDENTULOUS ARCH-MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D6115	IMPL ABUT SUPP FIXD DENTURE EDENTULOUS ARCH-MAND	Not Cov	Not Cov	Not Cov	Not Cov		
D6116	IMPL ABUT SUPP FIXED DENTURE PART EDENT ARCH-MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D6117	IMPL ABUT SUPP FIXD DENTURE PART EDENT ARCH-MAND	Not Cov	Not Cov	Not Cov	Not Cov		
D6118	IMPL ABUT SPTD INTRM FIX DENTUR EDENT ARCH-MAND	Not Cov	Not Cov	Not Cov	Not Cov		
D6119	IMPL ABUT SPTD INT FIX DENTUR EDENT ARCH-MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D6190	RADIOGRAPHIC SURGICAL IMPLANT INDEX BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD	Not Cov	Not Cov	Not Cov	Not Cov		
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	Not Cov	Not Cov	Not Cov	Not Cov		
D6210	PONTIC - CAST HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		

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D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6212	PONTIC - CAST NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6214	PONTIC TITANIUM	Not Cov	Not Cov	Not Cov	Not Cov		
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6245	PONTIC - PORCELAIN CERAMIC	Not Cov	Not Cov	Not Cov	Not Cov		
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6252	PONTIC - RESIN WITH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6253	PRVS PONTIC-FUR TX CMPL DX NEC B4 FINAL IMPRESS	Not Cov	Not Cov	Not Cov	Not Cov		
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	Not Cov	Not Cov	Not Cov	Not Cov		
D6548	RETAINER - PORCELN CERAMIC RSN BONDED FIX PROSTH	Not Cov	Not Cov	Not Cov	Not Cov		
D6549	RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D6600	RETAINER INLAY - PORCELAIN CERAMIC TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6601	RETAINER INLAY - PORCELAIN CERAMIC 3 MORE SURF	Not Cov	Not Cov	Not Cov	Not Cov		
D6602	RETAINER INLAY-CAST HIGH NOBLE METAL 2 SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6603	RETAINER INLAY-CAST HIGH NOBLE METAL 3 MORE SURF	Not Cov	Not Cov	Not Cov	Not Cov		
D6604	RETAINER INLAY - CAST PDMT BASE METAL 2 SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6605	RETAINER INLAY-CAST PDMT BASE METAL 3 MORE SURF	Not Cov	Not Cov	Not Cov	Not Cov		
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6607	RETAINER INLAY - CAST NOBLE METAL 3 MORE SURF	Not Cov	Not Cov	Not Cov	Not Cov		
D6608	RETAINER ONLAY - PORCELAIN CERAMIC TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6609	RETAINER ONLAY - PORCELAIN CERAMIC 3 MORE SURF	Not Cov	Not Cov	Not Cov	Not Cov		
D6610	RETAINER ONLAY-CAST HIGH NOBLE METAL 2 SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6611	RETAINER ONLAY-CAST HIGH NOBLE METAL 3 MORE SURF	Not Cov	Not Cov	Not Cov	Not Cov		
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6613	RETAINER ONLAY-CAST PDMT BASE METAL 3 MORE SURF	Not Cov	Not Cov	Not Cov	Not Cov		
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6615	RETAINER ONLAY-CAST NOBLE METAL 3 MORE SURFACES	Not Cov	Not Cov	Not Cov	Not Cov		
D6624	RETAINER INLAY - TITANIUM	Not Cov	Not Cov	Not Cov	Not Cov		
D6634	RETAINER ONLAY - TITANIUM	Not Cov	Not Cov	Not Cov	Not Cov		
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	Not Cov	Not Cov	Not Cov	Not Cov		
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D6721	RETAINER CROWN-RESIN W PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6740	RETAINER CROWN - PORCELAIN CERAMIC	Not Cov	Not Cov	Not Cov	Not Cov		
D6750	RETAINER CROWN - PORCELAIN FUSED HI NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6751	RETAINER CROWN-PORCELAIN FUSED PDMT BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6780	RETAINER CROWN - 3 4 CAST HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6781	RETAINER CROWN-3 4 CAST PREDOMINANTLY BASE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6782	RETAINER CROWN - 3 4 CAST NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6783	RETAINER CROWN - 3 4 PORCELAIN CERAMIC	Not Cov	Not Cov	Not Cov	Not Cov		
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6791	RETAINER CROWN-FULL CAST PREDOMINANTLY BASE METL	Not Cov	Not Cov	Not Cov	Not Cov		
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	Not Cov	Not Cov	Not Cov	Not Cov		
D6793	PRVS RET CRWN-FUR TX CMPL DX NEC B4 FINAL IMPRSS	Not Cov	Not Cov	Not Cov	Not Cov		
D6794	RETAINER CROWN - TITANIUM	Not Cov	Not Cov	Not Cov	Not Cov		
D6920	CONNECTOR BAR	Not Cov	Not Cov	Not Cov	Not Cov		
D6930	RECEMENT FIXED PARTIAL DENTURE	Not Cov	Not Cov	Not Cov	Not Cov		
D6940	STRESS BREAKER	Not Cov	Not Cov	Not Cov	Not Cov		
D6950	PRECISION ATTACHMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D6980	FIXED PART DENTURE REPR NEC RESTORATVE MATL FAIL	Not Cov	Not Cov	Not Cov	Not Cov		
D6985	PEDIATRIC PARTIAL DENTURE FIXED	Not Cov	Not Cov	Not Cov	Not Cov		
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D7111	EXTRACTION CORONAL REMNANTS-PRIMARY TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	Not Cov	Not Cov	Not Cov	Not Cov		
D7210	EXTRACTION ERU TOOTH RQR REMV BONE AND SECTN TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	Not Cov	Not Cov	Not Cov	Not Cov		
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	Not Cov	Not Cov	Not Cov	Not Cov		
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	Not Cov	Not Cov	Not Cov	Not Cov		
D7241	REMV IMP TOOTH - CMPL BONY W UNUSUAL SURG COMPS	Not Cov	Not Cov	Not Cov	Not Cov		
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS	Not Cov	Not Cov	Not Cov	Not Cov		
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	Not Cov	Not Cov	Not Cov	Not Cov		
D7260	OROANTRAL FISTULA CLOSURE	Not Cov	Not Cov	Not Cov	Not Cov		
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	Not Cov	Not Cov	Not Cov	Not Cov		
D7270	TOOTH REIMPL AND OR STBL ACC EVULSED DISPLCD TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		

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D7272	TOOTH TRANSPLANTATION	Not Cov	Not Cov	Not Cov	Not Cov		
D7280	EXPOSURE OF AN UNERUPTED TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D7282	MOBILIZ ERUPTED MALPOSITIONED TOOTH AID ERUPTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D7285	BIOPSY OF ORAL TISSUE HARD	Not Cov	Not Cov	Not Cov	Not Cov		
D7286	BIOPSY OF ORAL TISSUE SOFT	Not Cov	Not Cov	Not Cov	Not Cov		
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7288	BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7290	SURGICAL REPOSITIONING OF TEETH	Not Cov	Not Cov	Not Cov	Not Cov		
D7291	TRANSSEPTAL FIBEROT SUPRA CRESTAL FIBEROT BR	Not Cov	Not Cov	Not Cov	Not Cov		
D7292	PLCMT TEMP ANC DEVC SCREW RETN PLATE RQR FLAP;	Not Cov	Not Cov	Not Cov	Not Cov		
D7293	PLACEMENT TEMP ANC DEVC RQR FLAP; INC DEVC REMV	Not Cov	Not Cov	Not Cov	Not Cov		
D7294	PLACEMENT TEMP ANC DEVC W O FLAP; INC DEVC REMV	Not Cov	Not Cov	Not Cov	Not Cov		
D7295	HARVEST BONE FOR USE AUTOGENOUS GRAFTING PROC	Not Cov	Not Cov	Not Cov	Not Cov		
D7296	CORTICOTOMY-ONE TO THREE TEETH TOOTH SP PER QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D7297	CORTICOTOMY-FOUR OR MORE TEETH TOOTH SP PER QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D7310	ALVEOLOPLASTY W EXTRACTION 4 OR GRT TEETH SPACE QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH SPACES QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D7320	ALVEOLOPLASTY NOT W EXTRACTIONS 4 OR GRT TEETH SPACE	Not Cov	Not Cov	Not Cov	Not Cov		
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH SPCE QUAD	Not Cov	Not Cov	Not Cov	Not Cov		
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	Not Cov	Not Cov	Not Cov	Not Cov		
D7350	VESTIBULOPLASTY RIDGE EXT W SOFT TISS GRAFTS	Not Cov	Not Cov	Not Cov	Not Cov		
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7412	EXCISION OF BENIGN LESION COMPLICATED	Not Cov	Not Cov	Not Cov	Not Cov		
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7414	EXCISION OF MALIGNANT LESION OVER 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7415	EXCISION OF MALIGNANT LESION COMPLICATED	Not Cov	Not Cov	Not Cov	Not Cov		
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7450	REMOVAL BEN ODONTOGENIC CYST TUMR- UP T0 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7451	REMOVAL BENIGN ODONTOGENIC CYST TUMOR- OVER 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7460	REMOVAL BEN NONODONTOGENIC CYST TUMR- UP 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7461	REMOVAL BEN NONODONTOGENIC CYST TUMOR OVER 1.25 CM	Not Cov	Not Cov	Not Cov	Not Cov		

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D7465	DESTRUCTION LESION PHYSICAL CHEM METHOD BY REPRT	Not Cov	Not Cov	Not Cov	Not Cov		
D7471	REMOVAL OF LATERAL EXOSTOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
D7472	REMOVAL OF TORUS PALATINUS	Not Cov	Not Cov	Not Cov	Not Cov		
D7473	REMOVAL OF TORUS MANDIBULARIS	Not Cov	Not Cov	Not Cov	Not Cov		
D7485	REDUCTION OF OSSEOUS TUBEROSITY	Not Cov	Not Cov	Not Cov	Not Cov		
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	Not Cov	Not Cov	Not Cov	Not Cov		
D7510	INCISION AND DRAINAGE ABSCESS-INTRAORAL SOFT TISS	Not Cov	Not Cov	Not Cov	Not Cov		
D7511	I AND D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	Not Cov	Not Cov	Not Cov	Not Cov		
D7520	INCISION AND DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	Not Cov	Not Cov	Not Cov	Not Cov		
D7521	I AND D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	Not Cov	Not Cov	Not Cov	Not Cov		
D7530	REMOVAL FB FROM MUCOSA SKIN SUBCUT ALVEOL TISSUE	Not Cov	Not Cov	Not Cov	Not Cov		
D7540	REMV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	Not Cov	Not Cov	Not Cov	Not Cov		
D7550	PART OSTEC SEQUESTRECTOMY REMOVAL NON-VITAL BONE	Not Cov	Not Cov	Not Cov	Not Cov		
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT FB	Not Cov	Not Cov	Not Cov	Not Cov		
D7610	MAXILLA-OPEN REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7620	MAXILLA-CLOSED REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7630	MANDIBLE-OPEN REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7640	MANDIBLE-CLOSED REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7650	MALAR AND OR ZYGOMATIC ARCH-OPEN REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7660	MALAR AND OR ZYGOMATIC ARCH-CLOSED REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7670	ALVEOLUS - CLOSED REDUCTION MAY INC STABIL TEETH	Not Cov	Not Cov	Not Cov	Not Cov		
D7671	ALVEOLUS - OPEN RDUC MAY INCL STABILIZATN TEETH	Not Cov	Not Cov	Not Cov	Not Cov		
D7680	FCE BNS - COMP RDUC W FIX AND MX SURG APPRCHES CPT	Not Cov	Not Cov	Not Cov	Not Cov		
D7710	MAXILLA-OPEN REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7720	MAXILLA-CLOSED REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7730	MANDIBLE-OPEN REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7740	MANDIBLE-CLOSED REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7750	MALAR AND OR ZYGOMATIC ARCH-OPEN REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7760	MALAR AND OR ZYGOMATIC ARCH CLOSED REDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	Not Cov	Not Cov	Not Cov	Not Cov		
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	Not Cov	Not Cov	Not Cov	Not Cov		
D7780	FACIAL BONES-COMP RDUC FIX AND MX SURG APPROACHES	Not Cov	Not Cov	Not Cov	Not Cov		
D7810	OPEN REDUCTION OF DISLOCATION	Not Cov	Not Cov	Not Cov	Not Cov		
D7820	CLOSED REDUCTION OF DISLOCATION	Not Cov	Not Cov	Not Cov	Not Cov		

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D7830	MANIPULATION UNDER ANESTHESIA	Not Cov	Not Cov	Not Cov	Not Cov		
D7840	CONDYLECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7850	SURGICAL DISCECTOMY; WITH WITHOUT IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
D7852	DISC REPAIR	Not Cov	Not Cov	Not Cov	Not Cov		
D7854	SYNOVECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7856	MYOTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7858	JOINT RECONSTRUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
D7860	ARTHROTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7865	ARTHROPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
D7870	ARTHROCENTESIS	Not Cov	Not Cov	Not Cov	Not Cov		
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	Not Cov	Not Cov	Not Cov	Not Cov		
D7872	ARTHROSCOPY-DIAGNOSIS WITH OR WITHOUT BIOPSY	Not Cov	Not Cov	Not Cov	Not Cov		
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	Not Cov	Not Cov	Not Cov	Not Cov		
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	Not Cov	Not Cov	Not Cov	Not Cov		
D7875	ARTHROSCOPY: SYNOVECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7876	ARTHROSCOPY: DISCECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7877	ARTHROSCOPY: DEBRIDEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D7899	UNSPECIFIED TMD THERAPY BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7911	COMPLICATED SUTURE-UP TO 5 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	Not Cov	Not Cov	Not Cov	Not Cov		
D7920	SKIN GRAFT	Not Cov	Not Cov	Not Cov	Not Cov		
D7921	COLLECTION AND APPLIC AUTO BLOOD CONCENTRATE PROD	Not Cov	Not Cov	Not Cov	Not Cov		
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	Not Cov	Not Cov	Not Cov	Not Cov		
D7941	OSTEOTOMY - MANDIBULAR RAMI	Not Cov	Not Cov	Not Cov	Not Cov		
D7943	OSTEOT-MANDIB RAMI W BONE GRFT;INCL OBTAIN GRAFT	Not Cov	Not Cov	Not Cov	Not Cov		
D7944	OSTEOTOMY SEGMENTED OR SUBAPICAL	Not Cov	Not Cov	Not Cov	Not Cov		
D7945	OSTEOTOMY-BODY OF MANDIBLE	Not Cov	Not Cov	Not Cov	Not Cov		
D7946	LEFORT I MAXILLA TOTAL	Not Cov	Not Cov	Not Cov	Not Cov		
D7947	LEFORT I MAXILLA SEGMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
D7948	LEFORT II LEFORT III - W O BONE GRAFT	Not Cov	Not Cov	Not Cov	Not Cov		
D7949	LEFORT II LEFORT III - W BONE GRAFT	Not Cov	Not Cov	Not Cov	Not Cov		

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D7950	OSSEOUS OSTEOPERIOSTEAL CARTILAGE GRAFT MAND MAX	Not Cov	Not Cov	Not Cov	Not Cov		
D7951	SINUS AUGMENTATION BONE BONE SUBST LAT OPEN APPR	Not Cov	Not Cov	Not Cov	Not Cov		
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	Not Cov	Not Cov	Not Cov	Not Cov		
D7953	BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	Not Cov	Not Cov	Not Cov	Not Cov		
D7955	REPAIR MAXLOFACIAL SOFT AND HARD TISSUE DEFECT	Not Cov	Not Cov	Not Cov	Not Cov		
D7960	FRENULECTOMY SEP PROC NOT INCIDENTL ANOTHER PROC	Not Cov	Not Cov	Not Cov	Not Cov		
D7963	FRENULOPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	Not Cov	Not Cov	Not Cov	Not Cov		
D7971	EXCISION OF PERICORONAL GINGIVA	Not Cov	Not Cov	Not Cov	Not Cov		
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	Not Cov	Not Cov	Not Cov	Not Cov		
D7979	NON - SURGICAL SIALOLITHOTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7980	SURGICAL SIALOLITHOTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7981	EXCISION OF SALIVARY GLAND BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D7982	SIALODOCHOPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
D7983	CLOSURE OF SALIVARY FISTULA	Not Cov	Not Cov	Not Cov	Not Cov		
D7990	EMERGENCY TRACHEOTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7991	CORONOIDECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
D7995	SYNTHETIC GRAFT-MANDIBLE FACIAL BONES BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D7996	IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D7997	APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	Not Cov	Not Cov	Not Cov	Not Cov		
D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W FX	Not Cov	Not Cov	Not Cov	Not Cov		
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D8010	LIMITED ORTHODONTIC TREATMENT PRIMARY DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8020	LTD ORTHODONTIC TREATMENT TRANSITIONAL DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8030	LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8040	LIMITED ORTHODONTIC TREATMENT ADULT DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8050	INTERCEPTIVE ORTHODONTIC TX PRIMARY DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8060	INTRCPTV ORTHODONTIC TX TRANSITIONAL DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8070	COMP ORTHODONTIC TX TRANSITIONAL DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8080	COMPREHENSIVE ORTHODONTIC TX ADOLES DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8090	COMPREHENSIVE ORTHODONTIC TX ADULT DENTITION	Not Cov	Not Cov	Not Cov	Not Cov		
D8210	REMOVABLE APPLIANCE THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
D8220	FIXED APPLIANCE THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
D8660	PREORTHODONTIC TREATMENT VISIT	Not Cov	Not Cov	Not Cov	Not Cov		

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D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
D8680	ORTHODONTIC RETENTION	Not Cov	Not Cov	Not Cov	Not Cov		
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D8690	ORTHODONTIC TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D8691	REPAIR OF ORTHODONTIC APPLIANCE	Not Cov	Not Cov	Not Cov	Not Cov		
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	Not Cov	Not Cov	Not Cov	Not Cov		
D8693	REBONDING OR RECEMENTING OF FIXED RETAINER	Not Cov	Not Cov	Not Cov	Not Cov		
D8694	REPAIR OF FIXED RETAINERS INCLUDES REATTACHMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D8695	REMV FIX ORTHODONT APPLINC RSN OTH THAN CMPL TX	Not Cov	Not Cov	Not Cov	Not Cov		
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	Not Cov	Not Cov	Not Cov	Not Cov		
D9120	FIXED PARTIAL DENTURE SECTIONING	Not Cov	Not Cov	Not Cov	Not Cov		
D9130	TMJ DYSFUNCTION - NON-INVASIVE PT	Not Cov	Not Cov	Not Cov	Not Cov		
D9210	LOCAL ANES-NOT CONJUNCTION W OP SURGICAL PROC	Not Cov	Not Cov	Not Cov	Not Cov		
D9211	REGIONAL BLOCK ANESTHESIA	Not Cov	Not Cov	Not Cov	Not Cov		
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	Not Cov	Not Cov	Not Cov	Not Cov		
D9215	LOCAL ANESTHESIA CONJUCTION OPERATIVE SURG PROC	Not Cov	Not Cov	Not Cov	Not Cov		
D9219	EVAL FOR MOD DEEP SEDATION GENERAL ANESTHESIA	Not Cov	Not Cov	Not Cov	Not Cov		
D9222	DEEP SEDATION GENERAL ANESTHESIA-1ST 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
D9223	DEEP SEDAT GEN ANESTHESIA-EA SUBSQT 15 MIN INCR	Not Cov	Not Cov	Not Cov	Not Cov		
D9230	INHALATION OF NITROUS OXIDE ANALGESIA ANXIOLYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
D9239	INTRAVENOUS MODERATE SEDAT ANALGESIA-1ST 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
D9243	INTRAVENOUS MOD SED ANAL-EA SUBSQT 15 MIN INCR	Not Cov	Not Cov	Not Cov	Not Cov		
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	Not Cov	Not Cov	Not Cov	Not Cov		
D9310	CONSULT DX SERV DENT PHY NOT REQUESTING DENT PHY	Not Cov	Not Cov	Not Cov	Not Cov		
D9311	CONSULTATION W MEDICAL HEALTH CARE PROFESSIONAL	Not Cov	Not Cov	Not Cov	Not Cov		
D9410	HOUSE EXTENDED CARE FACILITY CALL	Not Cov	Not Cov	Not Cov	Not Cov		
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	Not Cov	Not Cov	Not Cov	Not Cov		
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	Not Cov	Not Cov	Not Cov	Not Cov		
D9450	CASE PRESENTATION DETAILED AND EXTENSIVE TX PLANNING	Not Cov	Not Cov	Not Cov	Not Cov		
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	Not Cov	Not Cov	Not Cov	Not Cov		
D9612	TX PARENTERAL DRUGS 2 OR GRT ADMINISTRATIONS DIFF MED	Not Cov	Not Cov	Not Cov	Not Cov		
D9613	INFIL OF SUSTAIN REL THERA DRUG-SING MULT SITES	Not Cov	Not Cov	Not Cov	Not Cov		

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D9630	DRUGS MEDICAMENTS DISPENSED OFFICE FOR HOME USE	Not Cov	Not Cov	Not Cov	Not Cov		
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D9911	APPLIC DESENZT RSN CERV AND OR ROOT SURF-TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D9920	BEHAVIOR MANAGEMENT BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
D9932	CLEANING AND INSPECTION REMV CMPL DENTUR MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D9933	CLEANING AND INSPECTION REMV CMPL DENTUR MANDIBULR	Not Cov	Not Cov	Not Cov	Not Cov		
D9934	CLEANING AND INSPECTION REMV PART DENTUR MAXILLARY	Not Cov	Not Cov	Not Cov	Not Cov		
D9935	CLEANING AND INSPECTION REMV PART DENTUR MANDIBULR	Not Cov	Not Cov	Not Cov	Not Cov		
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	Not Cov	Not Cov	Not Cov	Not Cov		
D9942	REPAIR AND OR RELINE OF OCCLUSAL GUARD	Not Cov	Not Cov	Not Cov	Not Cov		
D9943	OCCLUSAL GUARD ADJUSTMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	Not Cov	Not Cov	Not Cov	Not Cov		
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	Not Cov	Not Cov	Not Cov	Not Cov		
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	Not Cov	Not Cov	Not Cov	Not Cov		
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	Not Cov	Not Cov	Not Cov	Not Cov		
D9951	OCCLUSAL ADJUSTMENT - LIMITED	Not Cov	Not Cov	Not Cov	Not Cov		
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
D9961	DUPLICATE COPY PATIENT'S RECORDS	Not Cov	Not Cov	Not Cov	Not Cov		
D9970	ENAMEL MICROABRASION	Not Cov	Not Cov	Not Cov	Not Cov		
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	Not Cov	Not Cov	Not Cov	Not Cov		
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED OFFICE	Not Cov	Not Cov	Not Cov	Not Cov		
D9973	EXTERNAL BLEACHING - PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D9974	INTERNAL BLEACHING - PER TOOTH	Not Cov	Not Cov	Not Cov	Not Cov		
D9975	EXT BLEACH HOM APPLIC-ARCH; MATL FAB CSTM TRAYS	Not Cov	Not Cov	Not Cov	Not Cov		
D9985	SALES TAX	Not Cov	Not Cov	Not Cov	Not Cov		
D9986	MISSED APPOINTMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D9987	CANCELLED APPOINTMENT	Not Cov	Not Cov	Not Cov	Not Cov		
D9990	CERTI TRANSL SIGN-LANG SERVICES PER VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
D9991	DENTAL CASE MGMT - ADDRESSING APPT CA BARRIERS	Not Cov	Not Cov	Not Cov	Not Cov		
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	Not Cov	Not Cov	Not Cov	Not Cov		
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTV	Not Cov	Not Cov	Not Cov	Not Cov		
D9994	DENTAL CASE MGMT - PT ED IMP ORAL HEALTH LITRACY	Not Cov	Not Cov	Not Cov	Not Cov		
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	Not Cov	Not Cov	Not Cov	Not Cov		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
D9996	TELEDENTISTRY-ASYNC; INFO STD AND FWD DENT SUBSQ REV	Not Cov	Not Cov	Not Cov	Not Cov		
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
E0100	CANE INCL CANES ALL MATERIAL ADJUSTBLE FIX W TIP	Not Cov	No	Not Cov	No		
E0105	CANE QUAD 3-PRONG ALL MATL ADJUSTBL FIX W TIPS	Not Cov	No	Not Cov	No		
E0110	CRTCHS FORARM VARIOUS MATL PAIR W TIPS AND HNDGRIPS	Not Cov	No	Not Cov	No		
E0111	CRTCH FORARM VARIOUS MATL EA W TIP AND HNDGRIP	Not Cov	No	Not Cov	No		
E0112	CRTCHES UNDARM WOOD PAIR W PADS TIPS AND HNDGRIPS	Not Cov	No	Not Cov	No		
E0113	CRTCH UNDARM WOOD EA ADJSTBL FIX PAD TIP AND HNDGRIP	Not Cov	No	Not Cov	No		
E0114	CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP AND HNDGRIP	Not Cov	No	Not Cov	No		
E0116	CRTCH UNDARM NOT WOOD ADJUST FIX PAD TIP HNDGRIP	Not Cov	No	Not Cov	No		
E0117	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA	Not Cov	No	Not Cov	No		
E0118	CRUTCH SUBST LOWER LEG PLATFORM W WO WHEELS EA	Not Cov	Not Cov	Not Cov	Not Cov		
E0130	WALKER RIGID ADJUSTABLE OR FIXED HEIGHT	Not Cov	No	Not Cov	No		
E0135	WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT	Not Cov	No	Not Cov	No		
E0140	WALKER W TRUNK SUPPORT ADJUSTBLE FIX HT ANY TYPE	Not Cov	No	Not Cov	No		
E0141	WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT	Not Cov	No	Not Cov	No		
E0143	WALKER FOLDING WHEELED ADJUSTABLE FIXED HEIGHT	Not Cov	No	Not Cov	No		
E0144	WALKER ENCLOSED 4 SIDED FRAME WHEELD W POST SEAT	Not Cov	No	Not Cov	No		
E0147	WALKER HEAVY DUTY MX BRAKE SYS VARIBLE WHL RSIST	Not Cov	No	Not Cov	No		
E0148	WALK HEAVY DUTY W O WHLS RIGID FOLD ANY TYPE EA	Not Cov	No	Not Cov	No		
E0149	WALKER HEAVY DUTY WHEELED RIGID FOLD ANY TYPE EA	Not Cov	No	Not Cov	No		
E0153	PLATFORM ATTACHMENT FOREARM CRUTCH EACH	Not Cov	No	Not Cov	No		
E0154	PLATFORM ATTACHMENT WALKER EACH	Not Cov	No	Not Cov	No		
E0155	WHL ATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK	Not Cov	No	Not Cov	No		
E0156	SEAT ATTACHMENT WALKER	Not Cov	No	Not Cov	No		
E0157	CRUTCH ATTACHMENT WALKER EACH	Not Cov	No	Not Cov	No		
E0158	LEG EXTENSIONS FOR WALKER PER SET OF FOUR	Not Cov	No	Not Cov	No		
E0159	BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH	Not Cov	No	Not Cov	No		
E0160	SITZ TYPE BATH EQP PRTBLE USED W WO COMMODE	Not Cov	Not Cov	Not Cov	Not Cov		
E0161	SITZ TYPE BATH EQP PRTBLE USED W FAUCET ATTCHS	Not Cov	Not Cov	Not Cov	Not Cov		
E0162	SITZ BATH CHAIR	Not Cov	Not Cov	Not Cov	Not Cov		
E0163	COMMODE CHAIR MOBILE OR STATIONARY W FIXED ARMS	Not Cov	Not Cov	Not Cov	No		
E0165	COMMODE CHAIR MOBILE STATIONARY W DETACHBLE ARMS	Not Cov	Not Cov	Not Cov	No		
E0167	PAIL OR PAN USE W COMMODE CHAIR REPLACEMENT ONLY	Not Cov	Not Cov	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E0168	COMMODE CHAIR XTRA WIDE AND HEVY DUTY STATION MOBIL	Not Cov	Not Cov	Not Cov	No		
E0170	COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0171	COMMODE CHAIR INTGR SEAT LIFT MECH NONELEC ANY	Not Cov	Not Cov	Not Cov	Not Cov		
E0172	SEAT LIFT MECH PLACED OVER TOP TOILET ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0175	FOOT REST FOR USE WITH COMMODE CHAIR EACH	Not Cov	Not Cov	Not Cov	Not Cov		
E0181	PWR PRESSURE REDUCING MATTRESS OVERLY PAD PUMP	Not Cov	No	Not Cov	No		
E0182	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY	Not Cov	No	Not Cov	No		
E0184	DRY PRESSURE MATTRESS	Not Cov	No	Not Cov	No		
E0185	GEL GEL-LIKE PRSS PAD MATTRSS STD LEN AND WDTH	Not Cov	No	Not Cov	No		
E0186	AIR PRESSURE MATTRESS	Not Cov	No	Not Cov	No		
E0187	WATER PRESSURE MATTRESS	Not Cov	Not Cov	Not Cov	Not Cov		
E0188	SYNTHETIC SHEEPSKIN PAD	Not Cov	No	Not Cov	No		
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	Not Cov	No	Not Cov	No		
E0190	POSITIONING CUSH PILLOW WEDGE INCL ALL COMPONENT	Not Cov	No	Not Cov	No		
E0191	HEEL OR ELBOW PROTECTOR EACH	Not Cov	No	Not Cov	No		
E0193	POWERED AIR FLOTATION BED	Not Cov	Not Cov	Not Cov	Not Cov		
E0194	AIR FLUIDIZED BED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0196	GEL PRESSURE MATTRESS	Not Cov	No	Not Cov	No		
E0197	AIR PRESS PAD MATTRSS STD MATTRSS LENGTH AND WIDTH	Not Cov	No	Not Cov	No		
E0198	WATER PRESS PAD MATTRSS STD MATTRSS LENGTH AND WIDTH	Not Cov	No	Not Cov	No		
E0199	DRY PRESS PAD MATTRSS STD MATTRSS LENGTH AND WIDTH	Not Cov	No	Not Cov	No		
E0200	HEAT LAMP W O STAND INCL BULB INFRARED ELEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER	Not Cov	No	Not Cov	No		
E0203	THERAPEUTIC LGHTBOX MINI 10000 LUX TABL TOP MDL	Not Cov	Not Cov	Not Cov	Not Cov		
E0205	HEAT LAMP W STAND INCLUDES BULB INFRARED ELEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
E0210	ELECTRIC HEAT PAD STANDARD	Not Cov	Not Cov	Not Cov	Not Cov		
E0215	ELECTRIC HEAT PAD MOIST	Not Cov	Not Cov	Not Cov	Not Cov		
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	Not Cov	Not Cov	Not Cov	Not Cov		
E0218	FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0221	INFRARED HEATING PAD SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
E0225	HYDROCOLLATOR UNIT INCLUDES PADS	Not Cov	Not Cov	Not Cov	Not Cov		

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E0231	NON-CNTC WND WARMING DEVC W WARMING CARD AND COVR	Not Cov	Not Cov	Not Cov	Not Cov		
E0232	WOUND WARMING WOUND COVER	Not Cov	Not Cov	Not Cov	Not Cov		
E0235	PARAFFIN BATH UNIT PORTABLE	Not Cov	Not Cov	Not Cov	Not Cov		
E0236	PUMP FOR WATER CIRCULATING PAD	Not Cov	Not Cov	Not Cov	Not Cov		
E0239	HYDROCOLLATOR UNIT PORTABLE	Not Cov	Not Cov	Not Cov	Not Cov		
E0240	BATH SHOWER CHAIR W WO WHEELS ANY SIZE	Not Cov	Not Cov	Not Cov	No		
E0241	BATHTUB WALL RAIL EACH	Not Cov	Not Cov	Not Cov	No		
E0242	BATHTUB RAIL FLOOR BASE	Not Cov	Not Cov	Not Cov	Not Cov		
E0243	TOILET RAIL EACH	Not Cov	Not Cov	Not Cov	No		
E0244	RAISED TOILET SEAT	Not Cov	Not Cov	Not Cov	No		
E0245	TUB STOOL OR BENCH	Not Cov	Not Cov	Not Cov	No		
E0246	TRANSFER TUB RAIL ATTACHMENT	Not Cov	Not Cov	Not Cov	Not Cov		
E0247	TRANSFER BENCH TUB TOILET W WO COMMODE OPENING	Not Cov	Not Cov	Not Cov	No		
E0248	TRNSF BENCH HEVY DUTY TUB TOILET W WO COMMODE OP	Not Cov	Not Cov	Not Cov	No		
E0249	PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
E0250	HOSP BED FIX HT W ANY TYPE SIDE RAILS W MATTRSS	Not Cov	No	Not Cov	No		
E0251	HOSP BED FIX HT W ANY TYPE SIDE RAIL W O MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0255	HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0256	HOS BED VARIBL HT ANY TYPE SIDE RAIL W O MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0260	HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0270	HOSP BED INSTITUTIONAL TYPE: W MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0271	MATTRESS INNER SPRING	Not Cov	No	Not Cov	No		
E0272	MATTRESS FOAM RUBBER	Not Cov	No	Not Cov	No		
E0273	BED BOARD	Not Cov	Not Cov	Not Cov	Not Cov		
E0274	OVER-BED TABLE	Not Cov	Not Cov	Not Cov	Not Cov		
E0275	BED PAN STANDARD METAL OR PLASTIC	Not Cov	Not Cov	Not Cov	Not Cov		
E0276	BED PAN FRACTURE METAL OR PLASTIC	Not Cov	Not Cov	Not Cov	Not Cov		
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E0280	BED CRADLE ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0290	HOSPITAL BED FIX HT WITHOUT SIDE RAILS W MATTRSS	Not Cov	No	Not Cov	No		
E0291	HOSPITAL BED FIX HT W O SIDE RAILS W O MATTRSS	Not Cov	No	Not Cov	No		
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0294	HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0296	HOSPITAL BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0301	HOS BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTTRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0303	HOS BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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E0304	HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0305	BEDSIDE RAILS HALF-LENGTH	Not Cov	No	Not Cov	No		
E0310	BEDSIDE RAILS FULL-LENGTH	Not Cov	No	Not Cov	No		
E0315	BED ACCESS: BOARD TABLE SUPPORT DEVICE ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0316	SFTY ENCLOS FRME CANOPY USE W HOSP BED ANY TYPE	Not Cov	No	Not Cov	No		
E0325	URINAL; MALE JUG-TYPE ANY MATERIAL	Not Cov	Not Cov	Not Cov	Not Cov		
E0326	URINAL; FEMALE JUG-TYPE ANY MATERIAL	Not Cov	Not Cov	Not Cov	Not Cov		
E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0350	CONTROL UNIT ELEC BOWEL IRRIGATION EVAC SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
E0352	DISPBL PACK USE W THE ELEC BOWEL IRRIG EVAC SYS	Not Cov	Not Cov	Not Cov	Not Cov		
E0370	AIR PRESSURE ELEVATOR FOR HEEL	Not Cov	Not Cov	Not Cov	Not Cov		
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0424	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR	Not Cov	No	Not Cov	No		

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E0425	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	Not Cov	Not Cov	Not Cov	Not Cov		
E0430	PRTBLE GASEOUS O2 SYS PURCH; FLWMTR HUMIDFR AND MASK	Not Cov	Not Cov	Not Cov	Not Cov		
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR AND MASK	Not Cov	No	Not Cov	No		
E0433	PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER	Not Cov	Not Cov	Not Cov	Not Cov		
E0434	PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	Not Cov	No	Not Cov	No		
E0435	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR	Not Cov	Not Cov	Not Cov	Not Cov		
E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	Not Cov	No	Not Cov	No		
E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR	Not Cov	Not Cov	Not Cov	Not Cov		
E0441	STATIONARY O2 CONTENTS GAS 1 MO SUPPLY EQ 1 UNIT	Not Cov	No	Not Cov	No		
E0442	STATIONARY O2 CONTENTS LQD 1 MO SUPPLY EQ 1 UNIT	Not Cov	No	Not Cov	No		
E0443	PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY EQ 1 UNIT	Not Cov	No	Not Cov	No		
E0444	PORTABLE O2 CONTENTS LIQUID 1 MO SUPPLY EQ 1 UNIT	Not Cov	No	Not Cov	No		
E0445	OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV	No	No	Not Cov	No		
E0446	TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES	Not Cov	Not Cov	Not Cov	Not Cov		
E0447	PRTB O C LQD 1 MO SPL EQ 1 U PRSC AMT R N EXCD 4LPM	Not Cov	Not Cov	Not Cov	Not Cov		
E0455	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS	Not Cov	Not Cov	Not Cov	Not Cov		
E0457	CHEST SHELL	Not Cov	Not Cov	Not Cov	Not Cov		
E0459	CHEST WRAP	Not Cov	Not Cov	Not Cov	Not Cov		
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Not Cov	Not Cov	Not Cov	Not Cov		
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Not Cov	Not Cov	Not Cov	Not Cov		
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W O BACKU	Not Cov	No	Not Cov	No		
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W BACK-UP	Not Cov	No	Not Cov	No		
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W BACKUP	Not Cov	No	Not Cov	No		
E0480	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	Not Cov	No	Not Cov	No		
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Not Cov	Not Cov	Not Cov	Not Cov		
E0482	COUGH STIM DEVICE ALTRNAT POS AND NEG ARWAY PRESS	Not Cov	No	Not Cov	No		

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E0483	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0484	OSCILLATORY POS EXPIRATORY PRSS DEVC NON-ELEC EA	Not Cov	No	Not Cov	No		
E0485	ORL DEVC APPL RDUC UP ARWAY COLLAPSIBILITY PRFAB	Not Cov	Not Cov	Not Cov	Not Cov		
E0486	ORL DEVC APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Not Cov	Not Cov	Not Cov	Not Cov		
E0487	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES	No	Not Cov	Not Cov	Not Cov		
E0500	IPPB MACH W BUILT-IN NEBULIZATION; VALVS; PWR	Not Cov	Not Cov	Not Cov	Not Cov		
E0550	HUMDIFIR DURBLE EXT SUPLMNTL DUR IPPB TX O2 DEL	Not Cov	Not Cov	Not Cov	Not Cov		
E0555	HUMDIFIR DURABLE GLASS AUTOCLAVABLE PLSTC BOTTLE	Not Cov	Not Cov	Not Cov	Not Cov		
E0560	HUMDIFIR DURABLE SUPLMNTL DUR IPPB TX O2 DEL	Not Cov	Not Cov	Not Cov	Not Cov		
E0561	HUMDIFIR NON-HEATED USED W POS AIRWAY PRESS DEVC	Not Cov	No	Not Cov	No		
E0562	HUMDIFIR HEATED USED W POS ARWAY PRESSURE DEVICE	Not Cov	No	Not Cov	No		
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND CYL DRIVN	Not Cov	No	Not Cov	No		
E0570	NEBULIZER WITH COMPRESSOR	Not Cov	No	Not Cov	No		
E0572	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE	Not Cov	Not Cov	Not Cov	Not Cov		
E0574	ULTRASONIC ELEC AROSL GEN W SMALL VOLUME NEB	Not Cov	Not Cov	Not Cov	Not Cov		
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	Not Cov	Not Cov	Not Cov	Not Cov		
E0580	NEBULIZR DURABLE GLASS AUTOCLAVABLE PLSTC BOTTLE	Not Cov	Not Cov	Not Cov	Not Cov		
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	Not Cov	Not Cov	Not Cov	Not Cov		
E0600	RESP SUCTION PUMP HOME MODEL PRTBLE STATION ELEC	Not Cov	No	Not Cov	No		
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Not Cov	No	Not Cov	No		
E0602	BREAST PUMP MANUAL ANY TYPE	Not Cov	No	Not Cov	No		
E0603	BREAST PUMP ELECTRIC ANY TYPE	No	No	Not Cov	No		
E0604	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP	Not Cov	No	Not Cov	No		
E0605	VAPORIZER ROOM TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0606	POSTURAL DRAINAGE BOARD	Not Cov	Not Cov	Not Cov	Not Cov		
E0607	HOME BLOOD GLUCOSE MONITOR	Not Cov	No	Not Cov	No		
E0610	PACEMKR MON CHECKS BATTRY DEPLET W AUDIBL AND VISIBL	Not Cov	Not Cov	Not Cov	Not Cov		
E0615	PACEMKR MON CHECKS BATTRY DEPLET W DIGTL VISIBL	Not Cov	Not Cov	Not Cov	Not Cov		
E0616	IMPL CARD EVENT RECORDR W MEM ACTIVATOR AND PROGMMER	No	No	Not Cov	No		
E0617	EXTERNAL DEFIB W INTEGRATED ECG ANALY	Not Cov	Not Cov	Not Cov	Not Cov		
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE	Not Cov	Not Cov	Not Cov	Not Cov		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

*****All Inpatient services require prior authorization*****

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E0619	APNEA MONITOR WITH RECORDING FEATURE	Not Cov	No	Not Cov	No		
E0620	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA	Not Cov	Not Cov	Not Cov	Not Cov		
E0621	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	Not Cov	No	Not Cov	No		
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	Not Cov	Not Cov	Not Cov	Not Cov		
E0627	SEAT LIFT MECHANISM ELECTRIC ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0629	SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0630	PATIENT LIFT HYDRAULIC MECH INCL SEAT SLING PAD	Not Cov	No	Not Cov	No		
E0635	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Not Cov	No	Not Cov	No		
E0636	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL	Not Cov	Not Cov	Not Cov	Not Cov		
E0637	COMB SIT STAND FRAME TABLE SYS SEATLIFT FEATURE	Not Cov	No	Not Cov	No		
E0638	STANDING FRAME TABLE SYS ONE POSITION ANY SZ	Not Cov	No	Not Cov	No		
E0639	PT LIFT MOVEABLE ROOM-ROOM W DISASSMBL AND REASSMBL	Not Cov	No	Not Cov	No		
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS ACCESS	Not Cov	Not Cov	Not Cov	Not Cov		
E0641	STANDING FRAME TABLE SYS MULTI-POSITION ANY SZ	Not Cov	Not Cov	Not Cov	Not Cov		
E0642	STANDING FRAME TABLE SYS MOBILE DYNAMIC ANY SZ	Not Cov	Not Cov	Not Cov	Not Cov		
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Not Cov	No	Not Cov	No		
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0652	PNEUMAT COMPRS SEG HOM MDL W CALBRTD GRADNT PRSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0655	NONSEG PNEUMAT APPLINC W PNEUMAT COMPRS HALF ARM	Not Cov	No	Not Cov	No		
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Not Cov	Not Cov	Not Cov	Not Cov		
E0657	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS CHEST	Not Cov	Not Cov	Not Cov	Not Cov		
E0660	NONSEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Not Cov	No	Not Cov	No		
E0665	NONSEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Not Cov	No	Not Cov	No		
E0666	NONSEG PNEUMAT APPLINC W PNEUMAT COMPRS HALF LEG	Not Cov	No	Not Cov	No		
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Not Cov	Not Cov	Not Cov	Not Cov		
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Not Cov	Not Cov	Not Cov	Not Cov		
E0669	SEG PNEUMAT APPLINC W PNEUMAT COMPRS HALF LEG	Not Cov	Not Cov	Not Cov	Not Cov		
E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Not Cov	Not Cov	Not Cov	Not Cov		
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Not Cov	Not Cov	Not Cov	Not Cov		
E0672	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM	Not Cov	Not Cov	Not Cov	Not Cov		
E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Not Cov	Not Cov	Not Cov	Not Cov		
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Not Cov	Not Cov	Not Cov	Not Cov		
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Not Cov	Not Cov	Not Cov	Not Cov		
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Not Cov	Not Cov	Not Cov	Not Cov		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Not Cov	Not Cov	Not Cov	Not Cov		
E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Not Cov	Not Cov	Not Cov	Not Cov		
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Not Cov	Not Cov	Not Cov	Not Cov		
E0700	SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE	Not Cov	No	Not Cov	No		
E0705	TRANSER DEVICE ANY TYPE EACH	Not Cov	No	Not Cov	No		
E0710	RESTRAINT ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0720	TENS DEVICE TWO LEAD LOCALIZED STIMULATION	Not Cov	Not Cov	Not Cov	Not Cov		
E0730	TENS DEVICE 4 MORE LEADS MULTI NERVE STIMULATION	Not Cov	Not Cov	Not Cov	Not Cov		
E0731	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS NMES	Not Cov	Not Cov	Not Cov	Not Cov		
E0740	NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS	Not Cov	No	Not Cov	No		
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
E0745	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT	Not Cov	Not Cov	Not Cov	Not Cov		
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Yes	Not Cov	Not Cov	Not Cov		
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR	Not Cov	Not Cov	Not Cov	Not Cov		
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0761	NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC	Not Cov	Not Cov	Not Cov	Not Cov		
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Not Cov	Not Cov	Not Cov	Not Cov		
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Not Cov	Not Cov	Not Cov	Not Cov		
E0765	FDA APPRVD NRV STIM W REPL BATTRY TX NAUSA AND VOMIT	Not Cov	Not Cov	Not Cov	Not Cov		
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Not Cov	Not Cov	Not Cov	Not Cov		
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Not Cov	Not Cov	Not Cov	Not Cov		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E0776	IV POLE	Not Cov	No	Not Cov	No		
E0779	AMB INFUS PUMP MECH REUSABLE INFUS 8 HOURS GT	Not Cov	No	Not Cov	No		
E0780	AMB INFUS PUMP MECH REUSABLE INFUS UNDER 8 HOURS	Not Cov	No	Not Cov	No		
E0781	AMB INFUS PUMP 1 MX CHANNL W ADMN EQP WORN BY PT	Not Cov	No	Not Cov	No		
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Not Cov	Not Cov	Not Cov	Not Cov		
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Not Cov	Not Cov	Not Cov	Not Cov		
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0791	PARNTRAL INFUS PUMP STATIONRY SINGLE MULTICHANEL	Not Cov	No	Not Cov	No		
E0830	AMBULATORY TRACTION DEVICE ALL TYPES EACH	Not Cov	Not Cov	Not Cov	Not Cov		
E0840	TRACTION FRAME ATTCH TO HEADBOARD CERV TRACTION	Not Cov	No	Not Cov	No		
E0849	TRACTION EQP CERV FREESTAND STAND FRME PNEUMATIC	Not Cov	Not Cov	Not Cov	Not Cov		
E0850	TRACTION STAND FREESTANDING CERVICAL TRACTION	Not Cov	No	Not Cov	No		
E0855	CERVICAL TRACTION EQUIP NOT RQR ADD STAND FRAME	Not Cov	Not Cov	Not Cov	Not Cov		
E0856	CERVICAL TRACTION DEVICE INFLATABLE AIR BLADDER	Not Cov	Not Cov	Not Cov	Not Cov		
E0860	TRACTION EQUIPMENT OVERDOOR CERVICAL	Not Cov	No	Not Cov	No		
E0870	TRACTION FRAME ATTCH TO FOOTBOARD EXTREM TRACTN	Not Cov	No	Not Cov	No		
E0880	TRACTION STAND FREESTANDING EXTREMITY TRACTION	Not Cov	No	Not Cov	No		
E0890	TRACTION FRAME ATTCH FOOTBOARD PELVIC TRACTION	Not Cov	No	Not Cov	No		
E0900	TRACTION STAND FREESTANDING PELVIC TRACTION	Not Cov	No	Not Cov	No		
E0910	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W GRAB BAR	Not Cov	No	Not Cov	No		
E0911	TRAPEZ BAR HEVY DUTY PT WT OVER 250 LBS BED GRAB BAR	Not Cov	No	Not Cov	No		
E0912	TRAPEZ BAR HEVY DUTY PT WT OVER 250 LBS FREE STAND	Not Cov	No	Not Cov	No		
E0920	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	Not Cov	No	Not Cov	No		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E0930	FRACTURE FRAME FREESTANDING INCLUDES WEIGHTS	Not Cov	No	Not Cov	No		
E0935	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY	Not Cov	No	Not Cov	No		
E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE	Not Cov	No	Not Cov	No		
E0940	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR	Not Cov	No	Not Cov	No		
E0941	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	Not Cov	No	Not Cov	No		
E0942	CERVICAL HEAD HARNESS HALTER	Not Cov	No	Not Cov	No		
E0944	PELVIC BELT HARNESS BOOT	Not Cov	No	Not Cov	No		
E0945	EXTREMITY BELT HARNESS	Not Cov	No	Not Cov	No		
E0946	FRACTURE FRAME DUAL W CROSS BARS ATTACHED TO BED	Not Cov	No	Not Cov	No		
E0947	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION	Not Cov	No	Not Cov	No		
E0948	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION	Not Cov	No	Not Cov	No		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	Not Cov	No	Not Cov	No		
E0951	HEEL LOOP HOLDER TYPE W WO ANKLE STRAP EACH	Not Cov	No	Not Cov	No		
E0952	TOE LOOP HOLDER ANY TYPE EACH	Not Cov	No	Not Cov	No		
E0953	WHEELCHAIR AC LAT THIGH KNEE SUPP ANY TYPE EA	Not Cov	No	Not Cov	No		
E0954	WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE EACH FOOT	Not Cov	No	Not Cov	No		
E0955	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA	Not Cov	No	Not Cov	No		
E0956	WC ACSS LAT TRNK HIP SUPP FIX MOUNT HARDWARE EA	Not Cov	No	Not Cov	No		
E0957	WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA	Not Cov	No	Not Cov	No		
E0958	MANUAL WHLCHAIR ACCESS 1-ARM DRIVE ATTACHMENT EA	Not Cov	No	Not Cov	No		
E0959	MANUAL WHEELCHAIR ACCESS ADAPTER FOR AMPUTEE EA	Not Cov	No	Not Cov	No		
E0960	WC ACSS SHLDR HRNSS STRAPS CHST STRAP W TYPE MOU	Not Cov	No	Not Cov	No		
E0961	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA	Not Cov	No	Not Cov	No		
E0966	MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA	Not Cov	No	Not Cov	No		
E0967	MNL WHLCHR AC HND RIM PROJ ANY TYP REPL ONLY EA	Not Cov	No	Not Cov	No		
E0968	COMMODE SEAT WHEELCHAIR	Not Cov	Not Cov	Not Cov	Not Cov		
E0969	NARROWING DEVICE WHEELCHAIR	Not Cov	Not Cov	Not Cov	Not Cov		
E0970	NO 2 FOOTPLATES EXCEPT FOR ELEVATING LEGREST	Not Cov	Not Cov	Not Cov	Not Cov		
E0971	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH	Not Cov	No	Not Cov	No		
E0973	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA	Not Cov	No	Not Cov	No		
E0974	MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA	Not Cov	No	Not Cov	No		
E0978	WHLCHAIR ACSS PSTN BELT SFTY BELT PELV STRAP EA	Not Cov	No	Not Cov	No		
E0980	SAFETY VEST WHEELCHAIR	Not Cov	No	Not Cov	No		
E0981	WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA	Not Cov	No	Not Cov	No		

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E0982	WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA	Not Cov	No	Not Cov	No		
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0985	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM	Not Cov	No	Not Cov	No		
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Not Cov	Not Cov	Not Cov	Not Cov		
E0990	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA	Not Cov	No	Not Cov	No		
E0992	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT	Not Cov	No	Not Cov	No		
E0994	ARMREST EACH	Not Cov	No	Not Cov	No		
E0995	WHEELCHAIR ACCESSORY CALF REST PAD REPL ONLY EA	Not Cov	No	Not Cov	No		
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1009	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA	Not Cov	Not Cov	Not Cov	Not Cov		
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1011	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE	Not Cov	No	Not Cov	No		
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH	Not Cov	No	Not Cov	No		
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH	Not Cov	No	Not Cov	No		
E1017	HEVY DUTY SHOCK ABSORBR HEVY XTRA HEVY MNL WC EA	Not Cov	No	Not Cov	No		
E1018	HEVY DUTY SHOCK ABSORBR HEVY XTRA HEVY PWR WC EA	Not Cov	No	Not Cov	No		

Molina Healthcare Medicaid Prior Authorization Guide

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE PSTN	Not Cov	No	Not Cov	No		
E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1031	ROLLABOUT CHAIR ANY AND ALL TYPES W CASTERS 5 IN GT	Not Cov	No	Not Cov	No		
E1035	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Not Cov	Not Cov	Not Cov	Not Cov		
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Not Cov	Not Cov	Not Cov	Not Cov		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	Not Cov	Not Cov	Not Cov	Not Cov		
E1038	TRNSPRT CHAIR ADLT SZ PT WT CAP TO AND INCL 300 LBS	Not Cov	Not Cov	Not Cov	Not Cov		
E1039	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP OVER 300 LB	Not Cov	Not Cov	Not Cov	Not Cov		
E1050	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1060	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	Not Cov	No	Not Cov	No		
E1070	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1083	HEMI-W C; FIXED FULL-LEN ARMS DETACHBLE LEGREST	Not Cov	Not Cov	Not Cov	Not Cov		
E1084	HEMI-WHLCHAIR; DTACHBLE ARMS DESK FULL LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1085	HEMI-WHLCHAIR; FIX FULL ARMS DTACHBLE FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1086	HEMI-WHLCHAIR; DTACHBLE ARMS DESK FULL FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1087	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST	Not Cov	Not Cov	Not Cov	Not Cov		
E1088	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1089	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST	Not Cov	Not Cov	Not Cov	Not Cov		
E1090	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST	Not Cov	Not Cov	Not Cov	Not Cov		
E1092	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1093	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1100	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1110	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST	Not Cov	Not Cov	Not Cov	Not Cov		

Molina Healthcare Medicaid Prior Authorization Guide

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E1130	STD WHLCHAIR; FIX FULL-LEN ARMS DTACHBL FOOTRSTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1140	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1150	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1160	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1170	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1171	AMPUTEE WHLCHAIR; FIX FULL ARMS W O FOOT LEGREST	Not Cov	Not Cov	Not Cov	Not Cov		
E1172	AMPUTEE WHLCHAIR; DTACHBL ARMS W O FOOT LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1180	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1190	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1195	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST	Not Cov	Not Cov	Not Cov	Not Cov		
E1200	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED	Not Cov	Not Cov	Not Cov	Not Cov		
E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1222	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1223	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1224	WHEELCHAIR W DETACHABLE ARMS ELEVATING LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Not Cov	No	Not Cov	No		
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Not Cov	No	Not Cov	No		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Not Cov	Not Cov	Not Cov	Not Cov		
E1231	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W SEAT SYS	Not Cov	No	Not Cov	No		
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Not Cov	No	Not Cov	No		
E1240	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST	Not Cov	Not Cov	Not Cov	Not Cov		
E1250	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1260	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E1270	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1280	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1285	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1290	HEVY-DUTY WC DTCHBL ARMS SWNG AWAY DTCHBL FTRST	Not Cov	Not Cov	Not Cov	Not Cov		
E1295	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Not Cov	Not Cov	Not Cov	Not Cov		
E1297	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	Not Cov	No	Not Cov	No		
E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1300	WHIRLPOOL PORTABLE	Not Cov	Not Cov	Not Cov	Not Cov		
E1310	WHIRLPOOL NONPORTABLE	Not Cov	Not Cov	Not Cov	Not Cov		
E1352	OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS	Not Cov	No	Not Cov	No		
E1353	REGULATOR	Not Cov	Not Cov	Not Cov	Not Cov		
E1354	O2 ACCESS WHEELED CART PRTBLE CYL CONC REPL EA	Not Cov	Not Cov	Not Cov	Not Cov		
E1355	STAND RACK	Not Cov	Not Cov	Not Cov	Not Cov		
E1356	O2 ACCESS BTTRY PACK CRTRDGE PRTBLE CONC REPL EA	Not Cov	Not Cov	Not Cov	Not Cov		
E1357	O2 ACCESS BATTRY CHARGER PRTBLE CONC REPL EA	Not Cov	Not Cov	Not Cov	Not Cov		
E1358	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	Not Cov	Not Cov	Not Cov	Not Cov		
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Not Cov	No	Not Cov	No		
E1390	O2 CONC 1 DEL PORT 85PCT OR GRT 02 CONC AT PRSC FLW RATE	Not Cov	No	Not Cov	No		
E1391	O2 CONC 2 DEL PORT 85PCT OR GRT O2 CONC PRSC FLW RATE EA	Not Cov	Not Cov	Not Cov	Not Cov		
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	Not Cov	No	Not Cov	No		
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E1405	OXYGEN AND WATER VAPOR ENRICHING SYS W HEATED DELIV	Not Cov	Not Cov	Not Cov	Not Cov		
E1406	OXYGEN AND WATR VAPOR ENRICHING SYS W O HEATED DELIV	Not Cov	Not Cov	Not Cov	Not Cov		
E1500	CENTRIFUGE FOR DIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
E1510	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC	Not Cov	Not Cov	Not Cov	Not Cov		
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
E1530	AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E1540	PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH	Not Cov	Not Cov	Not Cov	Not Cov		
E1560	BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	Not Cov	Not Cov	Not Cov	Not Cov		
E1575	TRANSDUCER PROTECTORS FL BARRIERS HEMODIAL SZ-10	Not Cov	Not Cov	Not Cov	Not Cov		
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
E1590	HEMODIALYSIS MACHINE	Not Cov	Not Cov	Not Cov	Not Cov		
E1592	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
E1600	DELIV AND OR INSTL CHARGES HEMODIAL EQUIPMENT	Not Cov	Not Cov	Not Cov	Not Cov		
E1610	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL	Not Cov	Not Cov	Not Cov	Not Cov		
E1615	DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
E1620	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
E1625	WATER SOFTENING SYSTEM FOR HEMODIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
E1632	WEARABLE ARTIFICIAL KIDNEY EACH	Not Cov	Not Cov	Not Cov	Not Cov		
E1634	PERITONEAL DIALYSIS CLAMPS EACH	Not Cov	Not Cov	Not Cov	Not Cov		
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
E1636	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10	Not Cov	Not Cov	Not Cov	Not Cov		
E1637	HEMOSTATS EACH	Not Cov	Not Cov	Not Cov	Not Cov		
E1639	SCALE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
E1700	JAW MOTION REHABILITATION SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
E1701	REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX	Not Cov	Not Cov	Not Cov	Not Cov		
E1702	REPL MSR SCLS JAW MOTION REHAB SYSTEM PKG 200	Not Cov	Not Cov	Not Cov	Not Cov		
E1800	DYN ADJUSTBL ELB EXT FLX DEVC W SFT INTRFCE MATL	Not Cov	Not Cov	Not Cov	Not Cov		
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E1802	DYN ADJUSTBL FORARM PRON SUPIN DEVC INTRFCE MATL	Not Cov	Not Cov	Not Cov	Not Cov		
E1805	DYN ADJUSTBL WRIST EXT FLX DEVC W INTERFCE MATL	Not Cov	Not Cov	Not Cov	Not Cov		
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E1810	DYN ADJUSTBL KNEE EXT FLX DEVC W INTERFCE MATL	Not Cov	Not Cov	Not Cov	Not Cov		
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E1812	DYN KNEE EXT FLEX DEVC W ACTV RESISTANCE CONTROL	Not Cov	Not Cov	Not Cov	Not Cov		
E1815	DYN ADJ ANKLE EXT FLEX DEVC INCL SOFT INTF MATL	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E1818	STATIC PROGRESSIVE STRETCH FOREARM DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E1820	REPL SFT INTERFCE MATL DYN ADJUSTBL EXT FLX DEVC	Not Cov	Not Cov	Not Cov	Not Cov		
E1821	REPL SFT INTERFCE MATL CUFF BI-DIR STAT DEVC	Not Cov	Not Cov	Not Cov	Not Cov		
E1825	DYN ADJUSTBL FNGR EXT FLX DEVC W SFT INTRFCE MAT	Not Cov	Not Cov	Not Cov	Not Cov		
E1830	DYN ADJUSTBL TOE EXT FLX DEVC W SFT INTRFCE MATL	Not Cov	Not Cov	Not Cov	Not Cov		
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E1840	DYN ADJUSTBL SHLDR FLX ABDCT ROT DEVC SFT MATL	Not Cov	Not Cov	Not Cov	Not Cov		
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E1902	CMNCT BD NON-ELEC AUG ALTERNATV CMNCT DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
E2000	GASTR SUCTION PUMP HOM MODEL PRTBLE STATION ELEC	Not Cov	No	Not Cov	No		
E2100	BLD GLU MONITOR W INTEGRATED VOICE SYNTHESIZER	Not Cov	No	Not Cov	No		
E2101	BLD GLU MONITOR W INTEGRATED LANCING BLD SAMPLE	Not Cov	Not Cov	Not Cov	No		
E2120	PULSE GEN SYS TYMPANIC TX INNR EAR ENDOLYMPH FL	Not Cov	No	Not Cov	No		
E2201	MNL WC ACSS NONSTD SEAT WDTH GRT THN EQ 20 IN AND UNDER	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2205	MANUAL WC ACCESS HANDRIM W O PROJ REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2206	MANUAL WHEELCHAIR AC WL ASM CMPL REPL ONLY EA	Not Cov	No	Not Cov	No		
E2207	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH	Not Cov	No	Not Cov	No		
E2208	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH	Not Cov	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E2209	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH	Not Cov	No	Not Cov	No		
E2210	WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA	Not Cov	No	Not Cov	No		
E2211	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ	Not Cov	No	Not Cov	No		
E2212	MNL WC ACESS TUBE PNEUMAT PROPULSION TIRE ANY SZ	Not Cov	No	Not Cov	No		
E2213	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ	Not Cov	No	Not Cov	No		
E2214	MNL WHLCHAIR ACCESS PNEUMAT CASTER TIRE ANY SIZE	Not Cov	No	Not Cov	No		
E2215	MNL WHLCHAIR ACSS TUBE PNEUMAT CASTR TIRE ANY SZ	Not Cov	No	Not Cov	No		
E2216	MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ	Not Cov	Not Cov	Not Cov	No		
E2217	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE	Not Cov	Not Cov	Not Cov	No		
E2218	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE	Not Cov	Not Cov	Not Cov	No		
E2219	MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE EA	Not Cov	No	Not Cov	No		
E2220	MNL WC ACSS SOLD PROPULSION TIRE SZ REPL ONLY EA	Not Cov	No	Not Cov	No		
E2221	MNL WC AC SOLID CASTER TIRE ANY SZ REPL ONLY EA	Not Cov	No	Not Cov	No		
E2222	MNL WC AC SLD C TIRE I WHL SZ RPL E	Not Cov	No	Not Cov	No		
E2224	MNL WC ACSS PROP WHL EXCLD TIRE SZ REPL ONLY EA	Not Cov	No	Not Cov	No		
E2225	MNL WC CASTER WHL EXCLD TIRE ANY SZ REPL ONLY EA	Not Cov	No	Not Cov	No		
E2226	MNL WHLCHAIR ACSS CASTR FORK ANY SZ REPL ONLY EA	Not Cov	No	Not Cov	No		
E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2228	MNL WC ACCESS WHEEL BRAKING SYS AND LOCK COMPLETE EA	Not Cov	Not Cov	Not Cov	Not Cov		
E2230	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS	Not Cov	Not Cov	Not Cov	Not Cov		
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE	Not Cov	No	Not Cov	No		
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Not Cov	Not Cov	Not Cov	Not Cov		
E2300	WHEELCHAIR ACC PWR SEAT ELEVATION SYS ANY TYPE	Not Cov	No	Not Cov	No		
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Not Cov	Not Cov	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2323	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB	Not Cov	No	Not Cov	No		
E2324	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE	Not Cov	No	Not Cov	No		
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2331	PWR WC ACSS ATTENDANT CONTROL PROPROTIONAL	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2358	PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA	Not Cov	No	Not Cov	No		
E2359	PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	Not Cov	No	Not Cov	No		
E2360	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA	Not Cov	No	Not Cov	No		
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2362	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	Not Cov	Not Cov	Not Cov	Not Cov		
E2363	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA	Not Cov	No	Not Cov	No		
E2364	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA	Not Cov	Not Cov	Not Cov	Not Cov		
E2365	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA	Not Cov	No	Not Cov	No		

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E2366	PWR WC ACSS BATTRY CHRGR 1 MODE W ONLY 1 BATTRY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2371	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA	Not Cov	No	Not Cov	No		
E2372	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTRY EA	Not Cov	No	Not Cov	No		
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2381	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2382	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH	Not Cov	No	Not Cov	No		
E2383	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA	Not Cov	No	Not Cov	No		
E2384	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2385	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2386	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA	Not Cov	No	Not Cov	No		
E2387	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2388	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2389	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
E2390	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2391	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
E2392	PWR WC SOLID CASTER TIRE INTEGRTED WHEEL REPL EA	Not Cov	No	Not Cov	No		
E2394	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2395	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH	Not Cov	No	Not Cov	No		
E2396	PWR WC CASTER FORK REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA	Not Cov	Not Cov	Not Cov	Not Cov		
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION PRTBLE	Not Cov	No	Not Cov	No		
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Not Cov	Not Cov	Not Cov	Not Cov		
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2601	GENERAL WHLCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Not Cov	No	Not Cov	No		
E2602	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Not Cov	No	Not Cov	No		
E2603	SKN PROTECTION WC SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Not Cov	No	Not Cov	No		
E2604	SKN PROTECTION WC SEAT CUSHN WDTH 22 IN GT DEPTH	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2607	SKN PROTECT AND PSTN WC SEAT CUSHN WDTH UNDER 22 IN DEPTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WDTH 22 IN GT DPTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2610	WHEELCHAIR SEAT CUSHION POWERED	Not Cov	Not Cov	Not Cov	Not Cov		
E2611	GEN WC BACK CUSHN WDTH UNDER 22 IN HT MOUNT HARDWARE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2612	GEN WC BACK CUSHN WDTH 22 IN GT HT MOUNT HARDWRE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2613	PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2619	REPL COVER WHEELCHAIR SEAT CUSHN BACK CUSHN EA	Not Cov	No	Not Cov	No		
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH UNDER 22 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN OR GRT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2622	SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2623	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
E2624	SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2625	SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Not Cov	Not Cov	Not Cov	Not Cov		
E2627	WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO	Not Cov	Not Cov	Not Cov	Not Cov		
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Not Cov	Not Cov	Not Cov	Not Cov		
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Not Cov	Not Cov	Not Cov	Not Cov		
E2630	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	Not Cov	Not Cov	Not Cov	Not Cov		
E2631	WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM	Not Cov	Not Cov	Not Cov	Not Cov		
E2632	WC ACCESS ADD MOBIL ARM SUPP OFFSET LAT RCKR ARM	Not Cov	Not Cov	Not Cov	Not Cov		
E2633	WC ACCESS ADD MOBILE ARM SUPPORT SUPINATOR	Not Cov	Not Cov	Not Cov	Not Cov		
E8000	GAIT TRAINER PED SZ POST SUPP W ALL ACSS AND CMPNTS	Not Cov	Not Cov	Not Cov	Not Cov		
E8001	GAIT TRAINER PED SZ UPRT SUPP W ALL ACSS AND CMPNTS	Not Cov	No	Not Cov	No		
E8002	GAIT TRAINER PED SZ ANT SUPP W ALL ACSS AND CMPNTS	Not Cov	Not Cov	Not Cov	Not Cov		
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	No	No	Not Cov	No		
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	No	No	Not Cov	No		
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	Not Cov	No	Not Cov	No		
G0027	SEMEN ANALY; PRES MOT EXCLD HUHNER	Not Cov	Not Cov	Not Cov	Not Cov		
G0068	PROF SRVC ADM ANTI-INFEC PM ADM CD IND HM E 15 M	No	No	Not Cov	No		
G0069	PROF SRVC ADM SUBQ IMT ADM CAL DA IND HM EA 15 M	No	No	Not Cov	No		
G0070	PROF SRVC ADM CHEMO ADM CAL DA IND HOME EA 15 M	Not Cov	Not Cov	Not Cov	Not Cov		
G0071	PMT CMNCT TECH-BASED SERVICES; RHC OR FQHC ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
G0076	BRIEF CARE MANAGEMENT HOME VISIT NEW PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
G0077	LIMITED CARE MANAGEMENT HOME VISIT NEW PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
G0078	MODERATE CARE MANAGEMENT HOME VISIT FOR NEW PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0079	COMPREHENSIVE CARE MGMT HOME VISIT NEW PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
G0080	EXTENSIVE CARE MANAGEMENT HOME VISIT FOR NEW PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0081	BRIEF CARE MANAGEMENT HOME VISIT FOR EXISTING PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0082	LIMITED CARE MANAGEMENT HOME VISIT FOR EXIST PT	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G0083	MODERATE CARE MANAGEMENT HOME VISIT FOR EXIST PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0084	COMPREHENSIVE CARE MGMT HOME VISIT FOR XST PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0085	EXTENSIVE CARE MANAGEMENT HOME VISIT FOR EXST PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0086	LIMITED CARE MANAGEMENT HOME CARE PLAN OVERSIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
G0087	COMPREHENSIVE CARE MGMT HOME CARE PLAN OVERSIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
G0101	CERV VAGINAL CANCER SCR; PELV AND CLIN BREAST EXAM	No	No	Not Cov	No		
G0102	PROS CANCER SCREENING; DIGTL RECTAL EXAMINATION	No	No	Not Cov	No		
G0103	PROSTATE CANCER SCREENING; PSA TEST	No	No	Not Cov	No		
G0104	COLORECTAL CANCER SCREENING; FLEXSIG	No	No	Not Cov	No		
G0105	COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK	No	No	No	No		
G0106	COLOREC CANCR SCR;ALT G0104 SIGMOIDSCPY BA ENEMA	No	No	Not Cov	No		
G0108	DIAB OP SELF-MGMT TRN SRVC INDIVIDUAL PER 30 MIN	No	No	Not Cov	No		
G0109	DIAB SELF-MGMT TRN SRVC GROUP SESSION PER 30 MIN	No	No	Not Cov	No		
G0117	GLAUC SCR HI RISK BY OPTOMETRST OPHTHALMOLOGIST	No	No	Not Cov	No		
G0118	GLAUC SCR HI RSK UND DIR SUP OPTMTRST OPHTHLGIST	No	No	Not Cov	No		
G0120	COLOREC CANCR SCR; ALT G0105 COLNSCPY BA ENEMA	No	No	Not Cov	No		
G0121	COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK	No	No	No	No		
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	No	No	Not Cov	No		
G0123	SCR CYTOPATH CERV VAG SCR CYTOTECH UND PHYS SUPV	No	Not Cov	Not Cov	Not Cov		
G0124	SCR CYTOPATH CERV VAG THIN LAY PREP INTEPR PHYS	Not Cov	Not Cov	Not Cov	Not Cov		
G0127	TRIMMING OF DYSTROPHIC NAILS ANY NUMBER	Not Cov	Not Cov	Not Cov	Not Cov		
G0128	DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5	Not Cov	Not Cov	Not Cov	Not Cov		
G0129	OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G0130	SEXA BN DNSITY STDY 1 OR GRT SITE; APPNDICULR SKEL	No	No	Not Cov	No		
G0141	SCR CYTOPATH SMER CERV VAG MNL RSCR INTEPR PHYS	Not Cov	Not Cov	Not Cov	Not Cov		
G0143	SCR CYTOPATH CERV VAG MNL SCR AND RSCR UND PHYS	No	Not Cov	Not Cov	Not Cov		
G0144	SCR CYTOPATH CERV VAG THIN LAY SCR AUTO UND PHYS	No	Not Cov	Not Cov	Not Cov		
G0145	SCR CYTOPATH CERV VAG SCR AUTO AND MNL RSCR PHYS	No	Not Cov	Not Cov	Not Cov		
G0147	SCR CYTOPATH SMERS CERV VAG AUTO UND PHYS SUPV	No	Not Cov	Not Cov	Not Cov		
G0148	SCR CYTOPATH SMERS CERV VAG AUTO SYS W MNL RESCR	No	Not Cov	Not Cov	Not Cov		
G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0158	SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Not Cov	Not Cov	Not Cov	Not Cov		
G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION	No	No	Not Cov	No		
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE ONLY	Not Cov	No	Not Cov	No		
G0175	SCHED INTERDISCIPLINARY TEAM CONF W PT PRESENT	No	Not Cov	Not Cov	Not Cov		
G0176	ACTV TX REL CARE AND TX PTS DISABL MENTL HLTH-SESS	Not Cov	Not Cov	Not Cov	Not Cov		
G0177	TRN AND ED REL CARE AND TX PTS DISABL MENTL HLTH-SESS	No	Not Cov	Not Cov	Not Cov		
G0179	PHYS RE-CERT MCR-COVR HOM HLTH SRVC RE-CERT PRD	Not Cov	No	Not Cov	No		
G0180	PHYS CERT MCR-COVR HOM HLTH SRVC PER CERT PRD	Not Cov	No	Not Cov	No		
G0181	PHYS SUPV PT RECV MCR-COVR SRVC HOM HLTH AGCY	Not Cov	No	Not Cov	No		
G0182	PHYS SUPV PT UNDER MEDICARE-APPROVED HOSPICE	Not Cov	No	Not Cov	No		
G0186	DESTRUC LOC LES CHOROID; PHOTOCOAG FDER VES TECH	No	No	Not Cov	No		
G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Not Cov	Not Cov	Not Cov	Not Cov		
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
G0237	MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G0238	TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0239	TX PROC IMPRV RESP FUNCT INCR RESP MUSC 2 OR GRT IND	Not Cov	Not Cov	Not Cov	Not Cov		
G0245	INITIAL PHYS E AND M DIABETIC NEUROPATHY W LOPS	Not Cov	Not Cov	Not Cov	Not Cov		
G0246	FOLLOWUP EVAL DIABETIC PT NEUROPATHY W LOPS	Not Cov	Not Cov	Not Cov	Not Cov		
G0247	ROUTINE FOOT CARE BY PHYS OF DIABETIC PT W LOPS	Not Cov	Not Cov	Not Cov	Not Cov		
G0248	DEMO HOME INR MON PT W MECH HT VALVE CAF VTE	Not Cov	Not Cov	Not Cov	Not Cov		
G0249	PRVS TEST MATL AND EQUIP HOME INR MON; ONCE A WEEK	Not Cov	Not Cov	Not Cov	Not Cov		
G0250	PHYS REV INTEPR AND PT MGMT HOME INR MON; 1 A WEEK	Not Cov	Not Cov	Not Cov	Not Cov		
G0252	PET IMAG INIT DX BREST CA AND SURG PLAN NOT COV MCR	Not Cov	Not Cov	Not Cov	Not Cov		
G0255	CURRNT PERCEPT THRESHOLD SNCT PER LIMB ANY NERVE	Not Cov	Not Cov	Not Cov	Not Cov		
G0257	UNSCHD EMERG DIALYSIS TX ESRD PT HOS OP NOT CERT	No	Not Cov	Not Cov	Not Cov		
G0259	INJECTION PROCEDURE FOR SI JNT; ARTHROGRAPY	No	Not Cov	Not Cov	Not Cov		
G0260	INJ PROC SI JNT;ANES STEROID AND TX AGT AND ARTHROGRPH	Yes	Not Cov	Yes	Not Cov		
G0268	REMV IMP CERUMEN PHYS SAME DATE AUDIO FUNCT TST	No	Not Cov	Not Cov	Not Cov		

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G0269	PLCMT OCCL DEVC VENUS ART POST SURG INTRVNL PROC	No	No	Not Cov	No		
G0270	MED NUT TX; REASSESS FLW 2 REF YR W PT EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0271	MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0276	PILD PLACEBO CONTROL CLIN TR	Not Cov	Not Cov	Not Cov	Not Cov		
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Yes	Not Cov	Not Cov	Not Cov		
G0278	ILIAC AND FEM ART ANGIO NONSEL AT TIME CARD CATH	No	Not Cov	Not Cov	Not Cov		
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI BIL	No	No	Not Cov	No		
G0281	E-STIM 1 OR GRT AREAS CHRONIC STAGE III AND IV ULCERS	Not Cov	Not Cov	Not Cov	Not Cov		
G0282	E-STIM 1 MORE AREAS WND CARE OTH THAN DESC G0281	Not Cov	Not Cov	Not Cov	Not Cov		
G0283	E-STIM 1 OR GRT AREAS OTH THAN WND CARE PART TX PLAN	Not Cov	Not Cov	Not Cov	Not Cov		
G0288	RECON CT ANGIO AORTA SURG PLANNING VASC SURG	Yes	Not Cov	Not Cov	Not Cov		
G0289	SCOPE KNEE REMV FB SHAV TM OTH SURG DIFF CMPRTMT	No	Not Cov	Not Cov	Not Cov		
G0293	NONCOVR SURG CONSC SEDAT ANES-MCR QUAL TRIAL-DAY	Not Cov	Not Cov	Not Cov	Not Cov		
G0294	NONCOVR PROC NO ANES LOC ANES-MCR QUAL TRIAL-DAY	Not Cov	Not Cov	Not Cov	Not Cov		
G0295	ELECMAGNET TX 1 OR GRT AREA WND CARE NOT G0329 OTH USE	Not Cov	Not Cov	Not Cov	Not Cov		
G0296	CNSL VISIT DISCUSS LDCT USING LOW DOSE CT SCAN	Not Cov	Not Cov	Not Cov	Not Cov		
G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior imaging reports, x-ray CT MRI U/S
G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0302	PRE-OP PULM SURG SRVC PREP LVRS CMPL COURSE SRVC	No	No	Not Cov	No		
G0303	PRE-OP PULM SURG SRVC PREP LVRS 10-15 DA SRVC	No	No	Not Cov	No		
G0304	PRE-OP PULM SURG PREP LVRS 1-9 DA SRVC	No	No	Not Cov	No		
G0305	POST-D C PULM SURG AFTER LVRS MINI 6 DAYS SRVC	No	No	Not Cov	No		
G0306	COMPLETE CBC AUTOMATED AND AUTOMATED WBC DIFF COUNT	No	No	Not Cov	No		
G0307	COMPLETE CBC AUTOMATED	No	No	Not Cov	No		
G0328	COLOREC CA SCR; FOB TST IMMUNO 1-3 SIMULTANEOUS	No	No	Not Cov	No		
G0329	ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE	Not Cov	Not Cov	Not Cov	Not Cov		
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	Not Cov	Not Cov	Not Cov	Not Cov		

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G0337	HOSPICE EVALUATION AND CNSL SERVICES PREELECTION	Not Cov	Not Cov	Not Cov	Not Cov		
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Not Cov	Not Cov	Not Cov	Not Cov		
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Not Cov	Not Cov	Not Cov	Not Cov		
G0341	PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH AND INFUS	Not Cov	Not Cov	Not Cov	Not Cov		
G0342	LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH AND INFUS	Not Cov	Not Cov	Not Cov	Not Cov		
G0343	LAPAROT ISLET CELL TPLNT W PORTL VEIN CATH AND INFUS	Not Cov	Not Cov	Not Cov	Not Cov		
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACESS	Not Cov	Not Cov	Not Cov	Not Cov		
G0372	PHYS SRVC RQR TO EST AND DOC NEED PWR MOBIL DEVC	Not Cov	No	Not Cov	No		
G0378	HOSPITAL OBSERVATION SERVICE PER HOUR	No	Not Cov	Not Cov	Not Cov		
G0379	DIRECT ADMISSION PATIENT HOSPITAL OBSERV CARE	No	Not Cov	Not Cov	Not Cov		
G0380	LEVEL 1 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No	Not Cov	Not Cov	Not Cov		
G0381	LEVEL 2 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No	Not Cov	Not Cov	Not Cov		
G0382	LEVEL 3 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No	Not Cov	Not Cov	Not Cov		
G0383	LEVEL 4 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No	Not Cov	Not Cov	Not Cov		
G0384	LEVEL 5 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No	Not Cov	Not Cov	Not Cov		
G0390	TRAUMA RESPONSE TEAM ASSOC W HOSP CC SERVICE	Not Cov	No	Not Cov	No		
G0396	ALCOHOL AND SUBSTANCE ABUSE ASSESSMENT 15-30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0397	ALCOHOL AND SUBSTANCE ABUSE ASSESSMENT OVER 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0398	HST W TYPE II PRTBLE MON UNATTENDED MIN 7 CH	Not Cov	Not Cov	Not Cov	Not Cov		
G0399	HST W TYPE III PRTBLE MON UNATTENDED MIN 4 CH	Not Cov	Not Cov	Not Cov	Not Cov		
G0400	HST W TYPE IV PRTBLE MON UNATTENDED MIN 3 CH	Not Cov	Not Cov	Not Cov	Not Cov		
G0402	INIT PREV PE LTD NEW BENEF DUR 1ST 12 MOS MCR	Not Cov	Not Cov	Not Cov	Not Cov		
G0403	ECG RTN ECG W 12 LEADS SCR INIT PREVNTV PE W I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
G0404	ECG RTN ECG W 12 LEADS TRACING ONLY W O I AND R	Not Cov	Not Cov	Not Cov	Not Cov		
G0405	ECG RTN ECG W 12 LEADS INTERPR AND REPORT ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
G0406	F U IP CNSLT LTD PHYS 15 MIN W PT VIA TELEHEALTH	Not Cov	Not Cov	Not Cov	Not Cov		
G0407	F U IP CNSLT INTRMED PHYS 25 MIN PT VIA TELEHLTH	Not Cov	Not Cov	Not Cov	Not Cov		
G0408	F U IP CNSLT CMPLX PHYS 35 MIN OR GRT PT VIA TELEHLTH	Not Cov	Not Cov	Not Cov	Not Cov		
G0409	SOCL WRK AND PSYCH SRVC EA 15 MIN FACE-TO-FACE IND	Not Cov	Not Cov	Not Cov	Not Cov		
G0410	GRP PSYCHOTX NOT MX FAM GRP PART HOS 45-50 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0411	INTERACTV GRP PSYCHOTX PART HOS 45 TO 50 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0412	OPN TX ILIAC SPINE TUBEROSITY AVUL ILIAC WING FX	Not Cov	Not Cov	Not Cov	Not Cov		
G0413	PERQ SKEL FIX POST PELV BONE FX AND DISLOC UNI BIL	No	No	Not Cov	No		
G0414	OPN TX ANT PELV BONE FX AND DISLOC UNI BIL	No	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G0415	OPN TX POST PELV BONE FX AND DISLOC UNI BIL	No	No	Not Cov	No		
G0416	SURGICAL PATH PROSTATE NEEDLE BIOPSY ANY METHOD	No	Not Cov	Not Cov	Not Cov		
G0420	FACE TO FACE EDU SRVC OF CKD; IND PER SESS 1 HR	Not Cov	Not Cov	Not Cov	Not Cov		
G0421	FACE TO FACE EDU SRVC OF CKD; GRP PER SESS 1 HR	Not Cov	No	Not Cov	No		
G0422	INTENSIVE CARD REHAB; W WO CONT ECG MON W EXER	No	No	Not Cov	No		
G0423	INTENSIVE CARD REHAB; W WO CONT ECG MON W O EXER	No	No	Not Cov	No		
G0424	PULM REHAB INCL EXER 1 HR PER SESS TO 2 PER DAY	Not Cov	Not Cov	Not Cov	Not Cov		
G0425	TELEHEALTH CONSULT ED IP 30 MIN W PT TELEHLTH	Not Cov	No	Not Cov	No		
G0426	TELEHEALTH CONSULT ED IP 50 MIN W PT TELEHLTH	Not Cov	No	Not Cov	No		
G0427	TELEHEALTH CONSULT ED IP 70 MIN OR GRT PT TELEHELTH	Not Cov	No	Not Cov	No		
G0428	COLL MENISCUS IMPL PROC FILLING MENISCAL DEFECTS	Not Cov	Not Cov	Not Cov	Not Cov		
G0429	DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME	Not Cov	Not Cov	Not Cov	Not Cov		
G0432	INF AGT AB DETECT EIA TECH HIV-1 AND HIV-2 SCR	Not Cov	Not Cov	Not Cov	Not Cov		
G0433	INF ANTIBODY ELISA TECH HIV-1 AND OR HIV-2 SCREEN	Not Cov	Not Cov	Not Cov	Not Cov		
G0435	INF AGT ANTIG DETECT RPD AB TST OMT HIV-1 -2 SCR	Not Cov	Not Cov	Not Cov	Not Cov		
G0438	ANNUAL WELLNESS VISIT; PERSONALIZ PPS INIT VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
G0439	ANNUAL WELLNESS VST; PERSONALIZED PPS SUBSQT VST	Not Cov	Not Cov	Not Cov	Not Cov		
G0442	ANNUAL ALCOHOL MISUSE SCREENING 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G0443	BRIEF FACE-FACE BEHAV CNSL ALCOHL MISUSE 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0444	ANNUAL DEPRESSION SCREENING 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G0445	SA HI INTENS CNSL PREV STI IND F F EDU CHNG BHVR	Not Cov	Not Cov	Not Cov	Not Cov		
G0446	ANNUAL FCE--FCE INTENSV BEHV TX CV DZ IND 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0447	FACE--FACE BEHAVIORAL COUNSELING OBESITY 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0448	INS RPL PRM CV-DFIB TV LEADS INSRT PACE ELCTRODE	Not Cov	Not Cov	Not Cov	Not Cov		
G0451	DEVELPMNT TESTING I AND R STANDARDIZD INSTRUMNT FORM	Not Cov	Not Cov	Not Cov	Not Cov		
G0452	MOLECLR PATH PROCEDURE; PHYSICIAN INTEPR REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0454	PHYS DOC FACE--FACE VST DME DETRM PERF NP PA CNS	No	No	Not Cov	No		
G0455	PREP IT FEC MICROBIOTA ANY METH ASMT DONOR SPEC	No	No	Not Cov	No		
G0458	LOW DOSE RATE PROSTATE BRACHYTX SRVC COMPOS RATE	No	No	No	No		
G0459	INPATIENT TELEHEALTH PHARMACOLOGIC MANAGEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
G0460	AUTOLOGOUS PLATELET-RICH PLASMA	Not Cov	Not Cov	Not Cov	Not Cov		
G0463	HOSPITAL OUTPATIENT CLIN VISIT ASSESS AND MGMT PT	No	Not Cov	Not Cov	Not Cov		
G0466	FEDERALLY QUALIFIED HEALTH CENTER VISIT NEW PT	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G0467	FEDERALLY QUALIFIED HEALTH CENTER VISIT ESTAB PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0468	FEDERALLY QUALIFIED HEALTH CENTER VISIT IPPE AWV	Not Cov	Not Cov	Not Cov	Not Cov		
G0469	FED QUAL HEALTH CNTR VISIT MENTAL HEALTH NEW PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0470	FED QUAL HEALTH CNTR VST MENTAL HEALTH ESTAB PT	Not Cov	Not Cov	Not Cov	Not Cov		
G0471	COLL V BLD VP URN SMP CATH IND SNF LAB BHALF HHA	Not Cov	Not Cov	Not Cov	Not Cov		
G0472	HEPATITIS C ABO SC IND HIGH RISK AND OTH CVRD INDIC	Not Cov	Not Cov	Not Cov	Not Cov		
G0473	FACE-TO-FACE BEHAV COUNSELING OBESITY GRP 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0475	HIV ANTIGEN ANTIBODY COMBINATION ASSAY SCREENING	Not Cov	Not Cov	Not Cov	Not Cov		
G0476	INF AGT DETECT DNA RNA; HPV PERF ADD TO PAP TEST	Not Cov	Not Cov	Not Cov	Not Cov		
G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	No	No	Not Cov	No		
G0481	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	No	No	Not Cov	No		
G0482	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	No	No	Not Cov	No		
G0483	DRUG TST DEFINITV DR ID METH P DAY 22 MORE DR CL	No	No	Not Cov	No		
G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Yes	Not Cov	Not Cov	Not Cov		
G0491	DIALYSIS MCARE CERT ESRD FAC AC KID INJ W O ESRD	No	Not Cov	Not Cov	Not Cov		
G0492	DIALYSIS 1 EVAL PHYSICIAN AC KID INJ W O ESRD	No	Not Cov	Not Cov	Not Cov		
G0493	SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G0498	CHEMOTX ADM IV INF TECH; INI INF OFFICE CLIN SET	Not Cov	Not Cov	Not Cov	Not Cov		
G0499	HEPATITIS B SCREENING NON-PG HIGH RISK INDV	No	No	Not Cov	No		
G0500	MODERATE SEDAT SRVC PROV SAME PHYS PERF GI ENDO	Not Cov	Not Cov	Not Cov	Not Cov		
G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Not Cov	Not Cov	Not Cov	Not Cov		
G0506	COMP ASMT OF AND CARE PLNG PT RQR CC MGMT SRVC	Not Cov	Not Cov	Not Cov	Not Cov		
G0508	TH CONSULT CC INIT PHYS 60 MIN CMNCT PT AND PROV	Not Cov	Not Cov	Not Cov	Not Cov		
G0509	TH CNSLT CC SUBSQT PHYS 50 MIN CMNCT PT AND PROV	Not Cov	Not Cov	Not Cov	Not Cov		
G0511	RHC FQHC ONLY GEN CARE MGMT 20 M OR GRT CLIN TM-CAL MO	Not Cov	Not Cov	Not Cov	Not Cov		
G0512	RHC FQHC ONLY PSYCHIATRIC COCM 60 M OR GRT C TM-CAL MO	No	No	Not Cov	No		
G0513	PRLNG PREV SRVC OFC OTH O P RQR DIR CTC;1ST 30 M	Not Cov	Not Cov	Not Cov	Not Cov		
G0514	PRLNG PREV SRVC OFC OTH O P DIR CTC;EA ADD 30 M	Not Cov	Not Cov	Not Cov	Not Cov		
G0515	DVLP CS IMPRV ATTN MEM PROB SOLV PT CTC EA 15 MN	No	No	Not Cov	No		
G0516	INSERTION NON-BIODEGRADABLE RX DELIVERY IMPL 4 OR GRT	No	No	Not Cov	No		
G0517	REMOVAL NON-BIODEGRADABLE DRUG DEL IMPLANTS 4 OR GRT	No	No	Not Cov	No		

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G0518	REMV REINS NON-BIODEGRADABLE DRUG DEL IMPL 4 OR GRT	No	No	Not Cov	No		
G0659	DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES	Not Cov	Not Cov	Not Cov	Not Cov		
G0913	IMPROV VISUAL FUNCT ACHV W I 90 DAY FLW CAT SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G0914	PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
G0915	IMPROV VISUAL FUNCT NOT ACHV 90 DAY FLW CAT SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G0916	SATISFACTION W CARE ACHV W I 90 DAY FLW CAT SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G0917	PATIENT SATISFACTION SURVEY NOT COMPLETE PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
G0918	SATISFACTION W CARE NOT ACHV 90 DAY FLW CAT SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G2000	BLINDED ADMINISTRATION OF CONVULSIVE TX PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G2001	BRIEF 20 MINUTES IN-HOME VISIT NEW PT POST-D C.	Not Cov	Not Cov	Not Cov	Not Cov		
G2002	LIMITED 30 MINUTES IN-HOME VISIT NEW PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2003	MODERATE 45 MINS IN-HOME VISIT NEW PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2004	COMP 60 MINUTES IN-HOME VISIT NEW PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2005	EXTENSIVE 75 MINS IN-HOME VISIT NEW PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2006	BRIEF 20 MINUTES IN-HOME VISIT EXIST PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2007	LIMITED 30 MINS IN-HOME VISIT EXIST PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2008	MODERATE 45 MINS IN-HOME VISIT EXIST PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2009	COMP 60 MINS IN-HOME VISIT EXIST PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2010	REMOTE EVAL RECORDED VIDEO AND IMAGES SB ESTAB PT	Not Cov	Not Cov	Not Cov	Not Cov		
G2011	ALC AND SA STRCT ASSESS AND BRIEF INTERVENT 5-14 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G2012	BRIEF COMMUNICATION TBS; 5-10 MIN MED DISCUSSION	Not Cov	Not Cov	Not Cov	Not Cov		
G2013	EXTSV 75 MINS IN-HOME VISIT EXIST PT POST-D C	Not Cov	Not Cov	Not Cov	Not Cov		
G2014	LIMITED 30 MINUTES CARE PLAN OVERSIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
G2015	COMPREHENSIVE 60 MINS HOME CARE PLAN OVERSIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	No	No	Not Cov	No		
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	No	No	Not Cov	No		
G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	No	No	Not Cov	No		
G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	No	No	Not Cov	No		
G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	No	No	Not Cov	No		
G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	No	No	Not Cov	No		
G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	No	No	Not Cov	No		
G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	No	No	Not Cov	No		
G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	No	No	Not Cov	No		
G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	No	No	Not Cov	No		

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G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	No	No	Not Cov	No		
G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV	No	No	Not Cov	No		
G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV	No	No	Not Cov	No		
G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT	No	No	Not Cov	No		
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Not Cov	Not Cov	Not Cov	Not Cov		
G8395	LVEF GRT THN EQ40PCT OR DOC NORMAL MILD DEPRESSED LVS FUN	Not Cov	Not Cov	Not Cov	Not Cov		
G8396	LEFT VENTRICULAR EJECT FRACTION NOT PERFORM DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G8398	DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G8399	PATIENT W DOC RESULTS CENTRL DXA EVER BEING PERF	Not Cov	Not Cov	Not Cov	Not Cov		
G8400	PATIENT W CENTRAL DXA RESULTS NOT DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8405	LOWER EXTREM NEUROLOGICAL EXAM NOT PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G8416	CLIN DOC PT NOT ELIG FOOTWEAR EVALUATION MEASURE	Not Cov	Not Cov	Not Cov	Not Cov		
G8417	BMI DOC ABOVE NORMAL PARAM AND F U PLAN DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G8418	BMI DOC BLW NML PARAM AND A F U PLAN IS DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G8419	BMI DOC OUT NML PARAM NO F U PLN DOC NO RSN GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8420	BMI DOC W I NORMAL PARAM AND NO F U PLAN REQUIRED	Not Cov	Not Cov	Not Cov	Not Cov		
G8421	BMI NOT DOCUMENTED AND NO REASON IS GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8422	BMI NOT DOC DOC PT NOT ELIGIBLE BMI CALCULATION	Not Cov	Not Cov	Not Cov	Not Cov		
G8427	ELIG CLIN ATTSTS DOC M REC OBTD UPD REV PT MEDS	Not Cov	Not Cov	Not Cov	Not Cov		
G8428	CUR MEDS NO DOC OBDT UPD REV ELIG CLIN RSN N GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8430	ELIG CLIN DOC MR PT NOT ELIG CUR MEDS UPDATE REV	Not Cov	Not Cov	Not Cov	Not Cov		
G8431	SCR CLIN DEPR DOC POS AND F U PLAN IS DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		

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G8432	DEPRESSION SCR NOT DOCUMENTED REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8433	SCREENING FOR DEPR NOT COMPL DOCUMENTED REASON	Not Cov	Not Cov	Not Cov	Not Cov		
G8442	PA NOT DOC PERF DOC PT NOT ELIG PA TIME OF ENC	Not Cov	Not Cov	Not Cov	Not Cov		
G8450	BETA-BLOCKER THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G8451	BETA-BLOCKER TX LVEF UNDER 40PCT NOT PRSCR RSN DOC CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
G8452	BETA-BLOCKER THERAPY NOT PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G8465	HIGH VERY HIGH RISK RECURRENCE PROSTATE CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
G8473	ACE INHIBITOR ARB THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G8474	ACE INHIBITOR ARB TX NOT PRSC RSNS DOC BY CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
G8475	ACE INHIBITOR ARB TX NOT PRESCRIBED RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8476	MOST RECENT BP SYST UNDER 140 MM HG AND DIAS UNDER 90	Not Cov	Not Cov	Not Cov	Not Cov		
G8477	MOST RECENT BP SYSTGRT THN EQ140 MM HG AND DIASGRT THN	Not Cov	Not Cov	Not Cov	Not Cov		
G8478	BLOOD PRESSURE MSR NOT PERF DOC REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8482	INFLUENZA IMMUNIZATION ADMIN PREVIOUSLY RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
G8483	INFLUENZA IMMUNIZATION NOT ADMIN RSN DOC CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
G8484	INFLUENZA IMMUN NOT ADMINISTERED RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8506	PATIENT RECEIVING ACE INHIBITOR ARB THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
G8509	PN ASMT DOC STD TOOL POS F U PLN NOT DOC NO RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G8510	SCREENING DEPRESSION DOC NEG A F U PLAN NOT RQR	Not Cov	Not Cov	Not Cov	Not Cov		
G8511	SCREEN DEPR DOC POS F U PLN NOT DOC RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8535	EM SCR NOT DOC;DOC PT NOT ELIG EM SCR TIME ENC	Not Cov	Not Cov	Not Cov	Not Cov		
G8536	NO DOC ELDER MALTREATMNT SCREEN REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8539	FNC OUTCOME ASSESSMENT DOC POS CARE PLAN IS DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8540	FUNC O C ASMT NOT DOC PRF DOC PT NOT ELIG TM ENC	Not Cov	Not Cov	Not Cov	Not Cov		
G8541	FCN OUTCOME ASMT STD TOOL NOT DOC RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8542	FCN OUTCOME ASMT DOC; NO DEFICT ID PLAN NOT RQR	Not Cov	Not Cov	Not Cov	Not Cov		
G8543	DOC POS FCN ASMT STD T;PLN NOT DOC RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8559	PATIENT REFERRED TO PHYSICIAN FOR OTOLOGIC EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G8560	PT HISTORY ACTIVE DRAINAGE FROM EAR PREV 90 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G8561	PT NOT ELIG REF OTOLOGIC EVAL HX ACTV DRAIN MSR	Not Cov	Not Cov	Not Cov	Not Cov		
G8562	PT NO HISTORY ACTIVE DRAINAGE EAR PREV 90 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G8563	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8564	PT REFERRED PHYS OTOLOGIC EVAL REASON NOT SPEC	Not Cov	Not Cov	Not Cov	Not Cov		
G8565	VERIFICATION AND DOC SUDDEN RAPIDLY PROG HEAR LOSS	Not Cov	Not Cov	Not Cov	Not Cov		

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G8566	PT NOT ELIG REF OTO EVAL SUDDEN HEARING LOSS MSR	Not Cov	Not Cov	Not Cov	Not Cov		
G8567	PT NO VERIFICATION AND DOC SUDDEN HEARING LOSS	Not Cov	Not Cov	Not Cov	Not Cov		
G8568	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8569	PROLONGED POSTOPERATIVE INTUBATION REQUIRED	Not Cov	Not Cov	Not Cov	Not Cov		
G8570	PROLONGED POSTOPERATIVE INTUBATION NOT REQUIRED	Not Cov	Not Cov	Not Cov	Not Cov		
G8571	DVLP DP STRNL WND INF MEDIASTINIT W I 30 DA P O	Not Cov	Not Cov	Not Cov	Not Cov		
G8572	NO DEEP STERNAL WOUND INFECTION MEDIASTINITIS	Not Cov	Not Cov	Not Cov	Not Cov		
G8573	STROKE FOLLOWING ISOLATED CABG SURGERY	Not Cov	Not Cov	Not Cov	Not Cov		
G8574	NO STROKE FOLLOWING ISOLATED CABG SURGERY	Not Cov	Not Cov	Not Cov	Not Cov		
G8575	DEVELOPED POSTOP RENAL FAILURE REQ DIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G8576	NO POSTOP RENAL FAILURE DIALYSIS NOT REQUIRED	Not Cov	Not Cov	Not Cov	Not Cov		
G8577	REOP MEDIAST BLEED GFT OCCL VALV DYSFUNC OTH RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G8578	REOP NOT REQ MEDIAST BLEED GFT OCCL OTH REASN	Not Cov	Not Cov	Not Cov	Not Cov		
G8598	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED	Not Cov	Not Cov	Not Cov	Not Cov		
G8599	ASPIRIN OTH ANTITHROMBOTIC NOT USED RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8600	IV T-PA INITIATED W IN 3 HRS TIME LAST KNWN WELL	Not Cov	Not Cov	Not Cov	Not Cov		
G8601	IV T-PA NOT INIT IN 3 HRS LAST WELL RSN DOC CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
G8602	IV TPA NOT INIT W I 3 HRS TIME KNOWN RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8627	SURG PROC W IN 30 DA FLW CATARACT SURG MAJ COMP	Not Cov	Not Cov	Not Cov	Not Cov		
G8628	SURG PROC NOT W IN 30 DAY FLW CAT SURG MAJ COMP	Not Cov	Not Cov	Not Cov	Not Cov		
G8633	PHARMACOLOGIC THERAP FOR OSTEOPOROSIS PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G8635	PHARM TX OSTEOPOROSIS NOT PRSC REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8647	RISK-ADJ FUNCT STATUS KNEE SCORE EQUAL 0 OR OVER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8648	RISK-ADJ FUNCT STATUS KNEE SCORE LESS THAN 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8649	RISK-ADJ FUNCT STS CHG RESID SCS KNEE NOT APPROP	Not Cov	Not Cov	Not Cov	Not Cov		
G8650	RISK-ADJ FUNCT STATUS KNEE NOT MEAS RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8651	RISK-ADJ FUNCT STATUS HIP SCORE EQUAL 0 OR OVER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8652	RISK-ADJ FUNCT STATUS HIP SCORE LESS THAN 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8653	RISK-ADJ FNCT STS CHG RSD SCS HIP PT NOT APPROP	Not Cov	Not Cov	Not Cov	Not Cov		
G8654	RISK-ADJ FUNCT STATUS HIP NOT MEAS RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8655	RISK-ADJ FUNCT STAT LOW LEG FT ANK SCORE EQ 0 OVER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8656	RISK-ADJ FXN STAT CH RSD SCORE FT ANK SCORE UNDER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8657	RSK-ADJ FXN STS CH RESD SC FOOT ANKLE PT NOT APP	Not Cov	Not Cov	Not Cov	Not Cov		
G8658	RSK-A FXN STS CH RSD SC FT ANK NO MSR RSN N GVN	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G8659	RISK-ADJ FXN STS CH RSD SC LUMB IMPAIRMNT SC EQ 0 OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		
G8660	RISK-ADJ FXN STS CH RSD SC LUMB IMPAIRMNT SC UNDER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8661	RISK-ADJ FXN STS CH RSD SC L IMPRMNT PT NOT APP	Not Cov	Not Cov	Not Cov	Not Cov		
G8662	RISK-ADJ FXN STS CH RSD SC L IMPRMNT RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8663	RISK-ADJ FUNCT STATUS SHOULDER SCORE EQUAL 0 OVER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8664	RISK-ADJ FUNCT STATUS SHOULDER SCORE LESS THAN 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8665	RISK-ADJ FXN STS CHG RSD SCR SHOULDER PT NOT APP	Not Cov	Not Cov	Not Cov	Not Cov		
G8666	RISK-ADJ FCN STS SHOULDER NOT MSR RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8667	RISK-ADJ FUNCT STATUS ELB WRST HND SCORE EQ 0 OVER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8668	RISK-ADJ FUNCT STATUS ELBOW WRIST HAND SCORE UNDER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8669	RISK-ADJ FXN STS CHG RSD SC ELB WR H PT NOT APP	Not Cov	Not Cov	Not Cov	Not Cov		
G8670	RISK-ADJ FCN STS ELB WRST HND NOT MSR RSN NOT GV	Not Cov	Not Cov	Not Cov	Not Cov		
G8671	RISK-ADJ F STS CHG RSD SC N CR M TS RIBS SC EQ 0 OR GRT 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8672	RISK-ADJ FXN STS CHG RSD SC N CR M TS RIBS SC UNDER 0	Not Cov	Not Cov	Not Cov	Not Cov		
G8673	RSK-ADJ F ST CH RSD SC N CR M TS RIBS PT NOT APP	Not Cov	Not Cov	Not Cov	Not Cov		
G8674	RSK-A FXN ST CHG RSD SC N CR M TS RIB RSN NO GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8694	LEFT VENTRICULAR EJECTION FRACTION UNDER 40PCT	Not Cov	Not Cov	Not Cov	Not Cov		
G8708	PATIENT NOT PRESCRIBED OR DISPENSED ANTIBIOTIC	Not Cov	Not Cov	Not Cov	Not Cov		
G8709	PATIENT PRESCRIBED DISPENSED ABX DOC MEDICAL RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G8710	PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC	Not Cov	Not Cov	Not Cov	Not Cov		
G8711	PRESCRIBED OR DISPENSED ANTIBIOTIC	Not Cov	Not Cov	Not Cov	Not Cov		
G8712	ANTIBIOTIC NOT PRESCRIBED OR DISPENSED	Not Cov	Not Cov	Not Cov	Not Cov		
G8721	PT CATEGORY PN CATEGORY AND HISTOL GR DOC PATH RPT	Not Cov	Not Cov	Not Cov	Not Cov		
G8722	DOC MED RSN NOT INCL PT CAT PN CAT HG PATH REPRT	Not Cov	Not Cov	Not Cov	Not Cov		
G8723	SPEC SITE OTH THAN ANATOMIC LOCATION PRIM TUMOR	Not Cov	Not Cov	Not Cov	Not Cov		
G8724	PT CAT PN CAT AND HISTOL GR NOT DOC PATH RPT NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8730	PAIN ASSESS DOC POS USING STANDARD TOOL F U PLAN	Not Cov	Not Cov	Not Cov	Not Cov		
G8731	PAIN ASMT STDIZ TOOL DOC NEG NO F U PLAN IS RQR	Not Cov	Not Cov	Not Cov	Not Cov		
G8732	NO DOCUMENTATION PAIN ASSESSMENT REASON NOT GIVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8733	ELDER MALTX SCR DOC POSITIVE AND F U PLAN IS DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8734	ELDER MALTREATMENT SCREENING DOC NEG NO F U REQ	Not Cov	Not Cov	Not Cov	Not Cov		
G8735	ELDER MALTX SCR DOC POS F U NOT DOC RSN NOT GIVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8749	ABSENCE SIGNS MELANOMA ABSENCE SYMPTOMS MELANOMA	Not Cov	Not Cov	Not Cov	Not Cov		
G8752	MOST RECENT SYSTOLIC BLOOD PRESSURE UNDER 140MM HG	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G8753	MOST RECENT SYSTOLIC BLOOD PRESSURE GRT THN EQ 140MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
G8754	MOST RECENT DIASTOLIC BLOOD PRESSURE UNDER 90MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
G8755	MOST RECENT DIASTOLIC BLOOD PRESSURE GRT THN EQ 90MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
G8756	NO DOC BLOOD PRESSURE MSR REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8783	NORMAL BLOOD PRESS READING DOC F U NOT REQUIRED	Not Cov	Not Cov	Not Cov	Not Cov		
G8785	BLOOD PRESSURE READING NOT DOC REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8797	SPECIMEN SITE OTH THAN ANATOM LOCATION ESOPHAGUS	Not Cov	Not Cov	Not Cov	Not Cov		
G8798	SPECIMEN SITE OTH THAN ANATOMC LOCATION PROSTATE	Not Cov	Not Cov	Not Cov	Not Cov		
G8806	PERFORMANCE TRANSABDOMINAL TRANSVAGINAL U S	Not Cov	Not Cov	Not Cov	Not Cov		
G8807	TRANSABD TRANSVAG U S NOT PERF RSN DOC CLINICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
G8808	TRANS-ABD TRANS-VAG U S NOT PRFRM RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8809	RH IMMUNE GLOBULIN RHOGAM ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
G8810	RH-IMMUNOGLOBULIN NOT ORDERED REASONS DOC CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
G8811	DOCUMENT RH IMMUNE GLOBULIN NOT ORDERED RSN NS	Not Cov	Not Cov	Not Cov	Not Cov		
G8815	DOCUMENTED REASON MED REC WHY STATIN TX NOT PRSC	Not Cov	Not Cov	Not Cov	Not Cov		
G8816	STATIN MEDICATION PRESCRIBED AT DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
G8817	STATIN THERAPY NOT PRESCRIBED D C RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8818	PATIENT D C TO HOME NO LATER THAN POSTOP DAY #7	Not Cov	Not Cov	Not Cov	Not Cov		
G8825	PATIENT NOT DISCHARGED TO HOME BY POSTOP DAY #7	Not Cov	Not Cov	Not Cov	Not Cov		
G8826	PT D C HOME NO LATER THAN POSTOP DAY #2 FLW EVAR	Not Cov	Not Cov	Not Cov	Not Cov		
G8833	PATIENT NOT D C HOME POSTOP DAY #2 FOLLOW EVAR	Not Cov	Not Cov	Not Cov	Not Cov		
G8834	PT D C HOME NO LATER POSTOP DAY #2 FOLLOW CEA	Not Cov	Not Cov	Not Cov	Not Cov		
G8838	PATIENT NOT D C TO HOME BY POSTOP DAY #2 FLW CEA	Not Cov	Not Cov	Not Cov	Not Cov		
G8839	SLEEP APNEA SYMP ASSESS PRES ABS SNOR DAY SSS	Not Cov	Not Cov	Not Cov	Not Cov		
G8840	DOC REASON NOT DOCUMENTING ASMT SLEEP SYMPTOMS	Not Cov	Not Cov	Not Cov	Not Cov		
G8841	SLEEP APNEA SX NOT ASSESSED REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8842	AHI RDI MEASURED AT TIME OF INITIAL DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G8843	DOC REASON NOT MEASURING AHI RDI TIME INIT DX	Not Cov	Not Cov	Not Cov	Not Cov		
G8844	APNEA HYPOPNA IND RDI NOT MSR TM DX RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8845	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G8846	MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA	Not Cov	Not Cov	Not Cov	Not Cov		
G8849	DOCUMENTATION RSN NOT PRSC POS AIRWAY PRESS TX	Not Cov	Not Cov	Not Cov	Not Cov		
G8850	POSITIVE AIRWAY PRESS TX NOT PRSC RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8851	OBJECTIVE MEASURE ADHERENCE PAP TX DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G8852	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G8854	DOCUMENTATION REASON NOT OBJ MSR ADHERENCE CPAP	Not Cov	Not Cov	Not Cov	Not Cov		
G8855	OBJ MSR ADHERENCE TO PAP TX NOT PRF RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8856	REFERRAL TO PHYSICIAN OTOLOGIC EVAL PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G8857	PATIENT NOT ELIG REFERRAL FOR OTOLOGIC EVAL MSR	Not Cov	Not Cov	Not Cov	Not Cov		
G8858	REF TO PHYS OTOLOGIC EVAL NOT PRFRM RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8861	PST 2 YRS DXA ORD AND DOC ROS AND MED HX PHARM TX OP	Not Cov	Not Cov	Not Cov	Not Cov		
G8863	PATIENTS NOT ASSESSED RISK BONE LOSS RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8864	PNEUMOCOCCAL VACCINE ADMIN OR PREVIOUSLY RECEIVD	Not Cov	Not Cov	Not Cov	Not Cov		
G8865	DOC MED RSN NOT ADM PREV RECV PNEUMOCOCCAL VAC	Not Cov	Not Cov	Not Cov	Not Cov		
G8866	DOC PT RSN NOT ADM PREV RECV PNEUMOCOCCAL VAC	Not Cov	Not Cov	Not Cov	Not Cov		
G8867	PNEUMOCOCCAL VAC NOT ADM PREV RECV RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8869	PATIENT HAS DOC IMMUN HEP B AND INIT ANTI-TNF TX	Not Cov	Not Cov	Not Cov	Not Cov		
G8872	EXCISED TISS EVAL IMAG INTRAOP CNF INCL TGT LES	Not Cov	Not Cov	Not Cov	Not Cov		
G8873	PT W NEEDLE LOC SPEC VERIFIED INTRAOP INSP PATH	Not Cov	Not Cov	Not Cov	Not Cov		
G8874	EXCIS TISS NOT EVAL IMAG IO CONFRM INCL TARG LES	Not Cov	Not Cov	Not Cov	Not Cov		
G8875	CLINICIAN DX BREAST CA PREOP MIN INVAS BX METHOD	Not Cov	Not Cov	Not Cov	Not Cov		
G8876	DOC RSN NO MIN INVASIVE BX DIAGNOSE BR CA PREOP	Not Cov	Not Cov	Not Cov	Not Cov		
G8877	CLIN NOT DX BR CA PREOP MIN INVAS BX RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8878	SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G8880	DOCUMENT RSN SENTINEL LYMPH NODE BX NOT PRFRM	Not Cov	Not Cov	Not Cov	Not Cov		
G8881	STAGE BREAST CANCER GREATER THAN T1N0M0 T2N0M0	Not Cov	Not Cov	Not Cov	Not Cov		
G8882	SENTINEL LYMPH NODE BX NOT PERF REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8883	BIOPSY RESULTS REVIEW COMMUNICATED TRACKED AND DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8884	CLIN DOC REASON PT BIOPSY RESULTS NOT REVIEWED	Not Cov	Not Cov	Not Cov	Not Cov		
G8885	BIOPSY RESULTS NOT REVIEW COMMUNICATE TRACK DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8907	PT DOC NO:BURN;FALL FAC;WRG EVENT; HOS TRANSFER	Not Cov	Not Cov	Not Cov	Not Cov		
G8908	PATIENT DOC HAVE RECEIVED BURN PRIOR DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
G8909	PT DOC NOT HAVE RECEIVED BURN PRIOR DISCHARGE	Not Cov	Not Cov	Not Cov	Not Cov		
G8910	PATIENT DOC HAVE EXPERIENCED FALL WITHIN ASC	Not Cov	Not Cov	Not Cov	Not Cov		
G8911	PT DOC NOT HAVE EXPER FALL IN AMB SURG CENTER	Not Cov	Not Cov	Not Cov	Not Cov		
G8912	PT DOC HAVE EXP WRG SITE SIDE PT PRO IMPL EVENT	Not Cov	Not Cov	Not Cov	Not Cov		
G8913	PT DOC NO WRONG SITE SIDE PT PROC IMPLANT EVENT	Not Cov	Not Cov	Not Cov	Not Cov		
G8914	PT DOC HAVE EXPERNCD HOSP TRNSF ADM UPON D C ASC	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G8915	PT DOC NOT EXPERNCD HOSP TRNSF ADM UPON D C ASC	Not Cov	Not Cov	Not Cov	Not Cov		
G8916	PT PREOP ORD IV ABX PROPH ABX INITIATED TIME	Not Cov	Not Cov	Not Cov	Not Cov		
G8917	PT PREOP ORD IV ABX SSI PROPH NOT INITIATED TIME	Not Cov	Not Cov	Not Cov	Not Cov		
G8918	PT WITHOUT PREOP ORDER IV ABX SSI PROPHYLAXIS	Not Cov	Not Cov	Not Cov	Not Cov		
G8923	LVEF UNDER 40PCT DOC MOD SEV DPRSD LT VENT SYSTOLIC FCN	Not Cov	Not Cov	Not Cov	Not Cov		
G8924	SP RSLT DEMST FEV1 FVC UNDER 70PCT FEV UNDER 60PCT P	Not Cov	Not Cov	Not Cov	Not Cov		
G8925	SP RSLT FEV1 GRT THN EQ 60PCT FEV1 FVC GRT THN EQ 70PCT	Not Cov	Not Cov	Not Cov	Not Cov		
G8926	SPIROMETRY TEST NOT PRFRM DOC REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8934	LVEF UNDER 40PCT DOC MOD SEV DPRSD LT VENT SYSTOLIC FCN	Not Cov	Not Cov	Not Cov	Not Cov		
G8935	CLIN PRSC ACE INHIB ANGIOTENSIN REC BLOCK ARB TX	Not Cov	Not Cov	Not Cov	Not Cov		
G8936	CLIN DOC PT NOT ELIG CANDIDATE ACE INHIB ARB TX	Not Cov	Not Cov	Not Cov	Not Cov		
G8937	CLIN DID NOT PRSC ACE INHIB ARB TX RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8938	BMI OUTSIDE NORM LMT F U PLN NOT DOC PT NOT ELIG	Not Cov	Not Cov	Not Cov	Not Cov		
G8939	PA DOC POS F U PL NOT DOC DOC PT NOT ELIG TM ENC	Not Cov	Not Cov	Not Cov	Not Cov		
G8941	ELD MALTX SCR POS F U NOT DOC NOT ELG F U PLN	Not Cov	Not Cov	Not Cov	Not Cov		
G8942	FNC OUTCM ASMT TOOL DOC PREV 30 DA AND CARE PLN	Not Cov	Not Cov	Not Cov	Not Cov		
G8944	AJCC MELANOMA CANCER STAGE 0-IIC MELANOMA	Not Cov	Not Cov	Not Cov	Not Cov		
G8946	MINIMALLY INVASV BX METH ATMPT BUT NOT DX BR CA	Not Cov	Not Cov	Not Cov	Not Cov		
G8950	PREHTN HTN BP READING DOC AND INDICATED F U DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8952	PREHTN HTN BP DOC INDCD F U NOT DOC RSN NOT GIVN	Not Cov	Not Cov	Not Cov	Not Cov		
G8955	MOST RECENT ASMT ADEQUACY VOLUME MGMT DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G8956	PT RECV MAINT HEMODIALYSIS IN O P DIALYSIS FAC	Not Cov	Not Cov	Not Cov	Not Cov		
G8958	ASMT ADEQUACY VOLUME MGMT NOT DOC RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8959	CLIN TREATING MDD COM CLIN TREATING COMORBID CON	Not Cov	Not Cov	Not Cov	Not Cov		
G8960	CLIN TX MDD DID NOT COM CLIN TC CC RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8961	CARD STRESS IMAG LW RSK PT PREOP EVAL 30 D SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G8962	CARDIAC STRESS IMAGING TEST PERFORMED ANY REASON	Not Cov	Not Cov	Not Cov	Not Cov		
G8963	CARD STRSS IMAG PRIM MON ASX PT HAD PCI W I 2 YR	Not Cov	Not Cov	Not Cov	Not Cov		
G8964	CARD SS IMAG OTH RSN THN MON ASX PT PCI IN 2 YRS	Not Cov	Not Cov	Not Cov	Not Cov		
G8965	CARD SS IMAG PRIM PER L CHD RSK PT DET RSK ASMT	Not Cov	Not Cov	Not Cov	Not Cov		
G8966	CARD STRSS IMAG TST PER SX HI THAN L CHD RSK PT	Not Cov	Not Cov	Not Cov	Not Cov		
G8967	WARFARIN ANR FDA APRVD ORAL ANTICOAGULANT PRESC	Not Cov	Not Cov	Not Cov	Not Cov		
G8968	DOC MED RSN NOT PRESC WARFARIN ANR FDA-APPRV AC	Not Cov	Not Cov	Not Cov	Not Cov		
G8969	DOC PT RSN NOT PRSCR WAR ANOTHER ORAL AC PREV TE	Not Cov	Not Cov	Not Cov	Not Cov		

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G8970	NO RISK FACTOR 1 MOD RISK FACTOR THROMBOEMBOLISM	Not Cov	Not Cov	Not Cov	Not Cov		
G8973	MOST RECENT HEMOGLOBIN LEVEL UNDER 10 G DL	Not Cov	Not Cov	Not Cov	Not Cov		
G8974	HGB LEVEL MEASUREMENT NOT DOC REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G8975	DOCUMENTION MEDICAL RSN PT HGB LEVEL UNDER 10 G DL	Not Cov	Not Cov	Not Cov	Not Cov		
G8976	MOST RECENT HEMOGLOBIN HGB LEVEL GRT THN EQ 10 G DL	Not Cov	Not Cov	Not Cov	Not Cov		
G8978	MOB:WALK MOV ARND FCN LIM TX OUTSET REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G8979	MOB: WALK MOV ARND FCN LIM GOAL REP INTRVL AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G8980	MOB:WALK AND MOV ARND FUNC LIM D C AT D C TX END REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8981	CHNG MAINT BDY PSTN FCN LIM TX OUTSET REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G8982	CHANG MAINT BDY PSTN FCN LIM PROJECTED GOAL STS	Not Cov	Not Cov	Not Cov	Not Cov		
G8983	CHANGING AND MAINT BODY POS FUNC LIM D C TX END REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8984	CARRY MOV HANDLNG OBJ FCN LIM CUR TX REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G8985	CAR MOV HDLG OBJ PROJ GOAL TX OUTSET AND REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G8986	CARRY MOVING HAND OBJ FCN LIM D C STS D C TX REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8987	SLF CARE FCN LIM CUR TX EPIS OUTSET REP INTERVLS	Not Cov	Not Cov	Not Cov	Not Cov		
G8988	SELF CARE FCN LIM GOAL TX OUTSET AND D C END REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8989	SLF CARE FUNC LIM D C STS D C FROM TX TO END REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8990	OTH PHYS OCCUP TX PRIM FCN LIM OUTSET REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G8991	OTH PHYS OCC TX PRIM FCN LIM GOAL TX REP INT D C	Not Cov	Not Cov	Not Cov	Not Cov		
G8992	OTH PHYS OCCUP TX PRIM FCN LIM D C TX END REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8993	OTH PHYS OCCUP TX SUB FCN LIM CUR TX REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G8994	OTH PHYS OCCUP TX SUB FCN LIM GOAL TX EPIS OUTST	Not Cov	Not Cov	Not Cov	Not Cov		
G8995	OTH PHYS OCCUP TX SUB FCN LMT D C STS D C TX REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8996	SWLLOW FCN LIM CUR STS TX AND EPIS OUTSET REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G8997	SWLLOW FCN LIM PROJ GOAL TX EPIS AND OUTSET AND D C TX	Not Cov	Not Cov	Not Cov	Not Cov		
G8998	SWALLOWING FCN LIMITATION D C STS D C TX END REP	Not Cov	Not Cov	Not Cov	Not Cov		
G8999	MO SPH FCN LIM CUR STS TX EPIS AND OUTST AND REP INTRVL	Not Cov	Not Cov	Not Cov	Not Cov		
G9001	COORDINATED CARE FEE INITIAL RATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9002	COORDINATED CARE FEE MAINTENANCE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9003	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9004	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9005	COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE	Not Cov	Not Cov	Not Cov	Not Cov		
G9006	COORDINATED CARE FEE HOME MONITORING	Not Cov	Not Cov	Not Cov	Not Cov		
G9007	COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE	Not Cov	Not Cov	Not Cov	Not Cov		

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G9008	COORD CARE FEE PHYS COORD CARE OVERSIGHT SRVC	Not Cov	Not Cov	Not Cov	Not Cov		
G9009	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVL 3	Not Cov	Not Cov	Not Cov	Not Cov		
G9010	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVL4	Not Cov	Not Cov	Not Cov	Not Cov		
G9011	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5	Not Cov	Not Cov	Not Cov	Not Cov		
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Not Cov	Not Cov	Not Cov	Not Cov		
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	Not Cov	Not Cov	Not Cov	Not Cov		
G9014	ESRD DEMO EXPND BUNDLE INCL VENOUS ACSS AND REL SRVC	Not Cov	Not Cov	Not Cov	Not Cov		
G9016	SMOK CESSATN CNSL IND ABSNCE ADD OTH E AND M-SESS	Not Cov	Not Cov	Not Cov	Not Cov		
G9017	AMANTADINE HCI ORAL PER 100 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9018	ZANAMIVIR INHAL POWDER THRU INHAL PER 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9019	OSELTAMIVIR PHOSPHATE ORAL PER 75 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9020	RIMANTADINE HCI ORAL PER 100 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9033	AMANTADINE HCI ORAL BRAN PER 100 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9034	ZANAMIVIR INHAL PWDR ADMIN INHAL BRAND PER 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9035	OSELTAMIVIR PHOSPHATE ORAL BRAND PER 75 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9036	RIMANTADINE HCI ORAL BRAND PER 100 MG	Not Cov	Not Cov	Not Cov	Not Cov		
G9050	ONC; PRIM FOCUS VST; WRKUP EVAL STAG@TM DX RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9051	ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS	Not Cov	Not Cov	Not Cov	Not Cov		
G9052	ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE	Not Cov	Not Cov	Not Cov	Not Cov		
G9053	ONC; PRIM FOCUS; EXP MGMT EVIDENCE CA; TX FUTURE	Not Cov	Not Cov	Not Cov	Not Cov		
G9054	ONC; PRIM FOCUS; SUP PT TERM CA; PALLIATIVE TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9055	ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST	Not Cov	Not Cov	Not Cov	Not Cov		
G9056	ONC; PRAC GUIDELINES; MGMT ADHERES TO GUIDELINES	Not Cov	Not Cov	Not Cov	Not Cov		
G9057	ONC; PRAC GUIDE; MGMT DIFFR PT ENROLL CLIN TRIAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9058	ONC; PRAC GUIDE; MGMT DIFFER PHYS DISAGREE GUIDE	Not Cov	Not Cov	Not Cov	Not Cov		
G9059	ONC; PRAC GUIDELINES; MGMT DIFFERS PT OPT ALT TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9060	ONC; PRAC GUIDELINE; MGMT DIFFER PT COMORBID ILL	Not Cov	Not Cov	Not Cov	Not Cov		
G9061	ONC; PRAC GUIDE; PTS COND NOT ADDRESSED GUIDE	Not Cov	Not Cov	Not Cov	Not Cov		
G9062	ONC; PRAC GUIDELINES; MGMT DIFFERS OTH REASON	Not Cov	Not Cov	Not Cov	Not Cov		
G9063	ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9064	ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9065	ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9066	ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		

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G9068	ONC; STATUS; SC AND COMB SM NONSM; LTD NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9069	ONC; STATUS; SCLC SM CELL AND COMB SM NONSM; EXT MET	Not Cov	Not Cov	Not Cov	Not Cov		
G9070	ONC; STATUS; SCLC SC AND COMB SM NONSM; EXTENT UNKN	Not Cov	Not Cov	Not Cov	Not Cov		
G9071	ONC; F BRST;ACA; ST I II;ER AND PR POS;NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9072	ONC; F BRST;ACA; ST I II; ER AND PR NEG;NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9073	ONC; F BRST;ACA; ST III; ER AND PR POS;NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9074	ONC; F BRST;ACA; ST III; ER AND PR NEG; NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9075	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9077	ONC;PROS CA;T1-T2C AND GLESN 27 AND PSA UNDER EQ 20 NO P	Not Cov	Not Cov	Not Cov	Not Cov		
G9078	ONC; PROS CA; T2 T3A GLEASON 8-10 PSA OVER 20 NO METS	Not Cov	Not Cov	Not Cov	Not Cov		
G9079	ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9080	ONC; STATUS; PROS CA; TX RISING PSA FAIL DECLINE	Not Cov	Not Cov	Not Cov	Not Cov		
G9083	ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9084	ONC; STATUS; COLON CA; T1-3 N0 M0 NO PROGRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9085	ONC; STATUS; COLON CA; T4 N0 M0 NO PROGRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9086	ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9087	ONC; STATUS; COLON CA; M1 MET W CURR EVIDENCE DZ	Not Cov	Not Cov	Not Cov	Not Cov		
G9088	ONC; STATUS; COLON CA;M1 MET NO CURR EVIDENCE DZ	Not Cov	Not Cov	Not Cov	Not Cov		
G9089	ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9090	ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9091	ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9092	ONC; STATUS; RECTAL CA;T1-3 N1-2 M0 NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9093	ONC; STATUS; RECTAL CA; T4 ANY N M0 NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9094	ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9095	ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9096	ONC; STATUS; ESOPH CA;T1-T3 N0-N1 NX NO PROGRSSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9097	ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9098	ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9099	ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9100	ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9101	ONC; STATUS; GASTRC CA; R1 R2 RESECT NO PRGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9102	ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9103	ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9104	ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		

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G9105	ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9106	ONC; STATUS; PAN CA; R1 R2 RESECT NO PROGRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9107	ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9109	ONC; STATUS; HEAD AND NCK CA; T1-T2 AND N0 M0 NO PROGRSS	Not Cov	Not Cov	Not Cov	Not Cov		
G9110	ONC; STATUS; HEAD AND NCK CA;T3-4 AND N1-3 M0 NO PROGRS	Not Cov	Not Cov	Not Cov	Not Cov		
G9111	ONC; STATUS; HEAD AND NCK CA; M1 METASTATC LOC RECUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9112	ONC; STATUS; HEAD AND NECK CA; EXTENT OF DZ UNKNOWN	Not Cov	Not Cov	Not Cov	Not Cov		
G9113	ONC DS STATUS OVARIAN CA ST IA-B NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9114	ONC;OV CA; ST IA-B GR 2-3;ST IC;ST II; NO PROGRS	Not Cov	Not Cov	Not Cov	Not Cov		
G9115	ONC; STATUS; OVARIAN CA; ST III-IV; NO PROGRESSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9116	ONC; STATUS; OVARIAN CA; PROGRSSN AND PLATINM RSIST	Not Cov	Not Cov	Not Cov	Not Cov		
G9117	ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9123	ONC; CML; CHRON PHASE NOT HEMATOL CYT MOL REMISS	Not Cov	Not Cov	Not Cov	Not Cov		
G9124	ONC; CML; ACCEL PHASE NOT HEMA CYT MOL REMISS	Not Cov	Not Cov	Not Cov	Not Cov		
G9125	ONC; CML BP NOT HEMAT CYTOGENIC MOLECULAR REMISS	Not Cov	Not Cov	Not Cov	Not Cov		
G9126	ONC; CML HEMATOLOGIC CYTOGENIC MOLECULAR REMISS	Not Cov	Not Cov	Not Cov	Not Cov		
G9128	ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I	Not Cov	Not Cov	Not Cov	Not Cov		
G9129	ONC; LTD TO MX MYELOMA SYS DZ ST II HIGHER	Not Cov	Not Cov	Not Cov	Not Cov		
G9130	ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9131	ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED	Not Cov	Not Cov	Not Cov	Not Cov		
G9132	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS	Not Cov	Not Cov	Not Cov	Not Cov		
G9133	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS M1	Not Cov	Not Cov	Not Cov	Not Cov		
G9134	ONC;DZ STS;NHL;STAGE I II NOT RELPSD NOT RFRCTRY	Not Cov	Not Cov	Not Cov	Not Cov		
G9135	ONC;DIZ STS;NHL;STG III IV NOT RLPSD NOT RFRCTRY	Not Cov	Not Cov	Not Cov	Not Cov		
G9136	ONC;DZ STS;NHL TRNSFRM ORIG CELLR 2ND CELLR CLSS	Not Cov	Not Cov	Not Cov	Not Cov		
G9137	ONC; DZ STS; NHL; RELAPSED REFRACTORY	Not Cov	Not Cov	Not Cov	Not Cov		
G9138	ONC;DZ STS;NHL;DIAG EVAL STAGE NOT DETERMINED	Not Cov	Not Cov	Not Cov	Not Cov		
G9139	ONC;DZ STS;CML; EXTENT DZ UNKN STAG NOT LISTED	Not Cov	Not Cov	Not Cov	Not Cov		
G9140	FRONTIER EXTENDED STAY CLIN DEM0; CMS DEMO PROJ	Not Cov	Not Cov	Not Cov	Not Cov		
G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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G9147	OP IV INSULIN TX MEASURE: RQ; AND UUN; AND GLU; AND	Not Cov	Not Cov	Not Cov	Not Cov		
G9148	NATIONAL COMMITTEE QA LEVEL 1 MEDICAL HOME	Not Cov	No	Not Cov	No		
G9149	NATIONAL COMMITTEE QA LEVEL 2 MEDICAL HOME	Not Cov	No	Not Cov	No		
G9150	NATIONAL COMMITTEE QA LEVEL 3 MEDICAL HOME	Not Cov	No	Not Cov	No		
G9151	MAPCP DEMONSTRATION STATE PROVIDED SERVICES	Not Cov	Not Cov	Not Cov	Not Cov		
G9152	MAPCP DEMONSTRATION-COMMUNITY HEALTH TEAMS	Not Cov	Not Cov	Not Cov	Not Cov		
G9153	MAPCP DEMONSTRATION-PHYSICIAN INCENTIVE POOL	Not Cov	Not Cov	Not Cov	Not Cov		
G9156	EVALUAT WHEELCHAIR REQ FACE-FACE VISIT PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
G9157	TRANSESOPHAGEAL DOPPLER FOR CARDIAC MONITORING	No	Not Cov	Not Cov	Not Cov		
G9158	MOTOR SPEECH FUNCT LIMIT D C STATUS D C FROM TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9159	SPOKEN LANG COMP LIMIT CURR STATUS TX OUTSET	Not Cov	Not Cov	Not Cov	Not Cov		
G9160	SPKN LANG COMP FCN LMT GOAL TX EPIS D C END RPRT	Not Cov	Not Cov	Not Cov	Not Cov		
G9161	SPOKEN LANG COMP LIMIT D C STATUS AT D C TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9162	SPOKEN LANG EXPRESS LIMIT CURR STATUS TX OUTSET	Not Cov	Not Cov	Not Cov	Not Cov		
G9163	SL EXP FCN LMT GOAL STS TX EPIS D C END REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
G9164	SPOKEN LANG EXPRESS LIMIT D C STATUS AT D C TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9165	ATTN FUNCT LIMIT CURR STATUS TX EPISODE OUTSET	Not Cov	Not Cov	Not Cov	Not Cov		
G9166	ATTN FUNCT LIMIT PROJ GOAL STATUS TX EPIS OUTSET	Not Cov	Not Cov	Not Cov	Not Cov		
G9167	ATTN FUNCT LIMIT DISCHARGE STATUS AT D C FROM TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9168	MEMORY FUNCT LIMIT CURR STATUS TX EPISODE OUTSET	Not Cov	Not Cov	Not Cov	Not Cov		
G9169	MEMORY FUNCT LIMIT PROJ GOAL STATUS TX EPISODE	Not Cov	Not Cov	Not Cov	Not Cov		
G9170	MEMORY FUNCT LIMIT DISCHARG STATUS D C FROM TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9171	VOICE FUNCT LIMIT CURR STATUS TX EPISODE OUTSET	Not Cov	Not Cov	Not Cov	Not Cov		
G9172	VOICE FUNCT LIMIT PROJ GOAL STATUS TX EPISODE	Not Cov	Not Cov	Not Cov	Not Cov		
G9173	VOICE FUNCT LIMIT DISCHARGE STATUS D C FROM TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9174	OTH SPEECH LANG FUNCT LIMIT CURR STATUS TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9175	OTH SPEECH LANG FUNCT LIMIT PROJ GOAL STATUS TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9176	OTH SPEECH LANG FUNCT LIMIT D C STATUS D C TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9186	MOTOR SPEECH FUNCT LIMIT PROJ GOAL STATUS AT TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9187	BPCI HOME VISIT PT ASSESSMENT PRFRM QUAL HC PROF	Not Cov	Not Cov	Not Cov	Not Cov		
G9188	BETA-BLOCKER THERAPY NOT PRSC REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9189	BETA-BLOCKER THERAPY PRSC CURRENTLY BEING TAKEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9190	DOCUMENTATION MED RSN NOT PRSC BETA-BLOCKER TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9191	DOCUMENTATION PT REASON NOT PRSC BETA-BLOCKER TX	Not Cov	Not Cov	Not Cov	Not Cov		

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G9192	DOCUMENTATION SYSTEM RSN NOT PRSC BETA-BLOCKR TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9196	DOC MED REASON NOT ORD 1ST 2ND GEN CPH AMP	Not Cov	Not Cov	Not Cov	Not Cov		
G9197	DOC ORD 1ST 2ND CEPHALOSPORIN ANTIMICROBL PROPH	Not Cov	Not Cov	Not Cov	Not Cov		
G9198	ORDER 1ST 2ND GEN CEPH AMP NOT DOC RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9212	DSM-IVTM CRITERIA MDD DOC INITIAL EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov		
G9213	DSM-IV-TR CRITERIA MDD NOT DOC INIT EVAL RSN NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9223	PCP P PRSC 3 MO CD4 PLUS BLW 500 CE MM3 CD4 PCT BLW 15PCT	Not Cov	Not Cov	Not Cov	Not Cov		
G9225	FOOT EXAM WAS NOT PERFORMED REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9226	FOOT EXAMINATION PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G9227	FUNC O C ASMT CARE PLN NOT DOC PT NOT ELG AT ENC	Not Cov	Not Cov	Not Cov	Not Cov		
G9228	CHLAMYDIA GONORRHEA SYPHILIS SCREEN RESULTS DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9229	CHLAMYDIA GONORRHEA AND SYPHILIS SCR RSLT NOT DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9230	CHLAMYDIA GONORRHEA SYPHILIS NOT SCREEN NO RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9231	DOC ESRD DIAL RNA TX BF DUR MSR PR PG DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9232	CLIN TREAT MDD DID NOT COMM CLIN TREAT CC PT RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9239	DOC RSN PT INIT MAINT HD CATH MODE VASC ACCESS	Not Cov	Not Cov	Not Cov	Not Cov		
G9240	PT MODE VASC ACCESS CATH TIME MAINT HD INITIATED	Not Cov	Not Cov	Not Cov	Not Cov		
G9241	PT MODE VASC ACCESS NOT CATH TM MAINT HD INITIAT	Not Cov	Not Cov	Not Cov	Not Cov		
G9242	DOC VIRAL LOAD EQ OR GRT 200 COPIES ML VL NOT PRFRM	Not Cov	Not Cov	Not Cov	Not Cov		
G9243	DOCUMENTATION VIRAL LOAD LESS THAN 200 COPIES ML	Not Cov	Not Cov	Not Cov	Not Cov		
G9246	PT NOT 1 VST IN 24 MO MSR PERIOD MIN 60 DA BTWN	Not Cov	Not Cov	Not Cov	Not Cov		
G9247	PT HAD 1 VST IN 24 MO MSR PERIOD MIN 60 DA BTWN	Not Cov	Not Cov	Not Cov	Not Cov		
G9250	DOC PT PAIN BROUGHT COMFORT LVL 48 HRS INIT ASMT	Not Cov	Not Cov	Not Cov	Not Cov		
G9251	DOC PT PAIN NOT BROUGHT COMFORT 48 HR INIT ASMT	Not Cov	Not Cov	Not Cov	Not Cov		
G9254	DOC PT D C HOME LATER THAN POST-OP DA 2 FLW CAS	Not Cov	Not Cov	Not Cov	Not Cov		
G9255	DOC PT D C HOME NO LTR THAN PST OP DAY 2 FLW CAS	Not Cov	Not Cov	Not Cov	Not Cov		
G9256	DOCUMENTATION OF PATIENT DEATH FOLLOWING CAS	Not Cov	Not Cov	Not Cov	Not Cov		
G9257	DOCUMENTATION OF PATIENT STROKE FOLLOWING CAS	Not Cov	Not Cov	Not Cov	Not Cov		
G9258	DOCUMENTATION OF PATIENT STROKE FOLLOWING CEA	Not Cov	Not Cov	Not Cov	Not Cov		
G9259	DOC PT SURVIVAL AND ABSENCE OF STROKE FOLLOW CAS	Not Cov	Not Cov	Not Cov	Not Cov		
G9260	DOCUMENTATION OF PATIENT DEATH FOLLOWING CEA	Not Cov	Not Cov	Not Cov	Not Cov		
G9261	DOC PT SURVIVAL AND ABSENCE STROKE FOLLOWING CEA	Not Cov	Not Cov	Not Cov	Not Cov		
G9262	DOC PT DEATH HOSPITAL FLW ENDOVASCULAR AAA REPR	Not Cov	Not Cov	Not Cov	Not Cov		
G9263	DOC PT D C ALIVE FLW ENDOVASCULAR AAA REPAIR	Not Cov	Not Cov	Not Cov	Not Cov		

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G9264	DOC PT RECEIVE MAINT HD GRT THN EQ 90 DAY CATH DOC RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9265	PT RECV MAINT HD GRT THN EQ 90 DAY CATH AS VASC ACCESS	Not Cov	Not Cov	Not Cov	Not Cov		
G9266	PT RECV MNT HD GRT THN EQ 90 DA NO CATH AS VASC ACCESS	Not Cov	Not Cov	Not Cov	Not Cov		
G9267	DOC PT 1 MORE COMPLICATION MORTALITY W I 30 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G9268	DOC PT 1 MORE COMPLICATIONS WITHIN 90 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G9269	DOC PT W O 1 MORE COMP NO MORTALITY W I 30 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G9270	DOC PT W O ONE OR MORE COMPLICATIONS W I 90 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G9273	BP HAS SYSTOLIC VALUE UNDER 140 DIASTOLIC VALUE UNDER	Not Cov	Not Cov	Not Cov	Not Cov		
G9274	BP SYS EQ 140 DIA EQ 90 SYS UNDER 140 DIA EQ 90 SYS EQ 140	Not Cov	Not Cov	Not Cov	Not Cov		
G9275	DOCUMENTATION PATIENT CURRENT NON-TOBACCO USER	Not Cov	Not Cov	Not Cov	Not Cov		
G9276	DOCUMENTATION PATIENT IS A CURRENT TOBACCO USER	Not Cov	Not Cov	Not Cov	Not Cov		
G9277	DOC PT D ASP ANTI-PLT DOC CONTRAIND ASP ANTI-PLT	Not Cov	Not Cov	Not Cov	Not Cov		
G9278	DOC PT NOT ON DAILY ASPIRIN ANTI-PLATELET REGIMN	Not Cov	Not Cov	Not Cov	Not Cov		
G9279	PNEUMOCOCCAL SCR PERFORM DOC VACC RECV PRIOR D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9280	PNEUMOCOCCAL VACC NOT ADM PRIOR D C RSN NOT SPEC	Not Cov	Not Cov	Not Cov	Not Cov		
G9281	SCREEN PERFORM DOC VACC NOT INDICATED PT REFUSAL	Not Cov	Not Cov	Not Cov	Not Cov		
G9282	DOC MED RSN NOT RPT HIST TYP NSCLC-NOS CLASS W E	Not Cov	Not Cov	Not Cov	Not Cov		
G9283	NSCLC BX CYT RPRT DOC CLASS H TYP NSCLC-NOS W E	Not Cov	Not Cov	Not Cov	Not Cov		
G9284	NSCLC BX CYT RPRT NOT DOC H TYP NSCLC-NOS W E	Not Cov	Not Cov	Not Cov	Not Cov		
G9285	SPEC SITE OTH THAN ANAT LOC LUNG NOT CLASS NSCLC	Not Cov	Not Cov	Not Cov	Not Cov		
G9286	ABX REGIMEN PRSC W I 10 DA AFTER ONSET SX	Not Cov	Not Cov	Not Cov	Not Cov		
G9287	ABX REGIMEN NOT PRSCR W I 10 DA AFTR ONSET SX	Not Cov	Not Cov	Not Cov	Not Cov		
G9288	DOC MED REASON NOT REPORT H TYPE NSCLC-NOS EXPL	Not Cov	Not Cov	Not Cov	Not Cov		
G9289	NSCLC BX CYTOLOGY RPT DOC H TYPE NSCLC-NOS EXPL	Not Cov	Not Cov	Not Cov	Not Cov		
G9290	NSCLC BX CYT RPT NOT DOC H TYPE NSCLC-NOS EXPL	Not Cov	Not Cov	Not Cov	Not Cov		
G9291	SPEC SITE OTH THN LUNG NOT CLASS NSCLC NSCLC-NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9292	DOC MED RSN NOT RPT PT CAT THICK ULCER PT1 MR	Not Cov	Not Cov	Not Cov	Not Cov		
G9293	PATH RPT NOT INCL PT CAT THICKNESS ULCER PT1 MR	Not Cov	Not Cov	Not Cov	Not Cov		
G9294	PATH RPT W PT CAT THICKNESS ULCERATION PT1 MR	Not Cov	Not Cov	Not Cov	Not Cov		
G9295	SPECIMEN SITE OTH THAN ANATOMIC CUTANEOUS LOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9296	PT DOC SHARE DECISION CONSERVATIVE TX PRIOR PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9297	SHARE DECISION CONSERVATIV TX PRIOR PROC NOT DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9298	PT EVAL VTE CV RISK FACTOR W I 30 DAY PRIOR PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9299	PT NOT EVAL VTE CV RISK W I 30 DAY PRIOR PROC	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G9300	DOC RSN NOT CMPL INFUS P ABX PRIOR INFLA PROX TQ	Not Cov	Not Cov	Not Cov	Not Cov		
G9301	PT HAD PROPH ABX INFUSED PRIOR INFLATION PROX TQ	Not Cov	Not Cov	Not Cov	Not Cov		
G9302	P ABX NOT CMPL INFUS PRIOR INFLAT TQ RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9303	OP RPT DOES NOT ID PROS IMPL SPEC RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9304	OP REPORT IDENTIFIES PROSTHETIC IMPLANT SPEC	Not Cov	Not Cov	Not Cov	Not Cov		
G9305	INTRVENTION LEAK ENDOLUMINAL CNT ANASTOM NOT REQ	Not Cov	Not Cov	Not Cov	Not Cov		
G9306	INTRVENTION LEAK ENDOLUMINAL CNT ANASTOM REQUIRD	Not Cov	Not Cov	Not Cov	Not Cov		
G9307	NO RETURN OP ROOM FOR PROC W I 30 DAY PRIN PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9308	UNPLAN RTN OP ROOM FOR PROC W I 30 DAY PRIN PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9309	NO UNPLANNED HOSP RDM W I 30 DAY PRINCIPAL PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9310	UNPLANNED HOSP READMISSION W I 30 DAY PRIN PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9311	NO SURGICAL SITE INFECTION	Not Cov	Not Cov	Not Cov	Not Cov		
G9312	SURGICAL SITE INFECTION	Not Cov	Not Cov	Not Cov	Not Cov		
G9313	AMC NOT PRESC 1ST LINE ANTIBIOTIC TM DX DOC RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9314	AMOXICILLIN NOT 1ST LINE ABX TM DX RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9315	DOC AMOXICILLIN PRESCRIBED 1ST LINE ABX TIME DX	Not Cov	Not Cov	Not Cov	Not Cov		
G9316	DOC PT RISK ASSESSMENT RISK CALCULATOR W PT FAM	Not Cov	Not Cov	Not Cov	Not Cov		
G9317	DOC PT RISK ASSESS RISK CALC W PT FAM NOT COMPL	Not Cov	Not Cov	Not Cov	Not Cov		
G9318	IMAGING STUDY NAMED ACCORD STANDARD NOMENCLATURE	Not Cov	Not Cov	Not Cov	Not Cov		
G9319	IMAG STUDY NOT NAMED STANDARD NOMEN RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9321	COUNT PREV CT CARD NM STUDY DOC 12-MO PRIOR CURR	Not Cov	Not Cov	Not Cov	Not Cov		
G9322	COUNT PREV CT CARD NM NOT DOC 12-MO RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9326	CT PERF NOT RPT RAD DOSE INDX REG RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9327	CT PERF RPT RAD DOSE INDX REG ALL DATA ELEMENTS	Not Cov	Not Cov	Not Cov	Not Cov		
G9329	DICOM DATA AVAIL PT AU 12-MO NOT DOC RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9340	FINAL RPT DICOM IMAG DATA AVAIL PT AU 12-MO AFTR	Not Cov	Not Cov	Not Cov	Not Cov		
G9341	SEARCH PRIOR CT EXT HC FAC ENT 12-MO PRI TO IMAG	Not Cov	Not Cov	Not Cov	Not Cov		
G9342	SRCH NOT CD PRI IMAG S PEF PT CT S CMPL NO RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9344	SEARCH PRIOR CMPL DICOM IMAGES NOT CMPL SYS RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9345	F U REC DOC INCIDENTALLY DETECTED PULM NODULES	Not Cov	Not Cov	Not Cov	Not Cov		
G9347	F U REC NOT DOC ACC REC GLS PNS RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9348	CT SCAN PARANASAL SINUSES ORDERD TIME DX DOC RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9349	DOC CT PARANASAL SINUS ORD TM DX 28 DA AFTR DX	Not Cov	Not Cov	Not Cov	Not Cov		
G9350	CT PARANASAL SINUS NOT ORD TM DX IN 28 DA AFTR	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G9351	MORE 1 CT PARANASAL SINUS ORD REC 90 DAY AFTR DX	Not Cov	Not Cov	Not Cov	Not Cov		
G9352	MORE 1 CT PARANASAL SINUS 90 DAY AFTR DX NO RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9353	MORE 1 CT PARANASAL SINUS 90 DAY AFTR DX DOC RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9354	1 CT SCAN NO CT SCAN PARNSL SS ORD 90 D AFTR DOD	Not Cov	Not Cov	Not Cov	Not Cov		
G9355	ELECTIVE DELIVERY EARLY INDUCTION NOT PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G9356	ELECTIVE DELIVERY OR EARLY INDUCTION PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G9357	POST-PARTUM SCREENINGS EVAL EDUCATION PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G9358	POST-PARTUM SCREEN EVAL EDUCATION NOT PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G9359	DOC NEG MAN P TB SCR E TB NOT AC W I 1 Y PT VST	Not Cov	Not Cov	Not Cov	Not Cov		
G9360	NO DOC NEGATIVE MANAGED POSITIVE TB SCREEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9361	MEDICAL INDICATION FOR INDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
G9364	SINUSITIS CAUSED BY PRES CAUSED BY BACTERIAL INF	Not Cov	Not Cov	Not Cov	Not Cov		
G9365	ONE HIGH-RISK MEDICATION ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
G9366	ONE HIGH-RISK MEDICATION NOT ORDERED	Not Cov	Not Cov	Not Cov	Not Cov		
G9367	AT LEAST 2 ORD FOR SAME HIGH-RISK MED	Not Cov	Not Cov	Not Cov	Not Cov		
G9368	AT LEAST 2 ORDERS SAME HIGH-RISK MEDS NOT ORD	Not Cov	Not Cov	Not Cov	Not Cov		
G9380	PATIENT OFFERED ASSIST ROF ISSUES DUR MSR PRD	Not Cov	Not Cov	Not Cov	Not Cov		
G9382	PT NOT OFFRD ASST END OF LIFE ISSUES DUR MSR PRD	Not Cov	Not Cov	Not Cov	Not Cov		
G9383	PATIENT RECV SCREENING HCV INF W I 12 MO PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		
G9384	DOC MED RSN NOT RECV ANNUAL SCREENING HCV INF	Not Cov	Not Cov	Not Cov	Not Cov		
G9385	DOC PT REASON NOT RECEIVING ANNUAL SCR HCV INF	Not Cov	Not Cov	Not Cov	Not Cov		
G9386	SCR HCV INF NOT RECV W I 12 MO PR RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9389	UNPLANNED RUPT POST CAP RQR VITRECT DUR CAT SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G9390	NO UNPLAN RUP POST CAP RQR VITRECT DUR CC SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G9393	PT INIT PHQ-9 SC OVER 9 RM 12 MO D 12 MO PHQ-9 SC UNDER 5	Not Cov	Not Cov	Not Cov	Not Cov		
G9394	PT BPD PD PERM NH HOSPICE PALL CARE DUR ASSESS	Not Cov	Not Cov	Not Cov	Not Cov		
G9395	PT INIT PHQ-9 SC OVER 9 DID NOT ACHV REMISSION 12 MO	Not Cov	Not Cov	Not Cov	Not Cov		
G9396	PT INIT PHQ-9 SC OVER 9 NOT ASSESSED RM AT 12 MO	Not Cov	Not Cov	Not Cov	Not Cov		
G9399	DOC PT RECORD DISCUSSION BETWEEN PHYS CLIN AND PT	Not Cov	Not Cov	Not Cov	Not Cov		
G9400	DOC MED PT RSN FOR NOT DISC TREATMENT OPTIONS;	Not Cov	Not Cov	Not Cov	Not Cov		
G9401	NO DOC DISC PT RCRD DISC BTW PHYS Q HC PROF AND PT	Not Cov	Not Cov	Not Cov	Not Cov		
G9402	PATIENT RECV F U ON DATE D C WI 30 DAYS AFTR D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9403	CLIN DOC RSN PT NOT CMPL 30 DA F U AC INPT D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9404	PT DID NOT RCV F U DATE D C WI 30 DAYS AFTER D C	Not Cov	Not Cov	Not Cov	Not Cov		

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G9405	PATIENT RECEIVED FOLLOW-UP W I 7 DAYS FROM D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9406	CLIN DOC RSN PT NOT CMPL 7 DAY F U AC INPT D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9407	PATIENT DID NOT RECV F U ON WI 7 DAYS AFTER D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9408	PATIENTS W CT AND PERICARDIOCENTESIS OCR WI 30 DA	Not Cov	Not Cov	Not Cov	Not Cov		
G9409	PATIENTS WO CT AND PERICARDIOCENTESIS OCR WI 30 DA	Not Cov	Not Cov	Not Cov	Not Cov		
G9410	PT ADM WI 180 DAYS POST CIED W INF RQR DEVC REMV	Not Cov	Not Cov	Not Cov	Not Cov		
G9411	PT NOT ADM WI 180 D PST CIED W INF RQR DVC RMV	Not Cov	Not Cov	Not Cov	Not Cov		
G9412	PT ADM WI 180 D PST CIED W INF DVC RMV SURG REV	Not Cov	Not Cov	Not Cov	Not Cov		
G9413	PT NOT ADM WI 180 DAYS POST CIED W INF DEVC REMV	Not Cov	Not Cov	Not Cov	Not Cov		
G9414	PT HAD 1 DOSE MC VAC ON BTW PT 11TH AND 13TH BDAY	Not Cov	Not Cov	Not Cov	Not Cov		
G9415	PT NO 1 DOSE MC VAC ON BTW PT 11TH AND 13TH BDAY	Not Cov	Not Cov	Not Cov	Not Cov		
G9416	PATIENT HAD 1 TET DT AND TDAP ON BTW PT 10 AND 13 BD	Not Cov	Not Cov	Not Cov	Not Cov		
G9417	PATIENT NO 1 TET DT AND TDAP ON BTW PT 10 AND 13 BD	Not Cov	Not Cov	Not Cov	Not Cov		
G9418	PRIM NSCLC BX AND CY SPEC DOC CLASS NSCLC-NOS EXPLAN	Not Cov	Not Cov	Not Cov	Not Cov		
G9419	DOC MED RSN NOT INCL HIS T NSCLC-NOS CLASS EXPLN	Not Cov	Not Cov	Not Cov	Not Cov		
G9420	SPEC SITE OTH THAN LOC LUNG NOT CLASS PRIM NSCLC	Not Cov	Not Cov	Not Cov	Not Cov		
G9421	PRIM NSCLC BX AND CY S NO DOC CLASS NSCLC-NOS EXPLAN	Not Cov	Not Cov	Not Cov	Not Cov		
G9422	NON-SMALL CELL LUNG CANCER BX AND CYT SPEC RPRT	Not Cov	Not Cov	Not Cov	Not Cov		
G9423	DOC MED RSN NOT RPRT H TYP NSCLC-NOS CLASS EXPLN	Not Cov	Not Cov	Not Cov	Not Cov		
G9424	SPEC SITE OTH THAN ANAT LOC LUNG NOT NSCLC NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9425	NSCLC BX AND CY SPC NOT DOC CLASS NSCLC-NOS EXPLAN	Not Cov	Not Cov	Not Cov	Not Cov		
G9426	IMP MED TM ED AR-INIT ED PN MED ADMIN PRF ADM PT	Not Cov	Not Cov	Not Cov	Not Cov		
G9427	IMP MED TM ED AR-INIT PAIN MED ADMIN NOT PRF ADM	Not Cov	Not Cov	Not Cov	Not Cov		
G9428	PATH RPRT PT CAT AND STM THK AND ULCER AND PT1 MITOTIC RAT	Not Cov	Not Cov	Not Cov	Not Cov		
G9429	DOC MED RSN NOT INCL PT AND STM THK AND ULCER AND PT1 MR	Not Cov	Not Cov	Not Cov	Not Cov		
G9430	SPECIMEN SITE OTH THAN ANATOMIC CUTANEOUS LOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9431	PATH RPRT NO PT CAT AND STM THK AND ULCER AND PT1 MITOTIC	Not Cov	Not Cov	Not Cov	Not Cov		
G9432	ASTHMA WELL-CNTRL ACT C-ACT ACQ ATAQ SC RSLT DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9434	ASTHMA NOT WC SPEC CTR TOOL NOT USED RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9448	PATIENTS WHO WERE BORN IN THE YEARS 1945-1965	Not Cov	Not Cov	Not Cov	Not Cov		
G9449	HISTORY OF RECEIVING BLOOD TRANSFUSIONS PRI 1992	Not Cov	Not Cov	Not Cov	Not Cov		
G9450	HISTORY OF INJECTION DRUG USE	Not Cov	Not Cov	Not Cov	Not Cov		
G9451	PATIENT RECEIVED ONE-TIME SCR FOR HCV INFECTION	Not Cov	Not Cov	Not Cov	Not Cov		
G9452	DOC MED RSN NOT RECV 1-TIME SCR HCV INFECTION	Not Cov	Not Cov	Not Cov	Not Cov		

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G9453	DOC PT RSN FOR NOT RECV 1-TIME SCR FOR HCV INF	Not Cov	Not Cov	Not Cov	Not Cov		
G9454	1-TIME SCR HCV INF NOT RECV WI 12 MO RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9455	PT UNDRWNT ABD IMAG U S CE CT CONT MRI FOR HCC	Not Cov	Not Cov	Not Cov	Not Cov		
G9456	DOC MED PT RSN FOR NOT ORDERING PRFRM SCR HCC	Not Cov	Not Cov	Not Cov	Not Cov		
G9457	PT NO ABD IMAG AND NO DOC RSN NO ABD IMAG RPRT PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9458	PT DOC TOBACCO USER AND RECV TOBACCO CESSATION INT	Not Cov	Not Cov	Not Cov	Not Cov		
G9459	CURRENTLY A TOBACCO NON-USER	Not Cov	Not Cov	Not Cov	Not Cov		
G9460	TOBACCO ASMT CESS INTERVEN NOT PRFR RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9468	PT NOT REC CS GRT THN EQ TO 10 MG D PRD EQ 60 GT CONS D	Not Cov	Not Cov	Not Cov	Not Cov		
G9469	PT RECV RCVNG CS GRT THN EQ 10 MG D PDN EQ 60 GT CONS D	Not Cov	Not Cov	Not Cov	Not Cov		
G9470	PT NOT RECV CS GRT THN EQ 10 MG D PDN EQ 60 GT CONS D	Not Cov	Not Cov	Not Cov	Not Cov		
G9471	WITHIN PAST 2 YEARS CENTRAL DXA NOT ORDERED DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9472	WITHIN PAST 2 YEARS CENTRAL DXA NOT ORDERD AND DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9473	SERVICES PERF BY CHAPLAIN HOSPICE SET EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9474	SRVC PERF DIETARY COUNSELOR HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9475	SERVICES PERF OTH COUNSELOR HOSPICE SET EA15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9476	SERVICES PERF VOLUNTEER HOSPICE SETTING EA15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9477	SRVC PERF CARE COORDINATOR HOSPICE SET EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9478	SRVC PERF OTH QUAL THERAPIST HOSPICE EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9479	SRVC PERF QUAL PHARMACIST HOSPICE SET EA 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9480	ADMISSION TO MEDICARE CARE CHOICE MODEL PROGRAM	Not Cov	Not Cov	Not Cov	Not Cov		
G9481	REMOTE IN-HOME VISIT E M NEW PATIENT 10 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G9482	REMOTE IN-HOME VISIT E M NEW PATIENT 20 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G9483	REMOTE IN-HOME VISIT E M NEW PATIENT 30 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G9484	REMOTE IN-HOME VISIT E M NEW PATIENT 45 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G9485	REMOTE IN-HOME VISIT E M NEW PATIENT 60 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
G9486	REMOTE IN-HOME VISIT E M ESTABLISHED PT 10 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G9487	REMOTE IN-HOME VISIT E M ESTABLISHED PT 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G9488	REMOTE IN-HOME VISIT E M ESTABLISHED PT 25 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G9489	REMOTE IN-HOME VISIT E M ESTABLISHED PT 40 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G9490	CMS IC MDL HV PT ASMT CLIN;NOT BILL 30-DAY PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9497	RECEIVED INSTR ANES PROXY ABSTAIN SMOKING DAY SX	Not Cov	Not Cov	Not Cov	Not Cov		
G9498	ANTIBIOTIC REGIMEN PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G9500	RAD EXP INDICES EXP TM AND NUMB FLUORO IMAGES DOC	Not Cov	Not Cov	Not Cov	Not Cov		

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G9501	RAD EXP INDCS EXP TM AND NO FLUORO IMG N DOC N RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9502	DOCUMENTATION MEDICAL RSN FOR NOT PERF FOOT EXAM	Not Cov	Not Cov	Not Cov	Not Cov		
G9503	PATIENT TAKING TAMSULOSIN HYDROCHLORIDE	Not Cov	Not Cov	Not Cov	Not Cov		
G9504	DOC RSN NOT ASSESS HBV STS PRI INIT ANTI-TNF TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9505	ABX REG PRSC W I 10 DA AFTR ONSET SX DOC MED RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9506	BIOLOGIC IMMUNE RESPONSE MODIFIER PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G9507	DOC PT ON STATIN MED DOC VALID CONTRAINDICATION	Not Cov	Not Cov	Not Cov	Not Cov		
G9508	DOCUMENTATION PT IS NOT ON A STATIN MEDICATION	Not Cov	Not Cov	Not Cov	Not Cov		
G9509	REMISS 12 MO DEM BY 12 MO PHQ-9 SCORE OF UNDER 5	Not Cov	Not Cov	Not Cov	Not Cov		
G9510	REM 12 MO NOT DEMONSTRATED BY 12 MO PHQ-9 SCR UNDER 5;	Not Cov	Not Cov	Not Cov	Not Cov		
G9511	INDX DATE PHQ-9 SCRE OVER 9 DOC 12 M DNMNTR ID PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9512	INDIVIDUAL HAD A PDC OF 0.8 OR GREATER	Not Cov	Not Cov	Not Cov	Not Cov		
G9513	INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER	Not Cov	Not Cov	Not Cov	Not Cov		
G9514	PT RQR A RETURN TO THE OR W I 90 DAYS OF SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G9515	PT DID NOT RQR RTN TO THE OR W I 90 DAYS OF SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G9516	PT ACHIEVED IMPRV IN VA FROM PREOP LVL 90 D SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G9517	PT NOT ACHV IMPRV VA PRE LVL 90 D SUR NO RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9518	DOCUMENTATION OF ACTIVE INJECTION DRUG USE	Not Cov	Not Cov	Not Cov	Not Cov		
G9519	PT FINAL REFR PLUS -0.5 D PLND REFR W I 90 DA SURG	Not Cov	Not Cov	Not Cov	Not Cov		
G9520	PT NO F REFR PLUS - 0.5 D REFR 90 D SURG RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9521	TOTAL NUMBER ED VISITS AND IP HOSP UNDER 2 PAST 12 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9522	TOT #ED VISITS AND IP EQ OR GRT 2 PAST 12 MO NO SCR NO	Not Cov	Not Cov	Not Cov	Not Cov		
G9523	PT DISCONTINUED HEMODIALYSIS PERITONEAL DIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9524	PATIENT WAS REFERRED TO HOSPICE CARE	Not Cov	Not Cov	Not Cov	Not Cov		
G9525	DOC PATIENT RSN FOR NOT REFERRING HOSPICE CARE	Not Cov	Not Cov	Not Cov	Not Cov		
G9526	PT WAS NOT REFERRED HOSPICE CARE RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9529	PT MIN BLUNT HEAD TRAUMA APPROP INDICAT HEAD CT	Not Cov	Not Cov	Not Cov	Not Cov		
G9530	PATIENT W I 24 HR MIN BLNT HD TRMA CT ORD ECP	Not Cov	Not Cov	Not Cov	Not Cov		
G9531	PATIENT HAS DOC VT SH BT MS TRAUMA PG CUR AP MED	Not Cov	Not Cov	Not Cov	Not Cov		
G9532	PATIENTS HEAD INJURY OCCURRED OVER 24 HRS B4 ED	Not Cov	Not Cov	Not Cov	Not Cov		
G9533	PT MIN BLUNT HEAD TRMA NO APPROP INDICAT HEAD CT	Not Cov	Not Cov	Not Cov	Not Cov		
G9537	DOCUMENTATION SYS RSN ORD ADVNCD BRAIN IMAG STDY	Not Cov	Not Cov	Not Cov	Not Cov		
G9539	INTENT FOR POTENTIAL REMOVAL TIME OF PLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
G9540	PATIENT ALIVE 3 MONTHS POST PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		

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G9541	FILTER REMOVED WITHIN 3 MONTHS OF PLACEMENT	Not Cov	Not Cov	Not Cov	Not Cov		
G9542	DOC RE-ASSESS APPROP OF FILTER REMOVAL W I 3 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9543	DOCUMENTATION AT LEAST TWO ATTEMPTS TO REACH PT	Not Cov	Not Cov	Not Cov	Not Cov		
G9544	PATIENTS THAT DO NOT HAVE THE FILTER REMOVED	Not Cov	Not Cov	Not Cov	Not Cov		
G9547	INCD FND:L LESLESS THN EQ0.5CM C K LES UNDER 1.0CM AD LES	Not Cov	Not Cov	Not Cov	Not Cov		
G9548	FINAL REPORTS FOR ABD IMAG STDY W F U IMAG RECOM	Not Cov	Not Cov	Not Cov	Not Cov		
G9549	DOCUMENTATION MED RSN THAT F U IMAG IS INDICATED	Not Cov	Not Cov	Not Cov	Not Cov		
G9550	FINAL REPR FOR ABD IMAG STDY F U IMAG NOT RECOM	Not Cov	Not Cov	Not Cov	Not Cov		
G9551	FINAL REPR ABD IMAG STS W O INCIDNT FND LES NTD:	Not Cov	Not Cov	Not Cov	Not Cov		
G9552	INCIDENTAL THYROID NODULE UNDER 1.0 CM NOTED REPORT	Not Cov	Not Cov	Not Cov	Not Cov		
G9553	PRIOR THYROID DISEASE DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9554	FINAL RPT CT CTA MRI MRA CH N U S N F U IMAG REC	Not Cov	Not Cov	Not Cov	Not Cov		
G9555	DOCUMENTATION MED RSN RECOMMENDING F U IMAGING	Not Cov	Not Cov	Not Cov	Not Cov		
G9556	F RPT CT CT MRI MRA CH N U S N F U IMAG NOT RCM	Not Cov	Not Cov	Not Cov	Not Cov		
G9557	FINAL RPT CT MRI CHEST NCK U S NO THR NOD UNDER 1.0 CM	Not Cov	Not Cov	Not Cov	Not Cov		
G9558	PT TREATED W BETA-LACTAM ABX AS DEFINITIVE TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9559	DOC MED RSN FOR NOT PRESCRIBING BETA-LACTAM ABX	Not Cov	Not Cov	Not Cov	Not Cov		
G9560	PT NOT TX BETA-LACTM ABX DEFINITV TX RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9561	PATIENTS PRSC OPIATES FOR LONGER THAN 6 WEEKS	Not Cov	Not Cov	Not Cov	Not Cov		
G9562	PT F U EVAL AT LEAST EVRY 3 MOS DUR OPIOID TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9563	PT NO F U EVAL AT LEAST EVRY 3 MOS DUR OPIOID TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9573	REMISSION AT 6 MO AS DEMST 6 MO PHQ-9 SCORE UNDER 5	Not Cov	Not Cov	Not Cov	Not Cov		
G9574	REMISSION AT 6 MO NOT DEMNST 6 MO PHQ-9 SCORE UNDER 5	Not Cov	Not Cov	Not Cov	Not Cov		
G9577	PATIENTS PRESCRIBED OPIATES FOR LNGR THAN 6 WKS	Not Cov	Not Cov	Not Cov	Not Cov		
G9578	DOC SIGNED OPIOID TX AGRMNT AT LEAST ONCE DUR TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9579	NO DOC SIGNED OPIOID TX AGRMNT LST ONCE DUR TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9580	DOOR TO PUNCTURE TIME OF LESS THAN 2 HOURS	Not Cov	Not Cov	Not Cov	Not Cov		
G9582	DOOR TO PUNCTURE TIME OF OVER 2 HRS NO REASON GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
G9583	PATIENTS PRESCRIBED OPIATES FOR LNGR THAN 6 WKS	Not Cov	Not Cov	Not Cov	Not Cov		
G9584	PT EVAL RSK MISUSE OPIATES USING BRF VAL INSTRUM	Not Cov	Not Cov	Not Cov	Not Cov		
G9585	PT NOT EVAL RISK MISUSE OPIATES BRF VAL INSTRUM	Not Cov	Not Cov	Not Cov	Not Cov		
G9593	PED PT MIN BLUNT HEAD TRMA LW RISK PECARN RULES	Not Cov	Not Cov	Not Cov	Not Cov		
G9594	PATIENT W I 24 HR MIN BLNT HD TRMA CT ORD ECP	Not Cov	Not Cov	Not Cov	Not Cov		
G9595	PATIENT HAS DOC VT SH BRT COAGULOPATHY INCL TTP	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G9596	PEDIATRIC PATIENT HEAD INJ OCRD OVER 24 HOURS B4 ED	Not Cov	Not Cov	Not Cov	Not Cov		
G9597	PEDIATRIC PT MI BLNT HEAD TRMA NOT LW RSK PECARN	Not Cov	Not Cov	Not Cov	Not Cov		
G9598	AA 5.5 - 5.9 CM MAX DIA CL FRMT CT MIN DIA AX CT	Not Cov	Not Cov	Not Cov	Not Cov		
G9599	AA 6.0 CM OR GRT MAX DIA CL FRMT CT MIN DIA AX FRMT CT	Not Cov	Not Cov	Not Cov	Not Cov		
G9600	SYMPTOMATIC AAAS THAT RQR URGENT EMERGENT REPAIR	Not Cov	Not Cov	Not Cov	Not Cov		
G9601	PATIENT D C HOME NO LATER THAN POST-OP DAY #7	Not Cov	Not Cov	Not Cov	Not Cov		
G9602	PATIENT NOT D C HOME BY POST-OPERATIVE DAY #7	Not Cov	Not Cov	Not Cov	Not Cov		
G9603	PATIENT SURVEY SCORE IMPRV FROM BASELINE FLW TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9604	PATIENT SURVEY RESULTS NOT AVAILABLE	Not Cov	Not Cov	Not Cov	Not Cov		
G9605	PATIENT SURV SCRE DID NOT IMPRV FROM BASE FLW TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9606	IORT CYSTOSCOPY PERF TO EVAL FOR LWR TRACT INJ	Not Cov	Not Cov	Not Cov	Not Cov		
G9607	DOC MED RSN NOT PERF IO CYSTO IN CASE PT DEATH	Not Cov	Not Cov	Not Cov	Not Cov		
G9608	IORT CYSTOSCOPY NOT PERF EVAL LWR TRACT INJURY	Not Cov	Not Cov	Not Cov	Not Cov		
G9609	DOCUMENTATION OF ORDER FOR ANTIPLATELET AGENTS	Not Cov	Not Cov	Not Cov	Not Cov		
G9610	DOC MEDICAL RSN PT REC NOT ORD ANTIPLATELET AGT	Not Cov	Not Cov	Not Cov	Not Cov		
G9611	ORDR ANTIPLATELET AGT NOT DOC PT REC RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9612	PHOTODOC 1 MORE CECAL LANDMARKS TO ESTAB CMPL EX	Not Cov	Not Cov	Not Cov	Not Cov		
G9613	DOCUMENTATION OF POST-SURGICAL ANATOMY	Not Cov	Not Cov	Not Cov	Not Cov		
G9614	NO PHOTODOCUMENTATION CECAL LK ESTAB CMPL EXAM	Not Cov	Not Cov	Not Cov	Not Cov		
G9615	PREOPERATIVE ASSESSMENT DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G9616	DOCUMENTATION RSN NOT DOCUMENTING A PREOP ASSESS	Not Cov	Not Cov	Not Cov	Not Cov		
G9617	PREOPERATIVE ASSESSMENT NOT DOC RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9618	DOCUMENTATION OF SCR UTEN MALIG US AND ENDOMET SAMP	Not Cov	Not Cov	Not Cov	Not Cov		
G9620	PATIENT NOT SCR UTERINE MALIG NO U S RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9621	PATIENT ID UNHLTHY ALCOHOL USER SCR AND BRF COUNS	Not Cov	Not Cov	Not Cov	Not Cov		
G9622	PT NOT ID UNHLTHY ALC USER SCR UNHLTHY ALC USE	Not Cov	Not Cov	Not Cov	Not Cov		
G9623	DOCUMENTATION MED RSN NO SCR UNHLTHY ALCOHL USE	Not Cov	Not Cov	Not Cov	Not Cov		
G9624	PT NOT SCR UHLTY ALCOHOL USE USING SYS SCR METH	Not Cov	Not Cov	Not Cov	Not Cov		
G9625	PT SUSTND BLAD INJ SX DISC SUBS TO 1 MO POST-SX	Not Cov	Not Cov	Not Cov	Not Cov		
G9626	DOCUMENTED MED RSN NOT REPORTING BLADDER INJURY	Not Cov	Not Cov	Not Cov	Not Cov		
G9627	PT NOT SUSTN BLAD INJ SX DISC SUB TO 1 MO PST-SX	Not Cov	Not Cov	Not Cov	Not Cov		
G9628	PT SUSTN BOWEL INJ SURG DISC SUBSEQ 1 MO PST-SRG	Not Cov	Not Cov	Not Cov	Not Cov		
G9629	DOCUMENTED MED RSN NOT REPORTING BOWEL INJURY	Not Cov	Not Cov	Not Cov	Not Cov		
G9630	PT NOT SUSTN BOWL INJ SRG DISC TO 1 MO POST-SRG	Not Cov	Not Cov	Not Cov	Not Cov		

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G9631	PATIENT SUSTN URETER INJ SURG DISC 1 MO POST-SUR	Not Cov	Not Cov	Not Cov	Not Cov		
G9632	PATIENT IS NOT ELIG E.G. GYN OTH PELV MALIG DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9633	PT NOT SUSTN URETER INJ SX DISC TO 1 MO POST-SX	Not Cov	Not Cov	Not Cov	Not Cov		
G9634	HEALTH-REL QOL ASSESS 2 VST AND QOL SCORE SAME IMPR	Not Cov	Not Cov	Not Cov	Not Cov		
G9635	HEALTH-REL QUAL OF LIFE NOT ASSESS TOOL DOC RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9636	HEALTH-RELATED QOL NOT ASSESS 2 VST QOL DECLINED	Not Cov	Not Cov	Not Cov	Not Cov		
G9637	FINAL REPORTS DOC ONE MORE DOSE REDUCTION TECH	Not Cov	Not Cov	Not Cov	Not Cov		
G9638	FINAL REPORTS W O DOC 1 MORE DOSE REDUCTION TECH	Not Cov	Not Cov	Not Cov	Not Cov		
G9639	MAJOR AMPUTATION OPEN SURGICAL BYPASS NOT RQR	Not Cov	Not Cov	Not Cov	Not Cov		
G9640	DOCUMENTATION OF PLANNED HYBRID STAGED PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		
G9641	MAJOR AMPUTATION OPEN SURGICAL BYPASS REQUIRED	Not Cov	Not Cov	Not Cov	Not Cov		
G9642	CURRENT CIGARETTE SMOKERS	Not Cov	Not Cov	Not Cov	Not Cov		
G9643	ELECTIVE SURGERY	Not Cov	Not Cov	Not Cov	Not Cov		
G9644	PT ABST FROM SMOK PRI TO ANES DAY OF SURG PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9645	PT DID NOT ABST FROM SMOKING PRI ANES DAY SX PCR	Not Cov	Not Cov	Not Cov	Not Cov		
G9646	PATIENTS WITH 90 DAY MRS SCORE OF 0 TO 2	Not Cov	Not Cov	Not Cov	Not Cov		
G9647	PATIENTS MRS SCORE NOT OBTAINED 90 DAY FOLLOW-UP	Not Cov	Not Cov	Not Cov	Not Cov		
G9648	PATIENTS WITH 90 DAY MRS SCORE GREATER THAN 2	Not Cov	Not Cov	Not Cov	Not Cov		
G9649	PSORIASIS ASSESS TOOL DOC MEET ANY 1 SPC BNCHMRK	Not Cov	Not Cov	Not Cov	Not Cov		
G9651	PSO ASSESS TOOL DOC NOT MEET ANY 1 SPEC BNCHMRK	Not Cov	Not Cov	Not Cov	Not Cov		
G9654	MONITORED ANESTHESIA CARE	Not Cov	Not Cov	Not Cov	Not Cov		
G9655	A TRANSFER OF CARE PROTOCOL H O TOOL CHECKLIST	Not Cov	Not Cov	Not Cov	Not Cov		
G9656	PT TRANS DIRECT F ANES LOC TO PACE OTH N-ICU LOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9658	A TRANSFER OF CARE PROT HANDOFF TOOL CHECKLIST	Not Cov	Not Cov	Not Cov	Not Cov		
G9659	PT OVER 85 YRS NO HX COLORECTAL CA MED RSN COLONOSCOP	Not Cov	Not Cov	Not Cov	Not Cov		
G9660	DOCUMENTATION MED RSN COLONOSCOPY PERF PT OVER 85 YRS	Not Cov	Not Cov	Not Cov	Not Cov		
G9661	PT OVER 85 YEARS OF AGE WHO RECV ROUTINE COLONOSCOPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9662	PREVIOUSLY DIAGNOSED HAVE ACTIVE DX CLIN ASCVD	Not Cov	Not Cov	Not Cov	Not Cov		
G9663	ANY FASTING DIRECT LDL-C LAB TEST RSLT EQ 190 MG DL	Not Cov	Not Cov	Not Cov	Not Cov		
G9664	PT CURRENT STATIN TX USER RCVD ORDER STATIN TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9665	PT NOT CURR STATIN TX USERS NO ORDER STATIN TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9666	THE HI FAST DIR LDL-C LAB TEST RSLT 70 189 MG DL	Not Cov	Not Cov	Not Cov	Not Cov		
G9674	PATIENTS WITH CLINICAL ASCVD DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9675	PT WHO HAVE HAD F DIR LAB RSLT LDL-C EQ 190 MG DL	Not Cov	Not Cov	Not Cov	Not Cov		

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G9676	PT AGED 40-75 YRS BEG MSR PRD TYPE 1 TYPE 2 DIAB	Not Cov	Not Cov	Not Cov	Not Cov		
G9678	ONCOL CARE MODEL MEOS PMT ENHNCD CARE MGMT SRVC	Not Cov	Not Cov	Not Cov	Not Cov		
G9679	ONSITE AC C TX NSG FAC RES W PNE BILLD SID-BENEF	Not Cov	No	Not Cov	No		
G9680	ONSITE AC C TX NSG FAC RES W CHF BILLD SID-BENEF	Not Cov	No	Not Cov	No		
G9681	ONSITE AC C TX NSG FAC RES COPD AS BILL SID-BNEF	Not Cov	No	Not Cov	No		
G9682	ONSITE AC TX NSG FAC RES W SKN INF BILL SID-BNEF	Not Cov	No	Not Cov	No		
G9683	ONSITE AC TX NSG FAC RES FL ELCT DO DEH BILL SID	Not Cov	No	Not Cov	No		
G9684	ONSITE AC C TX NSG FAC RES UTI BILL SID-BENEF	Not Cov	No	Not Cov	No		
G9685	E AND M OF BENEFICIARY'S AC CHANGE COND NSG FAC	Not Cov	Not Cov	Not Cov	Not Cov		
G9687	HOSPICE SRVC PROV TO PT ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9688	PATIENTS USING HOSPICE SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9689	PATIENT ADM PERFORMED ELECTIVE CAROTID INTERVENT	Not Cov	Not Cov	Not Cov	Not Cov		
G9690	PATIENT RECV HOSPICE SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9691	PT HAD HOSPICE SERVICES ANY TIME DUR MSR PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		
G9692	HOSPICE SERVICES RECEIVED PT ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9693	PATIENT USE OF HOSPICE SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9694	HOSPICE SRVC UTILIZED BY PT ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9695	LONG-ACTING INHALED BRONCHODILATOR PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G9696	DOC MED RSN NOT PRSC LA INHALED BRONCHODILATOR	Not Cov	Not Cov	Not Cov	Not Cov		
G9697	DOC OF PT RSN NOT PRSC LA INHALED BRONCHODILATOR	Not Cov	Not Cov	Not Cov	Not Cov		
G9698	DOC SYS RSN NOT PRSC LA INHALED BRONCHODILATOR	Not Cov	Not Cov	Not Cov	Not Cov		
G9699	LONG-ACTING INHAL BRONCHODILATR NOT PRSC RSN NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9700	PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9701	CHILDREN TAKNG ABX 30 DAYS PRI TO DATE OF ENCNTR	Not Cov	Not Cov	Not Cov	Not Cov		
G9702	PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9703	CHILDREN TAKING ABX 30 DA PRI TO DX PHARYNGITIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9704	AJCC BREAST CANCER STAGE I T1 MIC OR T1A DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9705	AJCC BREAST CANCER STAGE I T1B DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G9706	LOW RISK OF RECURRENCE PROSTATE CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
G9707	PATIENT RCV HOSPICE SRVC ANY TIME DUR MSR PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		
G9708	WOMEN WHO HAD BIL MASTECTOMY HX BIL MASTECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
G9709	HOSPICE SRVC PATIENT ANY TIME DUR MEASUREMENT PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9710	PATIENT WAS PROV HOSPICE SRVC ANY TM DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9711	PATIENTS WITH DX PAST HX TOTAL COLECTOMY CRC	Not Cov	Not Cov	Not Cov	Not Cov		

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G9712	DOCUMENTATION MED RSN FOR PRESCRIB DISPENS ABX	Not Cov	Not Cov	Not Cov	Not Cov		
G9713	PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9714	PATIENT USING HOSPICE SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9715	PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9716	BMI DOC OUTSD NORM LMT F U PLAN NOT CMPL DOC RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9717	DOCUMENTATION PT HAS ACTIVE DX DEPRESSION BD	Not Cov	Not Cov	Not Cov	Not Cov		
G9718	HOSPICE SERVICES PATIENT PROV ANY TM DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9719	PT IS NOT AMBUL BED RIDDN IM CONF TO CHR WC BND	Not Cov	Not Cov	Not Cov	Not Cov		
G9720	HOSPICE SRVC PATIENT OCCURRED ANY TM DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9721	PATIENT NOT AMBUL BED RIDDN IM CONF CHR WC BND	Not Cov	Not Cov	Not Cov	Not Cov		
G9722	DOC HX RENAL FAILURE BASELINE S-CR EQ 4.0 MG DL;	Not Cov	Not Cov	Not Cov	Not Cov		
G9723	HOSPICE SRVC PATIENT RECEIVD ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9724	PATIENTS DOC ANTICOAGULANT MED OVERLAP MSR YEAR	Not Cov	Not Cov	Not Cov	Not Cov		
G9725	PATIENTS WHO USE HOSPCE SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9726	PATIENT REFUSED TO PARTICIPATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9727	PATIENT UNABLE CMPL FOTO KNEE I PROM ADM AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9728	PATIENT REFUSED TO PARTICIPATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9729	PATIENT UNABLE TO CMPL FOTO HIP I PROM ADM AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9730	PATIENT REFUSED TO PARTICIPATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9731	PT UNABLE CMPL FOTO FOOT ANKLE I PROM ADM AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9732	PATIENT REFUSED TO PARTICIPATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9733	PT UNABL CMPL FOTO LUMBAR INTAKE PROM ADM AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9734	PATIENT REFUSED TO PARTICIPATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9735	PT UNABL CMPL FOTO SHLDR INTAKE PROM ADM AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9736	PATIENT REFUSED TO PARTICIPATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9737	PT UNABL CMPL FOTO ELB WR HAND I PROM ADM AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9738	PATIENT REFUSED TO PARTICIPATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9739	PT UNABL TO CMPL FOTO GEN ORTH I PROM ADM AND D C	Not Cov	Not Cov	Not Cov	Not Cov		
G9740	HOSPICE SRVC GIVEN TO PT ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9741	PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9742	PSYCHIATRIC SYMPTOMS ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
G9743	PSYCHIATRIC SYMPTOMS NOT ASSESSED REASON NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9744	PATIENT NOT ELIGIBLE D T ACTIVE DX HYPERTENSION	Not Cov	Not Cov	Not Cov	Not Cov		
G9745	DOCUMENTED REASON FOR NOT SCREENING REC F U HBP	Not Cov	Not Cov	Not Cov	Not Cov		

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G9746	PT HAS MS PROS HEART VLV PT TSNT R CAUSE OF AF	Not Cov	Not Cov	Not Cov	Not Cov		
G9747	PATIENT IS UNDERGOING PALLIATIVE DIALYSIS W CATH	Not Cov	Not Cov	Not Cov	Not Cov		
G9748	PT APPRVD QUAL TPLNT PROG AND SCHED LD KID TPLNT	Not Cov	Not Cov	Not Cov	Not Cov		
G9749	PATIENT IS UNDERGOING PALLIATIVE DIALYSIS W CATH	Not Cov	Not Cov	Not Cov	Not Cov		
G9750	PT APPRVD QUAL TPLNT PROG AND SCHED LD KID TPLNT	Not Cov	Not Cov	Not Cov	Not Cov		
G9751	PATIENT DIED ANY TIME DUR 24-MONTH MSR PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		
G9752	EMERGENCY SURGERY	Not Cov	Not Cov	Not Cov	Not Cov		
G9753	DOC MED RSN NOT C SRCH DICOM F IMAG W I P 12 MO	Not Cov	Not Cov	Not Cov	Not Cov		
G9754	A FINDING OF AN INCIDENTAL PULMONARY NODULE	Not Cov	Not Cov	Not Cov	Not Cov		
G9755	DOCUMENTATION MEDICAL RSN F U IMAGING INDICATED	Not Cov	Not Cov	Not Cov	Not Cov		
G9756	SURGICAL PROCEDURES INCL USE OF SILICONE OIL	Not Cov	Not Cov	Not Cov	Not Cov		
G9757	SURGICAL PROCEDURES THAT INCL USE SILICONE OIL	Not Cov	Not Cov	Not Cov	Not Cov		
G9758	PT IN HOSPICE ANY TIME DURING MEASUREMENT PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		
G9759	HISTORY PREOPERATIVE POSTERIOR CAPSULE RUPTURE	Not Cov	Not Cov	Not Cov	Not Cov		
G9760	PATIENTS WHO USE HOSPC SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9761	PATIENTS WHO USE HOSPC SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9762	PT HAD 2 HPV 3 HPV VACC ON BTWN PT 9TH AND 13TH BD	Not Cov	Not Cov	Not Cov	Not Cov		
G9763	PT DID NOT HAVE 2 3 HPV VACC ON BTW 9 AND 13 BD	Not Cov	Not Cov	Not Cov	Not Cov		
G9764	PT TRTD W ORAL SYS BIOL MED FOR PSO VULGARIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9765	DOC PT DECLINED TX CHANGE ALTER TX WERE UNAVBL	Not Cov	Not Cov	Not Cov	Not Cov		
G9766	PT TRNS FRM 1 INST TO ANR KN DX CVA EVAR STR TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9767	HOSPITALIZED PT NEWLY DX CVA CNSDR EVAR STRK TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9768	PATIENTS WHO UTILZ HOSPICE SVC ANY TM DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9769	PATIENT HAD BMDT P 2 YR RECV OPO MED TX P 12 MO	Not Cov	Not Cov	Not Cov	Not Cov		
G9770	PERIPHERAL NERVE BLOCK	Not Cov	Not Cov	Not Cov	Not Cov		
G9771	AT LEAST 1 BODY TEMPERATURE MSR EQ OR GRT 35.5 DEG CELS	Not Cov	Not Cov	Not Cov	Not Cov		
G9772	DOC 1 MED RSN NOT ACHV AL 1 BT MSR EQ OR GRT 35.5 DEG C	Not Cov	Not Cov	Not Cov	Not Cov		
G9773	AT LEAST 1 BT MSR EQ OR GRT 35.5 DEGC NOT ACHV ANES ET	Not Cov	Not Cov	Not Cov	Not Cov		
G9774	PATIENTS WHO HAVE HAD A HYSTERECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
G9775	PT RECV AL 2 PRO PHARMACOL ANTI-EMTC AGT DIF CLS	Not Cov	Not Cov	Not Cov	Not Cov		
G9776	DOC M RSN NO RCV AL 2 PRO PHRM ANTI-EMTC DIF CLS	Not Cov	Not Cov	Not Cov	Not Cov		
G9777	PT NOT RCV AL 2 PRO PHARM ANTI-EMETIC AGT DF CLS	Not Cov	Not Cov	Not Cov	Not Cov		
G9778	PATIENTS WHO HAVE A DIAGNOSIS OF PREGNANCY	Not Cov	Not Cov	Not Cov	Not Cov		
G9779	PATIENTS WHO ARE BREASTFEEDING	Not Cov	Not Cov	Not Cov	Not Cov		

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G9780	PATIENTS WHO HAVE A DIAGNOSIS OF RHABDOMYOLYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9781	DOC MED RSN NOT CUR STATIN USER RCV ORD STATIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9782	HISTORY OF ACTV DX FAM PURE HYPERCHOLESTEROLEMIA	Not Cov	Not Cov	Not Cov	Not Cov		
G9783	DOC PT DIA F DCT LDL- C R UNDER 70 MG DL AND NO STATIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9784	PATHOLOGISTS DERMATOPATH PRVDG 2ND OPINION ON BX	Not Cov	Not Cov	Not Cov	Not Cov		
G9785	PATH RPRT CUT BCC SCC SENT FROM PATH W I 7 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G9786	PATH RPRT DX CUT BCC SCC NOT SENT PATH IN 7 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
G9787	PATIENT ALIVE AS OF THE LAST DAY OF THE MSR YEAR	Not Cov	Not Cov	Not Cov	Not Cov		
G9788	MOST RECENT BP LESS THAN EQUAL TO 140 90 MM HG	Not Cov	Not Cov	Not Cov	Not Cov		
G9789	BLD PRESS RCD DUR INPT S ER V UC V AND PT SR BP	Not Cov	Not Cov	Not Cov	Not Cov		
G9790	MOST RECNT BP IS OVER 140 90 MM HG BR NOT DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G9791	MOST RECENT TOBACCO STATUS IS TOBACCO FREE	Not Cov	Not Cov	Not Cov	Not Cov		
G9792	MOST RECENT TOBACCO STATUS IS NOT TOBACCO FREE	Not Cov	Not Cov	Not Cov	Not Cov		
G9793	PATIENT IS CUR ON DAILY ASPIRIN OTH ANTIPLATELET	Not Cov	Not Cov	Not Cov	Not Cov		
G9794	DOC MED RSN FOR NOT ON A DAILY ASPIRIN OTH AP	Not Cov	Not Cov	Not Cov	Not Cov		
G9795	PATIENT IS NOT CUR ON A DAILY ASPIRIN OTH AP	Not Cov	Not Cov	Not Cov	Not Cov		
G9796	PATIENT IS CURRENTLY ON A STATIN THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9797	PATIENT IS NOT ON A STATIN THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9798	D C AMI BTW 7 1 OF YR PRI MSR YR TO 6 30 MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9799	PATIENTS MED DISPENSING EVENT INDICATR HX ASTHMA	Not Cov	Not Cov	Not Cov	Not Cov		
G9800	PATIENTS WHO ARE ID HAV INTOLERNCE ALLERGY BB TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9801	HOS PT TRANS DIR TO A NON-AC CARE FAC FOR ANY DX	Not Cov	Not Cov	Not Cov	Not Cov		
G9802	PATIENTS USE HOSPICE SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9803	PATIENT PRESCRIBED 180-DA CRS TX BB POST D C AMI	Not Cov	Not Cov	Not Cov	Not Cov		
G9804	PATIENT NOT PRSC 180-DA CRS TX BB POST DX AMI	Not Cov	Not Cov	Not Cov	Not Cov		
G9805	PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9806	PATIENTS WHO RECEIVED CERVICAL CYTOLOGY HPV TEST	Not Cov	Not Cov	Not Cov	Not Cov		
G9807	PATIENTS WHO DID NOT RECV CERV CYTOLOGY HPV TEST	Not Cov	Not Cov	Not Cov	Not Cov		
G9808	ANY PT HAD NO ASTHMA CONTR MED DISP DUR MSR YR	Not Cov	Not Cov	Not Cov	Not Cov		
G9809	PATIENTS USE HOSPICE SRVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9810	PATIENT ACHIEVED PDC AL 75PCT FOR ASTHMA CONTR MED	Not Cov	Not Cov	Not Cov	Not Cov		
G9811	PATIENT NOT ACHV PDC AL 75PCT ASTHMA CONTROL MED	Not Cov	Not Cov	Not Cov	Not Cov		
G9812	PATIENT DIED INCL ALL DEATHS OCC DUR HOS OP PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9813	PT DID NOT DIE W I 30 DA OF PROC DUR INDEX HOSP	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
G9814	DEATH OCR DUR INDEX ACUTE CARE HOSP	Not Cov	Not Cov	Not Cov	Not Cov		
G9815	DEATH DID NOT OCCUR DURING INDEX ACUTE CARE HOSP	Not Cov	Not Cov	Not Cov	Not Cov		
G9816	DEATH OCR AFTR D C HOSP BUT W I 30 D POST PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9817	DEATH NOT OCR AFT D C HOS W I 30 DAYS POST PROC	Not Cov	Not Cov	Not Cov	Not Cov		
G9818	DOCUMENTATION OF SEXUAL ACTIVITY	Not Cov	Not Cov	Not Cov	Not Cov		
G9819	PATIENTS WHO USE HOSPICE SVC ANY TIME DUR MSR PR	Not Cov	Not Cov	Not Cov	Not Cov		
G9820	DOCUMENTATION CHLAMYDIA SCREENING TST PROPER F U	Not Cov	Not Cov	Not Cov	Not Cov		
G9821	NO DOCUMENTATION CHLAMYDIA SCR TEST PROPER F U	Not Cov	Not Cov	Not Cov	Not Cov		
G9822	WOMEN WHO HAD EA DUR YEAR PRI TO INDEX DATE	Not Cov	Not Cov	Not Cov	Not Cov		
G9823	ENDOMETRIAL SAMPLE HYSTEROSCOPY BX AND RSLT DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9824	ENDOMETRIAL SMP HYSTEROSCOPY BX AND RSLT NOT DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9825	HER2 NEU NEGATIVE OR UNDOCUMENTED UNKNOWN	Not Cov	Not Cov	Not Cov	Not Cov		
G9826	PATIENT TRANS TO PRACTICE AFTER INITIATION CHEMO	Not Cov	Not Cov	Not Cov	Not Cov		
G9827	HER2-TARGETED THERAPIES NOT ADM DUR INIT CRS TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9828	HER2-TARGETED THERAPIES ADM DUR INITIAL CRS TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9829	BREAST ADJUVANT CHEMOTHERAPY ADMINISTERED	Not Cov	Not Cov	Not Cov	Not Cov		
G9830	HER2 NEU POSITIVE	Not Cov	Not Cov	Not Cov	Not Cov		
G9831	AJCC STAGE AT BREAST CANCER DIAGNOSIS EQ II III	Not Cov	Not Cov	Not Cov	Not Cov		
G9832	AJCC STG BC DX EQ I AND T-STG DOES NOT EQ T1 T1A T1B	Not Cov	Not Cov	Not Cov	Not Cov		
G9833	PATIENT TRANSFER TO PRACTICE AFTER INI CHEMO	Not Cov	Not Cov	Not Cov	Not Cov		
G9834	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9835	TRASTUZUMAB ADMINISTERED W I 12 MO OF DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9836	REASON FOR NOT ADMINISTERING TRASTUZUMAB DOC	Not Cov	Not Cov	Not Cov	Not Cov		
G9837	TRASTUZUMAB NOT ADMINISTERED W I 12 MONTHS OF DX	Not Cov	Not Cov	Not Cov	Not Cov		
G9838	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9839	ANTI-EGFR MONOCLONAL ANTIBODY THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9840	RAS GENE MUT TEST PRFRM BEF INT ANTI-EGFR MOAB	Not Cov	Not Cov	Not Cov	Not Cov		
G9841	RAS GENE MUT TST NOT PRF BEF INIT ANTI-EGFR MOAB	Not Cov	Not Cov	Not Cov	Not Cov		
G9842	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
G9843	RAS GENE MUTATION	Not Cov	Not Cov	Not Cov	Not Cov		
G9844	PATIENT DID NOT RECV ANTI-EGFR MONOCLONAL ABO TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9845	PATIENT RECEIVD ANTI-EGFR MONOCLONAL ANTIBODY TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9846	PATIENTS WHO DIED FROM CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
G9847	PATIENT RECVD CHEMOTHERAPY LAST 14 DAYS OF LIFE	Not Cov	Not Cov	Not Cov	Not Cov		

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G9848	PATIENT DID NOT RECV CHEMO LAST 14 DAYS OF LIFE	Not Cov	Not Cov	Not Cov	Not Cov		
G9849	PATIENTS WHO DIED FROM CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
G9850	PATIENT HAD OVER 1 ED VST IN THE LST 30 DAYS OF LIFE	Not Cov	Not Cov	Not Cov	Not Cov		
G9851	PATIENT HAD 1 OR LESS ED VST IN THE LAST 30 DA OF LIFE	Not Cov	Not Cov	Not Cov	Not Cov		
G9852	PATIENTS WHO DIED FROM CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
G9853	PATIENT ADM TO ICU IN THE LAST 30 DAYS OF LIFE	Not Cov	Not Cov	Not Cov	Not Cov		
G9854	PATIENT WAS NOT ADM TO ICU IN LAST 30 DA OF LIFE	Not Cov	Not Cov	Not Cov	Not Cov		
G9855	PATIENTS WHO DIED FROM CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
G9856	PATIENT WAS NOT ADMITTED TO HOSPICE	Not Cov	Not Cov	Not Cov	Not Cov		
G9857	PATIENT ADMITTED TO HOSPICE	Not Cov	Not Cov	Not Cov	Not Cov		
G9858	PATIENT ENROLLED IN HOSPICE	Not Cov	Not Cov	Not Cov	Not Cov		
G9859	PATIENTS WHO DIED FROM CANCER	Not Cov	Not Cov	Not Cov	Not Cov		
G9860	PATIENT SPENT LESS THAN 3 DAYS IN HOSPICE CARE	Not Cov	Not Cov	Not Cov	Not Cov		
G9861	PATIENT SPENT OR MORE EQUAL TO 3 DAYS IN HOSPICE CARE	Not Cov	Not Cov	Not Cov	Not Cov		
G9862	DOC MED RSN FOR NOT RECOMMEND AL 10 YR F U INTVL	Not Cov	Not Cov	Not Cov	Not Cov		
G9868	RECEIPT AND ANALYSIS REMT ASYNC IMAGES UNDER 10 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G9869	RECEIPT AND ANALYSIS REMOTE ASYNC IMAGES 10-20 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9870	RECEIPT AND ANALYSIS REMOTE ASYNC IMAGES 20 OR GRT MINS	Not Cov	Not Cov	Not Cov	Not Cov		
G9873	1ST MDPP C SESS ATD MDPP BENEFICIARY UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9874	4 TOTAL MDPP CORE SES ATD MDPP BENEF UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9875	9 TOTAL MDPP C SESS ATD MDPP BENEF UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9876	2 MDPP C MS ATD MDPP BENEF IN MO 7-9 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9877	2 MDPP C MS ATD MDPP BENEF MO 10-12 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9878	2 MDPP C MS ATD MDPP BENEF IN MO 7-9 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9879	2 MDPP C MS ATD MDPP BENEF MO 10-12 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9880	MDPP BNF ACHV AL 5PCT WL BW MO 1-12 MDPP SP UND EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9881	MDPP BNF ACHV AL 9PCT WL B WT MO 1-24 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9882	2 MDPP ONGOING MS ATD BNF MO 13-15 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9883	2 MDPP ONGO MS ATD MDPP BNF MO 16-18 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9884	2 MDPP ONGO MS ATD MDPP BNF MO 19-21 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9885	2 MDPP ONGO MS ATD MDPP BNF MO 22-24 UND MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9890	BRDG PMT:1ST MDPP CS C OM S SPL BNF MO 1-24 EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9891	MDPP SESS RPT AS LN-I ON CLM FOR PAYABL MDPP EM	Not Cov	Not Cov	Not Cov	Not Cov		
G9892	DOC PT REASON NOT PERFORMED DILATED MACULAR EXAM	Not Cov	Not Cov	Not Cov	Not Cov		

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G9893	DILATED MACULAR EX WAS NOT PERFORMED REASON NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9894	ANDROGEN DEP TX RX ADMN COMB EXT BEAM RT TO PROS	No	No	Not Cov	No		
G9895	DOC M RSN NOT RX ADM AD TX COMB EXT BEAM RT PROS	Not Cov	Not Cov	Not Cov	Not Cov		
G9896	DOCUMENT PT RSN NOT RX ADMN AD TX COM EBRT PROS	Not Cov	Not Cov	Not Cov	Not Cov		
G9897	PTS NOT RX ADM AD TX COM EBRT PROS RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9898	PT AGE 65 OR GRT INST SNP RESID LTC DUR MSR PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9899	SCR DX FILM DIGITAL DBT MAMMO RESULTS DOC AND REV	Not Cov	Not Cov	Not Cov	Not Cov		
G9900	SCR DX F DGTL DBT MAMMO RSLT NOT DOC AND REV RSN NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9901	PT AGE 65 OR GRT INST SNP RESID LTC DUR MSR PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9902	PATIENT SCR TOBACCO USE AND ID AS TOBACCO USER	Not Cov	Not Cov	Not Cov	Not Cov		
G9903	PATIENT SCR TOBACCO USE AND ID AS TOB NON-USER	Not Cov	Not Cov	Not Cov	Not Cov		
G9904	DOCUMENTATION MED RSN FOR NOT SCR TOBACCO USE	Not Cov	Not Cov	Not Cov	Not Cov		
G9905	PATIENT NOT SCREENED FOR TOBACCO USE RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9906	PT ID TOB USER RECV TOB CESSATION INTERVENTION	Not Cov	Not Cov	Not Cov	Not Cov		
G9907	DOC MED RSN NOT PROV TOBACCO CESS INTERVENTION	Not Cov	Not Cov	Not Cov	Not Cov		
G9908	PT ID TOB USER NOT RECV TOB CESS INT RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9909	DOC MED RSN NOT PROV TOB CESS INT IDENT TOB USER	Not Cov	Not Cov	Not Cov	Not Cov		
G9910	PT AGE 65 OR GRT INST SNP RES LTC ANY TM DUR MSR PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9911	CLINIC NODE NEG IBC BEF AFT NEOADJUVANT SYS TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9912	HBV STS ASSESS AND RSLT INTERP PRIOR ANTI-TNF TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9913	HBV STS ASSESS INTRP PRI ANTI-TNF TX RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9914	PATIENT RECEIVING AN ANTI-TNFAGENT	Not Cov	Not Cov	Not Cov	Not Cov		
G9915	NO RECORD OF HBV RESULTS DOCUMENTED	Not Cov	Not Cov	Not Cov	Not Cov		
G9916	FUNC STATUS PERFORMED ONCE IN THE LAST 12 MONTHS	Not Cov	Not Cov	Not Cov	Not Cov		
G9917	DOCUMENTATION MEDICAL REASON NOT PERF FUNC STS	Not Cov	Not Cov	Not Cov	Not Cov		
G9918	FUNCTIONAL STATUS NOT PERFORMED REASON NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9919	SCREENING PERF AND POS AND PROVISION RECOMMENDATIONS	Not Cov	Not Cov	Not Cov	Not Cov		
G9920	SCREENING PERFORMED AND NEGATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
G9921	NO SCR PRFRM PR SCR PRFRM POS SCR NO REC AND RSN	Not Cov	Not Cov	Not Cov	Not Cov		
G9922	SAFETY CNCRNS SCR PROV AND IF POS THEN DOC MIT REC	Not Cov	Not Cov	Not Cov	Not Cov		
G9923	SAFETY CONCERNS SCREEN PROVIDED AND NEGATIVE	Not Cov	Not Cov	Not Cov	Not Cov		
G9924	DOC MED RSN NOT PROV SAF CNCRN REC REF POS SCR	Not Cov	Not Cov	Not Cov	Not Cov		
G9925	SAFETY CONCERNS SCREENING NOT PROVIDED RSN NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9926	SAFETY CONCERNS SCR POS SCR W O PROV MIT REC	Not Cov	Not Cov	Not Cov	Not Cov		

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G9927	DOC SY RSN NOT RX WF ANR FDA-APV AC D T PT IN CT	Not Cov	Not Cov	Not Cov	Not Cov		
G9928	WARFARIN ANR FDA-APV AC NOT PRSC REASON NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
G9929	PATIENT WITH TRANSIENT OR REVERSIBLE CAUSE OF AF	Not Cov	Not Cov	Not Cov	Not Cov		
G9930	PATIENTS WHO ARE RECEIVING COMFORT CARE ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
G9931	DOCUMENTATION OF CHA2DS2-VASC RISK SCORE OF 0 1	Not Cov	Not Cov	Not Cov	Not Cov		
G9932	DOC PT RSN NOT HAVING REC NEG MANAGED POS TB SCR	Not Cov	Not Cov	Not Cov	Not Cov		
G9933	ADENOMA COLORECTAL CANCER DETECTED DUR SCR COLO	Not Cov	Not Cov	Not Cov	Not Cov		
G9934	DO NEO D ONLY DX TRAD SERRATED AD SS POLYP SSA	Not Cov	Not Cov	Not Cov	Not Cov		
G9935	ADENOMA CRC NOT DETECTED DURING SCR COLONOSCOPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9936	SURV COLO-PH CLNC PLYPS CC OTH MAL NEO R RSJ AND A	Not Cov	Not Cov	Not Cov	Not Cov		
G9937	DIAGNOSTIC COLONOSCOPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9938	PT AGE 65 OR GRT INST SNP RES LTC ANY TM DUR MSR PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9939	PATHOLOGISTS DERMATOPATH SAME CLINICIAN PRFRM BX	Not Cov	Not Cov	Not Cov	Not Cov		
G9940	DOCUMENTATION MEDICAL REASON FOR NOT ON A STATIN	Not Cov	Not Cov	Not Cov	Not Cov		
G9941	BACK PAIN MSR BY VAS W I 3 MO PRE AND AT 3 MO P O	Not Cov	Not Cov	Not Cov	Not Cov		
G9942	PT ADD SP PCR PERF SAME DATE LUM DISCECT LAMINOT	Not Cov	Not Cov	Not Cov	Not Cov		
G9943	BP NOT MSR BY VAS W I 3 MOS PRE AND AT 3 MOS P O	Not Cov	Not Cov	Not Cov	Not Cov		
G9944	BACK PAIN MSR BY VAS W I 3 MO PRE AND AT 1 YR P O	Not Cov	Not Cov	Not Cov	Not Cov		
G9945	PT CANCER FX INF REL TO LUMB SP PT HAD IDIO CS	Not Cov	Not Cov	Not Cov	Not Cov		
G9946	BP NOT MSR BY VAS W I 3 MOS PREOP AND AT 1 YR P O	Not Cov	Not Cov	Not Cov	Not Cov		
G9947	LEG PAIN MSR BY VAS W I 3 MOS PRE AND AT 3 MOS P O	Not Cov	Not Cov	Not Cov	Not Cov		
G9948	PT HAD ADD SPINE PRC PRFRM SD L DSCECT LAMINOT	Not Cov	Not Cov	Not Cov	Not Cov		
G9949	LEG PN NOT MSR BY VAS W I 3 MO PRE AND AT 3 MO P O	Not Cov	Not Cov	Not Cov	Not Cov		
G9954	PATIENT EXHIBITS 2 OR GRT RISK FAC POST-OP VOMITING	Not Cov	Not Cov	Not Cov	Not Cov		
G9955	CASES WHICH AN INHALATION ANES USED ONLY FOR IND	Not Cov	Not Cov	Not Cov	Not Cov		
G9956	PATIENT RECEIVED COMBINATION THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9957	DOCUMENTATION MEDICAL REASON NOT RECV COMB TX	Not Cov	Not Cov	Not Cov	Not Cov		
G9958	PATIENT DID NOT RECEIVE COMBINATION THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
G9959	SYSTEMIC ANTIMICROBIALS NOT PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G9960	DOC MED RSN PRESCRIBING SYSTEMIC ANTIMICROBIALS	Not Cov	Not Cov	Not Cov	Not Cov		
G9961	SYSTEMIC ANTIMICROBIALS PRESCRIBED	Not Cov	Not Cov	Not Cov	Not Cov		
G9962	EMBO EPT DOC SEP EA EMBO VESSEL AND OA ANGIO EMBO	Not Cov	Not Cov	Not Cov	Not Cov		
G9963	EMB EPT NOT DOC SEP EMB VESS OA AG EMB NOT PERF	Not Cov	Not Cov	Not Cov	Not Cov		
G9964	PT RECV AT LEAST 1 WCV W PCP DUR PRFRM PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		

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G9965	PT DID NOT RECV AT LEAST 1 WCV PCP DUR PRFRM PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9966	CHLDRN WHO WERE SCR RISK DVLP BEHAV AND SOC DLA	Not Cov	Not Cov	Not Cov	Not Cov		
G9967	CHDRN NOT SCR FOR RISK DVLP BEHAV AND SOC DLA	Not Cov	Not Cov	Not Cov	Not Cov		
G9968	PT REFERRED ANR PROV SPEC DUR PRFRM PER	Not Cov	Not Cov	Not Cov	Not Cov		
G9969	PROV REF PT ANR PROV RECV REPORT FRM PROV PT REF	Not Cov	Not Cov	Not Cov	Not Cov		
G9970	PROV REF PT ANR PROV NOT RECV RPRT PROV PT REF	Not Cov	Not Cov	Not Cov	Not Cov		
G9974	DILATED MACULAR EXAM PERFORMED	Not Cov	Not Cov	Not Cov	Not Cov		
G9975	DOC MED RSN FOR NOT PRFRM A DILATED MACULAR EXAM	Not Cov	Not Cov	Not Cov	Not Cov		
G9976	DOC PT RSN FOR NOT PRFRM A DILATED MACULAR EXAM	Not Cov	Not Cov	Not Cov	Not Cov		
G9977	DILATED MACULAR EXAM WAS NOT PRFRM REASON NOS	Not Cov	Not Cov	Not Cov	Not Cov		
G9978	RMT IH VST E M NP MCR-APVD BPCI ADV EOC TYP 10 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9979	RMT IH VST E M NP MCR-APVD BPCI ADV EOC TYP 20 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9980	RMT IH VST E M NP MCR-APVD BPCI ADV EOC TYP 30 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9981	RMT IH VST E M NP MCR-APVD BPCI ADV EOC TYP 45 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9982	RMT IH VST E M NP MCR-APVD BPCI ADV EOC TYP 60 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9983	RMT IH VST E M EST PT MCR-APVD BPCI ADV TYP 10 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9984	RMT IH VST E M EST PT MCR-APVD BPCI ADV TYP 15 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9985	RMT IH VST E M EST PT MCR-APVD BPCI ADV TYP 25 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9986	RMT IH VST E M EST PT MCR-APVD BPCI ADV TYP 40 M	Not Cov	Not Cov	Not Cov	Not Cov		
G9987	BPCI ADV MOD HOME VISIT PT ASMT PERF CLIN STAFF	Not Cov	Not Cov	Not Cov	Not Cov		
H0001	ALCOHOL AND OR DRUG ASSESSMENT	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0002	BHVAL HEALTH SCR DETERM ELIGBLITY ADMIS TX PROGM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0003	ALCOHL AND RX SCR; LAB ANALY PRESENC ALCOHL AND RX	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0004	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0005	ALCOHOL AND OR DRUG SERVICES; GROUP CNSL CLINICIAN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0006	ALCOHOL AND OR DRUG SERVICES; CASE MANAGEMENT	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0007	ALCOHOL AND OR DRUG SERVICES; CRISIS INTERVENTION	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Not Cov	Not Cov	Not Cov	Not Cov	Yes	
H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Not Cov	Not Cov	Not Cov	Not Cov	Yes	

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H0010	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Not Cov	Not Cov	Not Cov	Not Cov	Yes	ASAM screen COWS CIWA MAR Treatment Plan Documentation of estimated Length of Stay
H0011	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG IP	Not Cov	Not Cov	Not Cov	Not Cov	Yes	ASAM assessment COWS CIWA MAR Treatment Plan Documentation of estimated Length of Stay
H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Not Cov	Not Cov	Not Cov	Not Cov	Yes	
H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Not Cov	Not Cov	Not Cov	Not Cov	Yes	
H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0015	ALCOHL AND RX SRVC;INTENSV OP;CRISIS INTRVN AND ACTV TX	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	Yes	Legal documentation to support Secure Detox ASAM assessment COWS CIWA MAR Treatment Plan Documentation of estimated Length of Stay
H0018	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Not Cov	Not Cov	Not Cov	Not Cov	Yes	Legal documentation to support LRA or CR Intake assessment that includes symptoms/behaviors at time of assessment MAR Treatment Plan Documentation of estimated Length of Stay

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H0019	BHVAL HEALTH; LONG-TERM RES W O ROOM AND BOARD-DIEM	Not Cov	Not Cov	Not Cov	Not Cov	Yes	Legal documentation to support LRA or CR Intake assessment that includes symptoms/behaviors at time of assessment MAR Treatment Plan Documentation of estimated Length of Stay
H0020	ALCOHL AND OR RX SRVC; METHADONE ADMIN AND OR SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0021	ALCOHOL AND OR DRUG TRAINING SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0022	ALCOHOL AND OR DRUG INTERVENTION SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0024	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0026	ALCOHL AND RX PREVENTION PROCESS SERVICE CMTY-BASED	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0027	ALCOHOL AND OR DRUG PREVENTION ENVIR SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0028	ALCOHL AND RX PREV PROB ID AND REF SRVC NOT W ASSESS	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0029	ALCOHOL AND OR DRUG PREVENTION ALTERNATIVES SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0032	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0033	ORAL MEDICATION ADMIN DIRECT OBSERVATION	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0034	MEDICATION TRAINING AND SUPPORT PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Not Cov	Not Cov	Not Cov	Not Cov	NCB	
H0036	CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0037	COMMUNITY PSYC SUPPORTIVE TX PROGM PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0038	SELF-HELP PEER SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0039	ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
H0043	SUPPORTED HOUSING PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0044	SUPPORTED HOUSING PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0045	RESPITE CARE SERVICES NOT IN THE HOME PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov	No	

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
H0047	ALCOHOL AND OR OTHER DRUG ABUSE SERVICES NOS	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0048	ALC AND OTH RX TST: CLCT AND HNDLING ONLY OTH THAN BLD	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0049	ALCOHOL AND OR DRUG SCREENING	Not Cov	Not Cov	Not Cov	Not Cov	No	
H0050	ALCOHOL AND OR DRUG SRVC BRF INTERVENTN PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H1000	PRENATAL CARE AT-RISK ASSESSMENT	Not Cov	Not Cov	Not Cov	Not Cov		
H1001	PRENATAL CARE AT-RISK ENHNCD SRVC; ANTPRTM MGMT	Not Cov	Not Cov	Not Cov	Not Cov		
H1002	PRENATAL CARE AT-RISK ENHNCD SRVC;CARE COORD	Not Cov	Not Cov	Not Cov	Not Cov		
H1003	PRENATAL CARE AT-RISK ENHNCD SERVICE; EDUCATION	Not Cov	Not Cov	Not Cov	Not Cov		
H1004	PRENATAL CARE AT-RISK ENHNCD SRVC; F U HOM VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
H1005	PRENATAL CARE AT-RISK ENHANCED SERVICE PACKAGE	Not Cov	Not Cov	Not Cov	Not Cov		
H1010	NON-MEDICAL FAM PLANNING EDUCATION PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
H1011	FAM ASSESS LIC BHVAL HLTH PROF STATE DEFINED	Not Cov	Not Cov	Not Cov	Not Cov		
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov		
H2001	REHABILITATION PROGRAM PER 1 2 DAY	Not Cov	Not Cov	Not Cov	Not Cov		
H2010	COMPREHENSIVE MEDICATION SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
H2011	CRISIS INTERVENTION SERVICE PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov	No	Intake assessment that includes symptoms/behaviors at time of assessment. If SUD, ASAM MAR Treatment plan Documentation of estimated Length of Stay
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2014	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2015	COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2017	PSYCHOSOCIAL REHAB SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
H2019	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	No	No	Not Cov	No		
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2024	SUPPORTED EMPLOYMENT PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	

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H2025	ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2027	PSYCHOEDUCATIONAL SERVICE PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2028	SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2029	SEXUAL OFFENDER TREATMENT SERVICE PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
H2030	MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
H2031	MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2032	ACTIVITY THERAPY PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
H2033	MULTISYSTEMIC THERAPY JUVENILES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2034	ALCOHOL AND OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
H2035	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2036	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
H2037	DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
J0120	INJECTION TETRACYCLINE UP TO 250 MG	No	No	Not Cov	No		
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0130	INJECTION ABCIXIMAB 10 MG	No	No	Not Cov	No		
J0131	INJECTION ACETAMINOPHEN 10 MG	No	No	Not Cov	No		
J0132	INJECTION ACETYLCYSTEINE 100 MG	No	No	Not Cov	No		
J0133	INJECTION ACYCLOVIR 5 MG	No	No	Not Cov	No		
J0135	INJECTION ADALIMUMAB 20 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0153	INJECTION ADENOSINE 1 MG	No	No	Not Cov	No		
J0171	INJECTION ADRENALIN EPINEPHRINE 0.1 MG	No	No	Not Cov	No		
J0178	INJECTION AFLIBERCEPT 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0180	INJECTION AGALSIDASE BETA 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0185	INJECTION APREPITANT 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0190	INJECTION BIPERIDEN LACTATE PER 5 MG	No	No	Not Cov	No		
J0200	INJECTION ALATROFLOXACIN MESYLATE 100 MG	No	No	Not Cov	No		
J0202	INJECTION ALEMTUZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J0205	INJECTION ALGLUCERASE PER 10 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0207	INJECTION AMIFOSTINE 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0210	INJECTION METHYLDOPATE HCL UP TO 250 MG	No	No	Not Cov	No		
J0215	INJECTION ALEFACEPT 0.5 MG	No	No	Not Cov	No		
J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0270	INJECTION ALPROSTADIL 1.25 MCG	Not Cov	No	Not Cov	No		
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	Not Cov	No	Not Cov	No		
J0278	INJECTION AMIKACIN SULFATE 100 MG	No	No	Not Cov	No		
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG	No	No	Not Cov	No		
J0282	INJECTION AMIODARONE HYDROCHLORIDE 30 MG	No	No	Not Cov	No		
J0285	INJECTION AMPHOTERICIN B 50 MG	No	No	Not Cov	No		
J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0288	INJ AMPHOTERICIN B CHOLESTRYL SULFAT CMPLX 10 MG	No	No	Not Cov	No		
J0289	INJECTION AMPHOTERICIN B LIPOSOME 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0290	INJECTION AMPICILLIN SODIUM 500 MG	No	No	Not Cov	No		
J0295	INJECTION AMPCLLN SODIUM SULBACTAM SODIUM-1.5 G	No	No	Not Cov	No		
J0300	INJECTION AMOBARBITAL UP TO 125 MG	No	No	Not Cov	No		
J0330	INJECTION SUCCINYLCHOLINE CHLORIDE UP TO 20 MG	No	No	Not Cov	No		
J0348	INJECTION ANIDULAFUNGIN 1 MG	No	No	Not Cov	No		
J0350	INJECTION ANISTREPLASE PER 30 UNITS	No	No	Not Cov	No		
J0360	INJECTION HYDRALAZINE HCL UP TO 20 MG	No	No	Not Cov	No		
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J0365	INJECTION APROTININ 10000 KIU	No	No	Not Cov	No		
J0380	INJECTION METARAMINOL BITARTRATE PER 10 MG	No	No	Not Cov	No		
J0390	INJECTION CHLOROQUINE HCL UP TO 250 MG	No	No	Not Cov	No		
J0395	INJECTION ARBUTAMINE HCL 1 MG	No	No	Not Cov	No		
J0400	INJECTION ARIPIPRAZOLE INTRAMUSCULAR 0.25 MG	No	No	Not Cov	No		
J0401	INJECTION ARIPIPRAZOLE EXTENDED RELEASE 1 MG	No	No	Not Cov	No		
J0456	INJECTION AZITHROMYCIN 500 MG	No	No	Not Cov	No		
J0461	INJECTION ATROPINE SULFATE 0.01 MG	No	No	Not Cov	No		
J0470	INJECTION DIMERCAPROL PER 100 MG	No	No	Not Cov	No		
J0475	INJECTION BACLOFEN 10 MG	No	No	Not Cov	No		
J0476	INJECTION BACLOFEN 50 MCG FOR INTRATHECAL TRIAL	No	No	Not Cov	No		
J0480	INJECTION BASILIXIMAB 20 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0485	INJECTION BELATACEPT 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0490	INJECTION BELIMUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0500	INJECTION DICYCLOMINE HCL UP TO 20 MG	No	No	Not Cov	No		
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	No	No	Not Cov	No		
J0517	INJECTION BENRALIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0520	INJ BETHANECHOL CHLORIDE UP TO 5 MG	No	No	Not Cov	No		
J0558	INJECTION PCN G BENZ PCN G PROCAINE 100000 UNITS	No	No	Not Cov	No		
J0561	INJECTION PENICILLIN G BENZATHINE 100000 UNITS	No	No	Not Cov	No		
J0565	INJECTION BEZLOTOXUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0567	INJECTION CERLIPONASE ALFA 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J0570	BUPRENORPHINE IMPLANT 74.2 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0571	BUPRENORPHINE ORAL 1 MG	Not Cov	No	Not Cov	No		
J0572	BUPRENORPHINE NALOXONE ORAL UNDER EQ TO 3 MG BPN	Not Cov	No	Not Cov	No		
J0573	BUPRENORPHNE NALOXONE ORAL OVER 3 MG BUT UNDER EQ 6 MG	Not Cov	No	Not Cov	No		
J0574	BUPRENORPHINE NLX ORAL OVER 6 MG BUT UNDER EQ TO 10 MG	Not Cov	No	Not Cov	No		

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J0575	BUPRENORPHINE NALOXONE ORAL OVER 10 MG BUPRENORPHINE	Not Cov	No	Not Cov	No		
J0583	INJECTION BIVALIRUDIN 1 MG	No	No	Not Cov	No		
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Yes	Yes	Not Cov	Yes		See Clinical Information
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Yes	Yes	Not Cov	Yes		See Clinical Information
J0592	INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG	No	No	Not Cov	No		
J0594	INJECTION BUSULFAN 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0595	INJECTION BUTORPHANOL TARTRATE 1 MG	No	No	Not Cov	No		
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Yes	Yes	Not Cov	Yes		See Clinical Information
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0600	INJECTION EDETATE CALCIUM DISODIUM UP TO 1000 MG	No	No	Not Cov	No		
J0604	CINACALCET ORAL 1 MG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
J0606	INJECTION ETELCALCETIDE 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0610	INJECTION CALCIUM GLUCONATE PER 10 ML	No	No	Not Cov	No		
J0620	INJ CALCM GLYCEROPHOSPHATE AND CALCM LACTAT-10 ML	No	No	Not Cov	No		
J0630	INJECTION CALCITONIN-SALMON UP TO 400 UNITS	No	No	Not Cov	No		
J0636	INJECTION CALCITRIOL 0.1 MCG	No	No	Not Cov	No		

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J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0638	INJECTION CANAKINUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0670	INJECTION MEPIVACAINE HCL PER 10 ML	No	No	Not Cov	No		
J0690	INJECTION CEFAZOLIN SODIUM 500 MG	No	No	Not Cov	No		
J0692	INJECTION CEFEPIME HYDROCHLORIDE 500 MG	No	No	Not Cov	No		
J0694	INJECTION CEFOXITIN SODIUM 1 G	No	No	Not Cov	No		
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0696	INJECTION CEFTRIAXONE SODIUM PER 250 MG	No	No	Not Cov	No		
J0697	INJECTION STERILE CEFUROXIME SODIUM PER 750 MG	No	No	Not Cov	No		
J0698	INJECTION CEFOTAXIME SODIUM PER G	No	No	Not Cov	No		
J0702	INJ BETAMETHASONE ACETATE AND PHOSPHATE 3 MG	No	No	Not Cov	No		
J0706	INJECTION CAFFEINE CITRATE 5 MG	No	No	Not Cov	No		
J0710	INJECTION CEPHAPIRIN SODIUM UP TO 1 G	No	No	Not Cov	No		
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG	No	No	Not Cov	No		
J0713	INJECTION CEFTAZIDIME PER 500 MG	No	No	Not Cov	No		
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Yes	Yes	Not Cov	Yes		See Clinical Information
J0715	INJECTION CEFTIZOXIME SODIUM PER 500 MG	No	No	Not Cov	No		
J0716	INJECTION CENTRUROIDES IMMUNE FAB2 UP TO 120 MCI	No	No	Not Cov	No		
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0720	INJECTION CHLORAMPHENICOL SODIUM SUCCNAT TO 1 G	No	No	Not Cov	No		
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0735	INJECTION CLONIDINE HYDROCHLORIDE 1 MG	No	No	Not Cov	No		
J0740	INJECTION CIDOFOVIR 375 MG	No	No	Not Cov	No		
J0743	INJECTION CILASTATIN SODIUM IMIPENEM PER 250 MG	No	No	Not Cov	No		

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J0744	INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG	No	No	Not Cov	No		
J0745	INJECTION CODEINE PHOSPHATE PER 30 MG	No	No	Not Cov	No		
J0770	INJECTION COLISTIMETHATE SODIUM UP TO 150 MG	No	No	Not Cov	No		
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0780	INJ PROCHLORPERAZINE TO 10 MG	No	No	Not Cov	No		
J0795	INJ CORTICORELIN OVINE TRIFLUTATE 1 MICROGM	No	No	Not Cov	No		
J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0834	INJECTION COSYNTROPIN 0.25 MG	No	No	Not Cov	No		
J0840	INJ CROTALIDAE POLYVALENT IMMUNE FAB UP TO 1 G	No	No	Not Cov	No		
J0841	INJECTION CROTALIDAE IMMUNE F120 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Yes	Yes	Not Cov	Yes		See Clinical Information
J0875	INJECTION DALBAVANCIN 5MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0878	INJECTION DAPTOMYCIN 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Yes	Yes	Not Cov	Yes		See Clinical Information
J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD DIALYSIS	No	No	Not Cov	No		
J0883	INJECTION ARGATROBAN 1 MG NON-ESRD USE	No	No	Not Cov	No		
J0884	INJECTION ARGATROBAN 1 MG ESRD ON DIALYSIS	No	No	Not Cov	No		
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J0887	INJECTION EPOETIN BETA 1 MICROGRAM	No	No	Not Cov	No		
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Yes	Yes	Not Cov	Yes		See Clinical Information
J0890	INJECTION PEGINESATIDE 0.1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J0894	INJECTION DECITABINE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0895	INJECTION DEFEROXAMINE MESYLATE 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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J0897	INJECTION DENOSUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J0945	INJECTION BROMPHENIRAMINE MALEATE PER 10 MG	No	No	Not Cov	No		
J1000	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG	No	No	Not Cov	No		
J1020	INJECTION METHYLPREDNISOLONE ACETATE 20 MG	No	No	Not Cov	No		
J1030	INJECTION METHYLPREDNISOLONE ACETATE 40 MG	No	No	Not Cov	No		
J1040	INJECTION METHYLPREDNISOLONE ACETATE 80 MG	No	No	Not Cov	No		
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	No	No	Not Cov	No		
J1071	INJECTION TESTOSTERONE CYPIONATE 1 MG	No	No	Not Cov	No		
J1094	INJECTION DEXAMETHASONE ACETATE 1 MG	No	No	Not Cov	No		
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
J1100	INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG	No	No	Not Cov	No		
J1110	INJECTION DIHYDROERGOTAMINE MESYLATE PER 1 MG	No	No	Not Cov	No		
J1120	INJECTION ACETAZOLAMIDE SODIUM UP TO 500 MG	No	No	Not Cov	No		
J1130	INJECTION DICLOFENAC SODIUM .5 MG	No	No	Not Cov	No		
J1160	INJECTION DIGOXIN UP TO 0.5 MG	No	No	Not Cov	No		
J1162	INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL	No	No	Not Cov	No		
J1165	INJECTION PHENYTOIN SODIUM PER 50 MG	No	No	Not Cov	No		
J1170	INJECTION HYDROMORPHONE UP TO 4 MG	No	No	Not Cov	No		
J1180	INJECTION DYPHYLLINE UP TO 500 MG	No	No	Not Cov	No		
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	No	No	Not Cov	No		
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	No	No	Not Cov	No		
J1205	INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG	No	No	Not Cov	No		
J1212	INJECTION DMSO DIMETHYL SULFOXIDE 50PCT 50 ML	No	No	Not Cov	No		
J1230	INJECTION METHADONE HCL UP TO 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1240	INJECTION DIMENHYDRINATE UP TO 50 MG	No	No	Not Cov	No		
J1245	INJECTION DIPYRIDAMOLE PER 10 MG	No	No	Not Cov	No		
J1250	INJECTION DOBUTAMINE HCI PER 250 MG	No	No	Not Cov	No		
J1260	INJECTION DOLASETRON MESYLATE 10 MG	No	No	Not Cov	No		
J1265	INJECTION DOPAMINE HCL 40 MG	No	No	Not Cov	No		
J1267	INJECTION DORIPENEM 10 MG	No	No	Not Cov	No		
J1270	INJECTION DOXERCALCIFEROL 1 MCG	No	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J1290	INJECTION ECALLANTIDE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1300	INJECTION ECULIZUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1301	INJECTION EDARAVONE 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	No	No	Not Cov	No		
J1322	INJECTION ELOSULFASE ALFA 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1324	INJECTION ENFUVIRTIDE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1325	INJECTION EPOPROSTENOL 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1327	INJECTION EPTIFIBATIDE 5 MG	No	No	Not Cov	No		
J1330	INJECTION ERGONOVINE MALEATE UP TO 0.2 MG	No	No	Not Cov	No		
J1335	INJECTION ERTAPENEM SODIUM 500 MG	No	No	Not Cov	No		
J1364	INJECTION ERYTHROMYCIN LACTOBIONATE PER 500 MG	No	No	Not Cov	No		
J1380	INJECTION ESTRADIOL VALERATE UP TO 10 MG	No	No	Not Cov	No		
J1410	INJECTION ESTROGEN CONJUGATED PER 25 MG	No	No	Not Cov	No		
J1428	INJECTION ETEPLIRSEN 10 MG	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J1430	INJECTION ETHANOLAMINE OLEATE 100 MG	No	No	Not Cov	No		
J1435	INJECTION ESTRONE PER 1 MG	No	No	Not Cov	No		
J1436	INJECTION ETIDRONATE DISODIUM PER 300 MG	No	No	Not Cov	No		
J1438	INJECTION ETANERCEPT 25 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Yes	Yes	Not Cov	Yes		See Clinical Information
J1443	INJ FERRIC PRPP CITRATE SOL 0.1 MG OF IRON	No	No	Not Cov	No		
J1444	INJ FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information

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J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Yes	Yes	Not Cov	Yes		See Clinical Information
J1450	INJECTION FLUCONAZOLE 200 MG	No	No	Not Cov	No		
J1451	INJECTION FOMEPIZOLE 15 MG	No	No	Not Cov	No		
J1452	INJECTION FOMIVIRSEN SODIUM INTRAOCULAR 1.65 MG	No	No	Not Cov	No		
J1453	INJECTION FOSAPREPITANT 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1455	INJECTION FOSCARNET SODIUM PER 1000 MG	No	No	Not Cov	No		
J1457	INJECTION GALLIUM NITRATE 1 MG	No	No	Not Cov	No		
J1458	INJECTION GALSULFASE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Yes	Yes	Not Cov	Yes		See Clinical Information
J1555	INJECTION IMMUNE GLOBULIN 100 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Yes	Yes	Not Cov	Yes		See Clinical Information
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1570	INJECTION GANCICLOVIR SODIUM 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1571	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Yes	Yes	Not Cov	Yes		See Clinical Information
J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Yes	Yes	Not Cov	Yes		See Clinical Information
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J1580	INJECTION GARAMYCIN GENTAMICIN UP TO 80 MG	No	No	Not Cov	No		
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J1600	INJECTION GOLD SODIUM THIOMALATE UP TO 50 MG	No	No	Not Cov	No		
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Yes	Yes	Not Cov	Yes		See Clinical Information
J1610	INJECTION GLUCAGON HYDROCHLORIDE PER 1 MG	No	No	Not Cov	No		
J1620	INJECTION GONADORELIN HYDROCHLORIDE PER 100 MCG	No	No	Not Cov	No		
J1626	INJECTION GRANISETRON HYDROCHLORIDE 100 MCG	No	No	Not Cov	No		
J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1628	INJECTION GUSELKUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1630	INJECTION HALOPERIDOL UP TO 5 MG	No	No	Not Cov	No		
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	No	No	Not Cov	No		
J1640	INJECTION HEMIN 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1642	INJECTION HEPARIN SODIUM PER 10 UNITS	No	No	Not Cov	No		

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J1644	INJECTION HEPARIN SODIUM PER 1000 UNITS	No	No	Not Cov	No		
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Yes	Yes	Not Cov	Yes		See Clinical Information
J1650	INJECTION ENOXAPARIN SODIUM 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1652	INJECTION FONDAPARINUX SODIUM 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1655	INJECTION TINZAPARIN SODIUM 1000 IU	No	No	Not Cov	No		
J1670	INJECTION TETANUS IMMUNE GLOB HUMAN TO 250 UNITS	No	No	Not Cov	No		
J1675	INJECTION HISTRELIN ACETATE 10 MICROGRAMS	Not Cov	Yes	Not Cov	Yes		See Clinical Information
J1700	INJECTION HYDROCORTISONE ACETATE UP TO 25 MG	No	No	Not Cov	No		
J1710	INJ HYDROCORTISONE SODIUM PHOSPHATE TO 50 MG	No	No	Not Cov	No		
J1720	INJ HYDROCORTISONE SODIUM SUCCINATE TO 100 MG	No	No	Not Cov	No		
J1726	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1730	INJECTION DIAZOXIDE UP TO 300 MG	No	No	Not Cov	No		
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1741	INJECTION IBUPROFEN 100 MG	No	Not Cov	Not Cov	Not Cov		
J1742	INJ IBUTILIDE FUMARATE 1 MG	No	No	Not Cov	No		
J1743	INJECTION IDURSULFASE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1744	INJECTION ICATIBANT 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1750	INJECTION IRON DEXTRAN 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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J1756	INJECTION IRON SUCROSE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1786	INJECTION IMIGLUCERASE 10 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J1790	INJECTION DROPERIDOL UP TO 5 MG	No	No	Not Cov	No		
J1800	INJECTION PROPRANOLOL HCL UP TO 1 MG	No	No	Not Cov	No		
J1810	INJ DROPERIDOL AND FENTANYL CITRATE UP TO 2 ML AMP	No	Not Cov	Not Cov	Not Cov		
J1815	INJECTION INSULIN PER 5 UNITS	No	No	Not Cov	No		
J1817	INSULIN ADMINISTRATION THROUGH DME PER 50 UNITS	No	No	Not Cov	No		
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1835	INJECTION ITRACONAZOLE 50 MG	No	No	Not Cov	No		
J1840	INJECTION KANAMYCIN SULFATE UP TO 500 MG	No	No	Not Cov	No		
J1850	INJECTION KANAMYCIN SULFATE UP TO 75 MG	No	No	Not Cov	No		
J1885	INJECTION KETOROLAC TROMETHAMINE PER 15 MG	No	No	Not Cov	No		
J1890	INJECTION CEPHALOTHIN SODIUM UP TO 1 G	No	No	Not Cov	No		
J1930	INJECTION LANREOTIDE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1931	INJECTION LARONIDASE 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1940	INJECTION FUROSEMIDE UP TO 20 MG	No	No	Not Cov	No		
J1942	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	No	No	Not Cov	No		
J1945	INJECTION LEPIRUDIN 50 MG	No	No	Not Cov	No		
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J1953	INJECTION LEVETIRACETAM 10 MG	No	No	Not Cov	No		
J1955	INJECTION LEVOCARNITINE PER 1 G	Not Cov	Yes	Not Cov	Yes		See Clinical Information
J1956	INJECTION LEVOFLOXACIN 250 MG	No	No	Not Cov	No		
J1960	INJECTION LEVORPHANOL TARTRATE UP TO 2 MG	No	No	Not Cov	No		

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J1980	INJECTION HYOSCYAMINE SULFATE UP TO 0.25 MG	No	No	Not Cov	No		
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	No	No	Not Cov	No		
J2001	INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG	No	No	Not Cov	No		
J2010	INJECTION LINCOMYCIN HCL UP TO 300 MG	No	No	Not Cov	No		
J2020	INJECTION LINEZOLID 200 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2060	INJECTION LORAZEPAM 2 MG	No	No	Not Cov	No		
J2062	LOXAPINE FOR INHALATION 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2150	INJECTION MANNITOL 25PCT IN 50 ML	No	No	Not Cov	No		
J2170	INJECTION MECASERMIN 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2175	INJECTION MEPERIDINE HCL PER 100 MG	No	No	Not Cov	No		
J2180	INJECTION MEPERIDINE AND PROMETHAZINE HCL TO 50 MG	No	No	Not Cov	No		
J2182	INJECTION MEPOLIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2185	INJECTION MEROPENEM 100 MG	No	No	Not Cov	No		
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Yes	Not Cov	Not Cov	Yes		See Clinical Information
J2210	INJECTION METHYLERGONOVINE MALEATE UP TO 0.2 MG	No	No	Not Cov	No		
J2212	INJECTION METHYLNALTREXONE 0.1 MG	No	No	Not Cov	No		
J2248	INJECTION MICAFUNGIN SODIUM 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2250	INJECTION MIDAZOLAM HCL PER 1 MG	No	No	Not Cov	No		
J2260	INJECTION MILRINONE LACTATE 5 MG	No	No	Not Cov	No		
J2265	INJECTION MINOCYCLINE HCL 1 MG	No	No	Not Cov	No		
J2270	INJECTION MORPHINE SULFATE UP TO 10 MG	No	No	Not Cov	No		
J2274	INJECTION MS PRES-FREE EPID INTRATHECL USE 10 MG	No	Not Cov	Not Cov	Not Cov		
J2278	INJECTION ZICONOTIDE 1 MICROGRAM	No	No	Not Cov	No		
J2280	INJECTION MOXIFLOXACIN 100 MG	No	No	Not Cov	No		
J2300	INJECTION NALBUPHINE HCL PER 10 MG	No	No	Not Cov	No		
J2310	INJECTION NALOXONE HCL PER 1 MG	No	No	Not Cov	No		
J2315	INJECTION NALTREXONE DEPOT FORM 1 MG	No	No	Not Cov	No		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J2320	INJECTION NANDROLONE DECANOATE UP TO 50 MG	No	No	Not Cov	No		
J2323	INJECTION NATALIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2325	INJECTION NESIRITIDE 0.1 MG	No	No	Not Cov	No		
J2326	INJECTION NUSINERSEN 0.1 MG	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J2350	INJECTION OCRELIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ IV INJ 25 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2355	INJECTION OPRELVEKIN 5 MG	No	No	Not Cov	No		
J2357	INJECTION OMALIZUMAB 5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2358	INJECTION OLANZAPINE LONG-ACTING 1 MG	No	No	Not Cov	No		
J2360	INJECTION ORPHENADRINE CITRATE UP TO 60 MG	No	No	Not Cov	No		
J2370	INJECTION PHENYLEPHRINE HCL UP TO 1 ML	No	No	Not Cov	No		
J2400	INJECTION CHLOROPROCAINE HCL PER 30 ML	No	No	Not Cov	No		
J2405	INJECTION ONDANSETRON HCL PER 1 MG	No	No	Not Cov	No		
J2407	INJECTION ORITAVANCIN 10 MG	No	No	Not Cov	No		
J2410	INJECTION OXYMORPHONE HCL UP TO 1 MG	No	No	Not Cov	No		
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Yes	Yes	Not Cov	Yes		See Clinical Information
J2426	INJECTION PALIPERIDONE PALMITATE EXT RLSE 1 MG	No	No	Not Cov	No		
J2430	INJECTION PAMIDRONATE DISODIUM PER 30 MG	No	No	Not Cov	No		See Clinical Information
J2440	INJECTION PAPAVERINE HCL UP TO 60 MG	No	No	Not Cov	No		
J2460	INJECTION OXYTETRACYCLINE HCL UP TO 50 MG	No	No	Not Cov	No		
J2469	INJECTION PALONOSETRON HCL 25 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2501	INJECTION PARICALCITOL 1 MCG	No	No	Not Cov	No		
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2504	INJECTION PEGADEMASE BOVINE 25 IU	Yes	Yes	Not Cov	Yes		See Clinical Information
J2505	INJECTION PEGFILGRASTIM 6 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2507	INJECTION PEGLOTICASE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2510	INJECTION PCN G PROCAINE AQUEOUS TO 600000 UNITS	No	No	Not Cov	No		
J2513	INJECTION PENTASTARCH 10PCT SOLUTION 100 ML	No	No	Not Cov	No		
J2515	INJECTION PENTOBARBITAL SODIUM PER 50 MG	No	No	Not Cov	No		
J2540	INJECTION PENICILLIN G POTASSIUM TO 600000 UNITS	No	No	Not Cov	No		
J2543	INJ PIPERACILLIN SOD TAZOBACTAM SOD 1 G 0.125 G	No	No	Not Cov	No		
J2545	PENTAMIDINE ISETHIONATE I SOL NONCP UD P 300 MG	Not Cov	No	Not Cov	No		
J2547	INJECTION PERAMIVIR 1 MG	No	No	Not Cov	No		
J2550	INJECTION PROMETHAZINE HCL UP TO 50 MG	No	No	Not Cov	No		
J2560	INJECTION PHENOBARBITAL SODIUM UP TO 120 MG	No	No	Not Cov	No		
J2562	INJECTION PLERIXAFOR 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2590	INJECTION OXYTOCIN UP TO 10 UNITS	No	No	Not Cov	No		
J2597	INJECTION DESMOPRESSIN ACETATE PER 1 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2650	INJECTION PREDNISOLONE ACETATE UP TO 1 ML	No	No	Not Cov	No		
J2670	INJECTION TOLAZOLINE HCL UP TO 25 MG	No	No	Not Cov	No		
J2675	INJECTION PROGESTERONE PER 50 MG	No	No	Not Cov	No		
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	No	No	Not Cov	No		
J2690	INJECTION PROCAINAMIDE HCL UP TO 1 GM	No	No	Not Cov	No		
J2700	INJECTION OXACILLIN SODIUM UP TO 250 MG	No	No	Not Cov	No		
J2704	INJECTION PROPOFOL 10 MG	No	Not Cov	Not Cov	Not Cov		
J2710	INJECTION NEOSTIGMINE METHYLSULFATE UP TO 0.5 MG	No	No	Not Cov	No		
J2720	INJECTION PROTAMINE SULFATE PER 10 MG	No	No	Not Cov	No		
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Yes	Yes	Not Cov	Yes		See Clinical Information
J2725	INJECTION PROTIRELIN PER 250 MCG	No	No	Not Cov	No		

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J2730	INJECTION PRALIDOXIME CHLORIDE UP TO 1 GM	No	No	Not Cov	No		
J2760	INJECTION PHENTOLAMINE MESYLATE UP TO 5 MG	No	No	Not Cov	No		
J2765	INJECTION METOCLOPRAMIDE HCL UP TO 10 MG	No	No	Not Cov	No		
J2770	INJECTION QUINUPRISTIN DALFOPRISTIN 500 MG	No	No	Not Cov	No		
J2778	INJECTION RANIBIZUMAB 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2780	INJECTION RANITIDINE HYDROCHLORIDE 25 MG	No	No	Not Cov	No		
J2783	INJECTION RASBURICASE 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2785	INJECTION REGADENOSON 0.1 MG	No	No	Not Cov	No		
J2786	INJECTION RESLIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J2788	INJ RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50 MCG	No	No	Not Cov	No		
J2790	INJECTION RHO D IG HUMAN FULL DOSE 300 MCG	No	No	Not Cov	No		
J2791	INJ RHO D IG HUMAN RHOPHYLAC IM IV 100 IU	No	No	Not Cov	No		
J2792	INJ RHO D IMMUE GLOBULIN IV HUMN 100 IU	No	No	Not Cov	No		
J2793	INJECTION RILONACEPT 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	No	No	Not Cov	No		
J2795	INJECTION ROPIVACAINE HYDROCHLORIDE 1 MG	No	No	Not Cov	No		
J2796	INJECTION ROMIPLOSTIM 10 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2797	INJECTION ROLAPITANT 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2800	INJECTION METHOCARBAMOL UP TO 10 ML	No	No	Not Cov	No		
J2805	INJECTION SINCALIDE 5 MICROGRAMS	No	No	Not Cov	No		
J2810	INJECTION THEOPHYLLINE PER 40 MG	No	No	Not Cov	No		
J2820	INJECTION SARGRAMOSTIM 50 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2840	INJECTION SEBELIPASE ALFA 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2850	INJECTION SECRETIN SYNTHETIC HUMAN 1 MICROGRAM	No	No	Not Cov	No		

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J2860	INJECTION SILTUXIMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2910	INJECTION AUROTHIOGLUCOSE UP TO 50 MG	No	No	Not Cov	No		
J2916	INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG	No	No	Not Cov	No		See Clinical Information
J2920	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 40 MG	No	No	Not Cov	No		
J2930	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 125 MG	No	No	Not Cov	No		
J2940	INJECTION SOMATREM 1 MG	No	No	Not Cov	No		
J2941	INJECTION SOMATROPIN 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J2950	INJECTION PROMAZINE HCL UP TO 25 MG	No	No	Not Cov	No		
J2993	INJECTION RETEPLASE 18.1 MG	No	No	Not Cov	No		
J2995	INJECTION STREPTOKINASE PER 250000 IU	No	No	Not Cov	No		
J2997	INJECTION ALTEPLASE RECOMBINANT 1 MG	No	No	Not Cov	No		
J3000	INJECTION STREPTOMYCIN UP TO 1 G	No	No	Not Cov	No		
J3010	INJECTION FENTANYL CITRATE 0.1 MG	No	No	Not Cov	No		
J3030	INJECTION SUMATRIPTAN SUCCINATE 6 MG	No	No	Not Cov	No		
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J3070	INJECTION PENTAZOCINE 30 MG	No	No	Not Cov	No		
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3095	INJECTION TELAVANCIN 10 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
J3101	INJECTION TENECTEPLASE 1 MG	No	No	Not Cov	No		
J3105	INJECTION TERBUTALINE SULFATE UP TO 1 MG	No	No	Not Cov	No		
J3110	INJECTION TERIPARATIDE 10 MCG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
J3121	INJECTION TESTOSTERONE ENANTHATE 1 MG	No	No	Not Cov	No		
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	No	No	Not Cov	No		
J3240	INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J3243	INJECTION TIGECYCLINE 1 MG	No	No	Not Cov	No		
J3245	INJECTION TILDRAKIZUMAB 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J3246	INJECTION TIROFIBAN HCl 0.25 MG	No	No	Not Cov	No		
J3250	INJECTION TRIMETHOBENZAMIDE HCL UP TO 200 MG	No	No	Not Cov	No		
J3260	INJECTION TOBRAMYCIN SULFATE UP TO 80 MG	No	No	Not Cov	No		
J3262	INJECTION TOCILIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3265	INJECTION TORSEMIDE 10 MG ML	No	No	Not Cov	No		
J3280	INJECTION THIETHYLPERAZINE MALEATE UP TO 10 MG	No	No	Not Cov	No		
J3285	INJECTION TREPROSTINIL 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3300	INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG	No	No	Not Cov	No		
J3301	INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG	No	No	Not Cov	No		
J3302	INJECTION TRIAMCINOLONE DIACETATE PER 5 MG	No	No	Not Cov	No		
J3303	INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG	No	No	Not Cov	No		
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3305	INJECTION TRIMETREXATE GLUCORONATE PER 25 MG	No	No	Not Cov	No		
J3310	INJECTION PERPHENAZINE UP TO 5 MG	No	No	Not Cov	No		
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3320	INJ SPECTINOMYCIN DIHYDROCHLORIDE UP TO 2 GM	No	No	Not Cov	No		
J3350	INJECTION UREA UP TO 40 G	No	No	Not Cov	No		
J3355	INJECTION UROFOLLITROPIN 75 IU	Yes	Yes	Not Cov	Yes		See Clinical Information
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3360	INJECTION DIAZEPAM UP TO 5 MG	No	No	Not Cov	No		
J3364	INJECTION UROKINASE 5000 IU VIAL	No	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J3365	INJECTION IV UROKINASE 250000 IU VIAL	No	No	Not Cov	No		
J3370	INJECTION VANCOMYCIN HCL 500 MG	No	No	Not Cov	No		
J3380	INJECTION VEDOLIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J3396	INJECTION VERTEPORFIN 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J3400	INJECTION TRIFLUPROMAZINE HCL UP TO 20 MG	No	No	Not Cov	No		
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	No	No	Not Cov	No		
J3411	INJECTION THIAMINE HCL 100 MG	No	No	Not Cov	No		
J3415	INJECTION PYRIDOXINE HCL 100 MG	No	No	Not Cov	No		
J3420	INJECTION VIT B-12 CYANOCOBALAMIN TO 1000 MCG	No	No	Not Cov	No		
J3430	INJECTION PHYTONADIONE PER 1 MG	No	No	Not Cov	No		
J3465	INJECTION VORICONAZOLE 10 MG	No	No	Not Cov	No		
J3470	INJECTION HYALURONIDASE UP TO 150 UNITS	No	No	Not Cov	No		
J3471	INE HYALURONIDASE OVINE PRES FREE 1 USP UNIT	No	No	Not Cov	No		
J3472	INJ HYALURONIDASE OVINE PRES FREE-1000 USP UNITS	No	No	Not Cov	No		
J3473	INJECTION HYALURONIDASE RECOMBINANT 1 USP UNIT	No	Not Cov	Not Cov	Not Cov		
J3475	INJECTION MAGNESIUM SULPHATE PER 500 MG	No	No	Not Cov	No		
J3480	INJECTION POTASSIUM CHLORIDE PER 2 MEQ	No	No	Not Cov	No		
J3485	INJECTION ZIDOVUDINE 10 MG	No	No	Not Cov	No		
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	No	No	Not Cov	No		
J3489	INJECTION ZOLEDRONIC ACID 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J3490	UNCLASSIFIED DRUGS	Yes	Yes	Not Cov	Yes		See Clinical Information
J3520	EDETATE DISODIUM PER 150 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J3530	NASAL VACCINE INHALATION	No	No	Not Cov	No		
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J3570	LAETRILE AMYGDALIN VITAMIN B17	Not Cov	Not Cov	Not Cov	Not Cov		
J3590	UNCLASSIFIED BIOLOGICS	Yes	Yes	Not Cov	Yes		See Clinical Information
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
J7030	INFUSION NORMAL SALINE SOLUTION 1000 CC	No	No	Not Cov	No		
J7040	INFUSION NORMAL SALINE SOLUTION STERILE	No	No	Not Cov	No		
J7042	5PCT DEXTROSE NORMAL SALINE	No	No	Not Cov	No		
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC	No	No	Not Cov	No		
J7060	5PCT DEXTROSE WATER	No	No	Not Cov	No		
J7070	INFUSION D-5-W 1000 CC	No	No	Not Cov	No		
J7100	INFUSION DEXTRAN 40500 ML	No	No	Not Cov	No		
J7110	INFUSION DEXTRAN 75500 ML	No	No	Not Cov	No		
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC	No	No	Not Cov	No		
J7121	5PCT DEXTROSE LACTATED RINGERS INFUSION TO 1000 CC	No	No	Not Cov	No		
J7131	HYPERTONIC SALINE SOLUTION 1 ML	No	No	Not Cov	No		
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7175	INJECTION FACTOR X 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7178	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7180	INJECTION FACTOR XIII 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7182	INJECTION FACTOR VIII PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information

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J7185	INJECTION FACTOR VIII PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7188	INJECTION FACTOR VIII PER I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7189	FACTOR VIIA 1 MICROGRAM	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7194	FACTOR IX COMPLEX PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7197	ANTITHROMBIN III PER IU	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
J7198	ANTI-INHIBITOR PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7209	INJECTION FACTOR VIII 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	See Clinical Information
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	No	No	Not Cov	No		
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	No	No	Not Cov	No		
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	No	No	Not Cov	No		
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	No	No	Not Cov	No		
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	No	No	Not Cov	No		
J7303	CONTRACEPT SUPPLY HORMONE CONTAINING VAG RING EA	Not Cov	No	Not Cov	No		
J7304	CONTRACEPTIVE SUPPLY HORMONE CONTAINING PATCH EA	Not Cov	No	Not Cov	No		
J7306	LEVONORGESTREL CNTRACPTV IMPL SYS INCL IMPL AND SPL	Not Cov	Not Cov	Not Cov	Not Cov		
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL AND SPL	No	No	Not Cov	No		
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Yes	Yes	Not Cov	Yes		See Clinical Information
J7309	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G	Yes	Yes	Not Cov	Yes		See Clinical Information
J7310	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	Yes	Yes	Not Cov	Yes		See Clinical Information
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Yes	Yes	Not Cov	Yes		See Clinical Information

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J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7313	INJECTION FA INTRAVITREAL IMPLANT 0.01 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7315	MITOMYCIN OPTHALMIC 0. 2 MG	No	No	Not Cov	No		
J7316	INJECTION OCRIPLASMIN 0.125 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7321	HYAL DERIV HYALGAN SUPARTZ VISCO-3 IA INJ-DOSE	Yes	Yes	Not Cov	Yes		See Clinical Information
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Yes	Yes	Not Cov	Yes		See Clinical Information
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Yes	Yes	Not Cov	Yes		See Clinical Information
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Yes	Yes	Not Cov	Yes		See Clinical Information
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Yes	Yes	Not Cov	Yes		See Clinical Information
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7336	CAPSAICIN 8PCT PATCH PER SQ CM	No	No	Not Cov	No		
J7340	CARBIDPA 5 MG LEVODPA 20 MG EN SUSP 100 ML	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J7342	INSTILLATION CIPROFLOXACIN OTIC SUSPENSION 6 MG	No	No	Not Cov	No		
J7345	AMINOLEVULINIC ACID HCL TOP ADMIN 10PCT GEL 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7500	AZATHIOPRINE ORAL 50 MG	Not Cov	No	Not Cov	No		
J7501	AZATHIOPRINE PARENTERAL100 MG	No	No	Not Cov	No		
J7502	CYCLOSPORINE ORAL 100 MG	Not Cov	No	Not Cov	No		
J7503	TACROLIMUS EXTENDED RELEASE ORAL 0.25 MG	No	No	Not Cov	No		
J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7505	MUROMONAB-CD3 PARENTERAL 5 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7507	TACROLIMUS IMMEDIATE RELEASE ORAL 1 MG	No	No	Not Cov	No		
J7508	TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG	No	No	Not Cov	No		
J7509	METHYLPREDNISOLONE ORAL PER 4 MG	No	No	Not Cov	No		
J7510	PREDNISOLONE ORAL PER 5 MG	No	No	Not Cov	No		
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J7512	PREDNISONE IMMEDIATE RLSE DELAYED RLSE ORAL 1 MG	No	No	Not Cov	No		
J7513	DACLIZUMAB PARENTERAL 25 MG	No	No	Not Cov	No		
J7515	CYCLOSPORINE ORAL 25 MG	No	No	Not Cov	No		
J7516	CYCLOSPORINE PARENTERAL 250 MG	No	No	Not Cov	No		
J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG	No	No	Not Cov	No		
J7518	MYCOPHENOLIC ACID ORAL 180 MG	No	No	Not Cov	No		
J7520	SIROLIMUS ORAL 1 MG	No	No	Not Cov	No		
J7525	TACROLIMUS PARENTERAL 5 MG	No	No	Not Cov	No		
J7527	EVEROLIMUS ORAL 0. 25 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Yes	Yes	Not Cov	Yes		
J7604	ACETYLCYSTEINE INHAL SOL COMP PROD UNIT DOSE P G	Not Cov	Not Cov	Not Cov	Not Cov		
J7605	ARFORMOTEROL INHAL SOL NONCOMP UNIT DOSE 15 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7606	FORMOTEROL FUMARATE INHAL SOL U DOSE FORM 20 MCG	Not Cov	Not Cov	Not Cov	Not Cov		
J7607	LEVALBUTEROL INHAL CP PROD THRU DME CONC 0.5 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7608	ACETYLCYSTEINE INHAL SOL NONCOMP UNIT DOSE PER G	Not Cov	No	Not Cov	No		
J7609	ALBUTEROL INHAL CP PROD THRU DME UNIT DOSE 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7610	ALBUTEROL INHAL SOL ADMIN THRU DME CONC 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7611	ALBUTEROL INHAL NON-CP THRU DME CONC FORM 1 MG	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J7612	LEVALBUTEROL INHAL NON-CP THRU DME CONC 0.5 MG	Not Cov	No	Not Cov	No		
J7613	ALBUTEROL INHAL NON-CP PROD THRU DME U DOSE 1 MG	Not Cov	No	Not Cov	No		
J7614	LEVALBUTEROL INHAL NON-CP THRU DME U DOSE 0.5 MG	Not Cov	No	Not Cov	No		
J7615	LEVALBUTEROL INHAL SOL THRU DME UNIT DOSE 0.5 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7620	ALBUTEROL TO 2.5 MG AND IPRATROPIUM BROM TO 0.5 MG	Not Cov	No	Not Cov	No		
J7622	BECLOMETHASOME INHAL CP PROD UNIT DOSE PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7624	BETAMETHASONE INHAL CP PROD DME UNIT DOSE PER MG	Not Cov	No	Not Cov	No		
J7626	BUDESONIDE INHAL NON-CP UNIT DOSE UP TO 0.5 MG	Not Cov	No	Not Cov	No		
J7627	BUDESONIDE INHAL CP PROD UNIT DOSE UP TO 0.5 MG	Not Cov	No	Not Cov	No		
J7628	BITOLTEROL MESYLATE INHAL CP PROD CONC PER MG	Not Cov	No	Not Cov	No		
J7629	BITOLTEROL MESYLATE INHAL CP UNIT DOSE PER MG	Not Cov	No	Not Cov	No		
J7631	CROMOLYN SODIUM INHALATION SOL NONCP UD P 10 MG	Not Cov	No	Not Cov	No		
J7632	CROMOLYN SODIUM INHAL SOL COMP PROD UD 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7633	BUDESONIDE INHAL NON-CP CONC FORM PER 0.25 MG	Not Cov	No	Not Cov	No		
J7634	BUDESONIDE INHAL CP PROD THRU DME CONC 0.25 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7635	ATROPINE INHAL SOL COMP PROD CONC FORM PER MG	Not Cov	No	Not Cov	No		
J7636	ATROPINE INHAL COMP PROD UNIT DOSE FORM PER MG	Not Cov	No	Not Cov	No		
J7637	DEXAMETHASONE INHAL COMP PROD CONC FORM PER MG	Not Cov	No	Not Cov	No		
J7638	DEXAMETHASONE INHAL COMP PROD UNIT DOSE PER MG	Not Cov	No	Not Cov	No		
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
J7640	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG	No	No	Not Cov	No		
J7641	FLUNISOLIDE INHAL COMP PROD UNIT DOSE PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7642	GLYCOPYRROLATE INHAL COMP PROD CONC FORM PER MG	Not Cov	No	Not Cov	No		
J7643	GLYCOPYRROLATE INHAL COMP UNIT DOSE FORM PER MG	Not Cov	No	Not Cov	No		
J7644	IPRATROPIUM BROMIDE INHAL NON-CP U DOSE PER MG	Not Cov	No	Not Cov	No		
J7645	IPRATROPIUM BROMIDE INHAL THRU DME U DOSE PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7647	ISOETHARINE HCL INHAL CP PROD THRU DME PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7648	ISOETHARINE HCI INHAL NON-CP CONC FORM PER MG	Not Cov	No	Not Cov	No		
J7649	ISOETHARINE HCI NON-COMP UNIT DOSE FORM PER MG	Not Cov	No	Not Cov	No		
J7650	ISOETHARINE HCI INHAL THRU DME UNIT DOSE PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7657	ISOPROTERENOL HCI INHAL CP PROD THRU DME PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7658	ISOPROTERENOL HCI INHAL NON-CP CONC FORM PER MG	Not Cov	No	Not Cov	No		
J7659	ISOPROTERENOL HCI INHAL NON-CP UNIT DOSE PER MG	Not Cov	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J7660	ISOPROTERENOL HCI INHAL THRU DME U DOSE PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7665	MANNITOL ADMINISTERED THROUGH AN INHALER 5 MG	Not Cov	No	Not Cov	No		
J7667	METAPROTERENOL SULFATE INHAL CP PROD CONC 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7668	METAPROTERENOL SULF INHAL NON-CP CONC PER 10 MG	Not Cov	No	Not Cov	No		
J7669	METAPROTERENOL SULF INHAL NON-CP UNIT DOSE 10 MG	Not Cov	No	Not Cov	No		
J7670	METAPROTERENOL SULFATE INHAL THRU DME PER 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7674	METHACHOLINE CHLORID INHAL SOL THRU NEB PER 1 MG	No	Not Cov	Not Cov	Not Cov		
J7676	PENTAMIDINE ISETHIONATE I SOL CP PROD U D 300 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Not Cov	Not Cov	Not Cov	Not Cov		
J7680	TERBUTALINE SULFATE INHAL COMP CONC FORM PER MG	Not Cov	No	Not Cov	No		
J7681	TERBUTALINE SULFATE INHAL COMP UNIT DOSE PER MG	Not Cov	No	Not Cov	No		
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
J7683	TRIAMCINOLONE INHAL COMP PROD CONC FORM PER MG	Not Cov	No	Not Cov	No		
J7684	TRIAMCINOLONE INHAL COMP PROD UNIT DOSE PER MG	Not Cov	No	Not Cov	No		
J7685	TOBRAMYCIN INHAL CP PROD THRU DME U DOSE 300 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Not Cov	Yes	Not Cov	Yes		
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Yes	Yes	Not Cov	Yes		
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
J8498	ANTIEMETIC DRUG RECTAL SUPPOSITORY NOS	Not Cov	Yes	Not Cov	Yes		
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Not Cov	Not Cov	Not Cov	Not Cov		
J8501	APREPITANT ORAL 5 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J8510	BUSULFAN ORAL 2 MG	No	No	Not Cov	No		
J8515	CABERGOLINE ORAL 0.25 MG	No	No	Not Cov	No		
J8520	CAPECITABINE ORAL 150 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J8521	CAPECITABINE ORAL 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	No	No	Not Cov	No		
J8540	DEXAMETHASONE ORAL 0.25 MG	No	No	Not Cov	No		
J8560	ETOPOSIDE ORAL 50 MG	No	No	Not Cov	No		
J8562	FLUDARABINE PHOSPHATE ORAL 10 MG	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J8565	GEFITINIB ORAL 250 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Yes	Yes	Not Cov	Yes		
J8600	MELPHALAN ORAL 2 MG	No	No	Not Cov	No		
J8610	METHOTREXATE ORAL 2.5 MG	No	No	Not Cov	No		
J8650	NABILONE ORAL 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J8670	ROLAPITANT ORAL 1 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information
J8700	TEMOZOLOmIDE ORAL 5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J8705	TOPOTECAN ORAL 0.25 MG	No	No	Not Cov	No		
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Not Cov	Not Cov	Not Cov	Not Cov		
J9000	INJECTION DOXORUBICIN HCL 10 MG	No	No	Not Cov	No		See Clinical Information
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Yes	Yes	Not Cov	Yes		See Clinical Information
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Yes	Yes	Not Cov	Yes		See Clinical Information
J9020	INJECTION ASPARAGINASE 10000 UNITS	No	No	Not Cov	No		
J9022	INJECTION ATEZOLIZUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9023	INJECTION AVELUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9025	INJECTION AZACITIDINE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9027	INJECTION CLOFARABINE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J9032	INJECTION BELINOSTAT 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9035	INJECTION BEVACIZUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Yes	Yes	Not Cov	Yes		See Clinical Information
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information
J9041	INJECTION BORTEZOMIB 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9043	INJECTION CABAZITAXEL 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9044	INJECTION BORTEZOMIB NOS 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9045	INJECTION CARBOPLATIN 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9047	INJECTION CARFILZOMIB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9050	INJECTION CARMUSTINE 100 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9055	INJECTION CETUXIMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9057	INJECTION COPANLISIB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	No	No	Not Cov	No		See Clinical Information
J9065	INJECTION CLADRIBINE PER 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J9070	CYCLOPHOSPHAMIDE 100 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9098	INJECTION CYTARABINE LIPOSOME 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9100	INJECTION CYTARABINE 100 MG	No	No	Not Cov	No		See Clinical Information
J9120	INJECTION DACTINOMYCIN 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9130	DACARBAZINE 100 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9145	INJECTION DARATUMUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9150	INJECTION DAUNORUBICIN 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9151	INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG	No	No	Not Cov	No		
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Yes	Yes	Not Cov	Yes		See Clinical Information
J9155	INJECTION DEGARELIX 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9160	INJECTION DENILEUKIN DIFTITOX 300 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9165	INJECTION DIETHYLSTILBESTROL DIPHOSPHATE 250 MG	No	No	Not Cov	No		
J9171	INJECTION DOCETAXEL 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9173	INJECTION DURVALUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9175	INJECTION ELLIOTTS B SOLUTION 1 ML	No	No	Not Cov	No		
J9176	INJECTION ELOTUZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9178	INJECTION EPIRUBICIN HCL 2 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J9181	INJECTION ETOPOSIDE 10 MG	No	No	Not Cov	No		See Clinical Information
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9190	INJECTION FLUOROURACIL 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9200	INJECTION FLOXURIDINE 500 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9201	INJECTION GEMCITABINE HCL 200 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9206	INJECTION IRINOTECAN 20 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9207	INJECTION IXABEPILONE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9208	INJECTION IFOSFAMIDE 1 G	Yes	Yes	Not Cov	Yes		See Clinical Information
J9209	INJECTION MESNA 200 MG	No	No	Not Cov	No		See Clinical Information
J9211	INJECTION IDARUBICIN HCL 5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9212	INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG	No	No	Not Cov	No		
J9213	INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U	No	No	Not Cov	No		
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Yes	Yes	Not Cov	Yes		See Clinical Information
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Yes	Yes	Not Cov	Yes		See Clinical Information
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J9217	LEUPROLIDE ACETATE 7.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9218	LEUPROLIDE ACETATE PER 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9225	HISTRELIN IMPLANT VANTAS 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9228	INJECTION IPILIMUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9245	INJECTION MELINJECTION MELPHALAN HCL 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9250	METHOTREXATE SODIUM 5 MG	No	No	Not Cov	No		
J9260	METHOTREXATE SODIUM 50 MG	No	No	Not Cov	No		
J9261	INJECTION NELARABINE 50 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9263	INJECTION OXALIPLATIN 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Yes	Yes	Not Cov	Yes		See Clinical Information
J9267	INJECTION PACLITAXEL 1 MG	No	No	Not Cov	No		See Clinical Information
J9268	INJECTION PENTOSTATIN 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
J9270	INJECTION PLICAMYCIN 2.5 MG	No	No	Not Cov	No		
J9271	INJECTION PEMBROLIZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9280	INJECTION MITOMYCIN 5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9285	INJECTION OLARATUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9295	INJECTION NECITUMUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9299	INJECTION NIVOLUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9301	INJECTION OBINUTUZUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9302	INJECTION OFATUMUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9303	INJECTION PANITUMUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9305	INJECTION PEMETREXED 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9306	INJECTION PERTUZUMAB 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9307	INJECTION PRALATREXATE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9308	INJECTION RAMUCIRUMAB 5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Yes	Yes	Not Cov	Yes		See Clinical Information
J9312	INJECTION RITUXIMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9315		Yes	Yes	Not Cov	Yes		See Clinical Information
J9320	INJECTION STREPTOZOCIN 1 G	No	No	Not Cov	No		

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J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Yes	Not Cov	Not Cov	Yes		See Clinical Information
J9328	INJECTION TEMOZOLOMIDE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9330	INJECTION TEMSIROLIMUS 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9340	INJECTION THIOTEPA 15 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9351	INJECTION TOPOTECAN 0.1 MG	No	No	Not Cov	No		See Clinical Information
J9352	INJECTION TRABECTEDIN 0.1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9355	INJECTION TRASTUZUMAB 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Yes	Yes	Not Cov	Yes		See Clinical Information
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9360	INJECTION VINBLASTINE SULFATE 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9370	VINCRISTINE SULFATE 1 MG	No	No	Not Cov	No		See Clinical Information
J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9390	INJECTION VINORELBINE TARTRATE 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9395	INJECTION FULVESTRANT 25 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
J9600	INJECTION PORFIMER SODIUM 75 MG	Yes	Yes	Not Cov	Yes		See Clinical Information

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J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Yes	Yes	Not Cov	Yes		See Clinical Information
K0001	STANDARD WHEELCHAIR	Not Cov	No	Not Cov	No		
K0002	STANDARD HEMI WHEELCHAIR	Not Cov	No	Not Cov	No		
K0003	LIGHTWEIGHT WHEELCHAIR	Not Cov	No	Not Cov	No		
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Not Cov	No	Not Cov	No		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Not Cov	No	Not Cov	No		
K0006	HEAVY-DUTY WHEELCHAIR	Not Cov	No	Not Cov	No		
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	Not Cov	No	Not Cov	No		
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Not Cov	Not Cov	Not Cov	Not Cov		
K0009	OTHER MANUAL WHEELCHAIR BASE	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Not Cov	Not Cov	Not Cov	Not Cov		
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Not Cov	Not Cov	Not Cov	Not Cov		
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Not Cov	Not Cov	Not Cov	Not Cov		
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Not Cov	Not Cov	Not Cov	Not Cov		
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Not Cov	Not Cov	Not Cov	Not Cov		
K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH	Not Cov	No	Not Cov	No		
K0017	DETACHABLE ADJUST HT ARMREST BASE REPL ONLY EA	Not Cov	No	Not Cov	No		
K0018	DTACHBLE ADJUST HT ARMREST UP PRTN REPL ONLY EA	Not Cov	No	Not Cov	No		
K0019	ARM PAD REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
K0020	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	Not Cov	No	Not Cov	No		
K0037	HIGH MOUNT FLIP-UP FOOTREST REPLACEMENT ONLY EA	Not Cov	No	Not Cov	No		
K0038	LEG STRAP EACH	Not Cov	No	Not Cov	No		
K0039	LEG STRAP H STYLE EACH	Not Cov	No	Not Cov	No		
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	Not Cov	No	Not Cov	No		
K0041	LARGE SIZE FOOTPLATE EACH	Not Cov	No	Not Cov	No		
K0042	STANDARD SIZE FOOTPLATE REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
K0043	FOOTREST LOWER EXTENSION TUBE REPLACEMNT ONLY EA	Not Cov	No	Not Cov	No		
K0044	FOOTREST UPPER HANGER BRACKET REPL ONLY EACH	Not Cov	No	Not Cov	No		
K0045	FOOTREST COMPLETE ASSEMBLY REPLACEMENT ONLY EACH	Not Cov	No	Not Cov	No		
K0046	ELEVATING LEGREST LWR EXTENSN TUBE REPL ONLY EA	Not Cov	No	Not Cov	No		

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K0047	ELEVATING LEGREST UPR HANGER BRACKT REPL ONLY EA	Not Cov	No	Not Cov	No		
K0050	RATCHET ASSEMBLY REPLACEMENT ONLY	Not Cov	No	Not Cov	No		
K0051	CAM RLS ASSEM FOOTREST LEGREST REPL ONLY EACH	Not Cov	No	Not Cov	No		
K0052	SWINGAWAY DETACHABLE FOOTRESTS REPL ONLY EACH	Not Cov	No	Not Cov	No		
K0053	ELEVATING FOOTRESTS ARTICULATING EACH	Not Cov	No	Not Cov	No		
K0056	SEAT HT UNDER 17 EQ TO OR GRT 21 IN LTWT ULTRALTWT WHLCHA	Not Cov	No	Not Cov	No		
K0065	SPOKE PROTECTORS EACH	Not Cov	No	Not Cov	No		
K0069	REAR WHL ASM CMPL SLD TIRE SPKE MLD REPL ONLY EA	Not Cov	No	Not Cov	No		
K0070	REAR WHL ASM COMP PNEUM TIRE SPKS MLD RPL ONLY E	Not Cov	No	Not Cov	No		
K0071	FRONT CASTER ASSEM COMPLETE PN TIRE REPL ONLY EA	Not Cov	No	Not Cov	No		
K0072	FRONT C ASSEMBLY COMPL SEMIPNEU TIRE REPL ONLY E	Not Cov	No	Not Cov	No		
K0073	CASTER PIN LOCK EACH	Not Cov	No	Not Cov	No		
K0077	FRONT CASTER ASSEMBLY COMPL SLD TIRE REPL ONLY E	Not Cov	No	Not Cov	No		
K0098	DRIVE BELT FOR POWER WHEELCHAIR REPLACEMNT ONLY	Not Cov	No	Not Cov	No		
K0105	IV HANGER EACH	Not Cov	No	Not Cov	No		
K0108	OTHER ACCESSORIES	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0195	ELEVATING LEGREST PAIR	Not Cov	No	Not Cov	No		
K0455	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED	Not Cov	Not Cov	Not Cov	Not Cov		
K0462	TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0552	SPL EXT NON-INS RX INFUS PMP SYR T CART STERL EA	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0553	SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
K0554	RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS	Yes	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0601	REPL BATTRY EXT INFUS PUMP SILVER OXIDE 1.5 V EA	Not Cov	No	Not Cov	No		
K0602	REPL BATTERY EXT INFUS PUMP SILVER OXIDE 3 V EA	Not Cov	No	Not Cov	No		
K0603	REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA	Not Cov	No	Not Cov	No		
K0604	REPL BATTERY EXT INFUS PUMP LITHIUM 3.6 VOLT EA	Not Cov	No	Not Cov	No		
K0605	REPL BATTERY EXT INFUS PUMP LITHIUM 4.5 VOLT EA	Not Cov	No	Not Cov	No		
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Not Cov	Not Cov	Not Cov	Yes		
K0607	REPL BATTRY AUTO EXT DEFIB GARMNT TYPE ONLY EA	Not Cov	Not Cov	Not Cov	No		
K0608	REPLACEMENT GARMENT USE W AUTO EXTERNAL DEFIB EA	Not Cov	Not Cov	Not Cov	No		
K0609	REPL ELEC W AUTO EXT DEFIB GARMNT TYPE ONLY EA	Not Cov	Not Cov	Not Cov	No		
K0669	WC ACCESS WC SEAT BACK CUSHION NO DME PDAC	Not Cov	Not Cov	Not Cov	Not Cov		
K0672	ADD LOW EXT ORTHOSIS REMV SOFT INTERFACE REPL EA	Not Cov	No	Not Cov	No		
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
K0733	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA	Not Cov	No	Not Cov	No		
K0738	PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR	Not Cov	No	Not Cov	No		
K0739	REPR SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS	Not Cov	No	Not Cov	No		
K0740	REPR SRVC FOR O2 EQP RQR TECH CMPNT PER 15 MINS	Not Cov	No	Not Cov	No		
K0743	SUCTION PUMP HOME MODEL PORTABLE FOR USE WOUNDS	Not Cov	No	Not Cov	No		
K0744	ABSORB WD DR HOM MDL PRTBLE PAD SZ 16 SQ IN LESS	Not Cov	Not Cov	Not Cov	Not Cov		
K0745	ABSRB WD DR HOM MDL PRT PAD OVER 16 SQ IN UNDER EQ 48 S	Not Cov	Not Cov	Not Cov	Not Cov		
K0746	ABSORB WND DRSG HOM MDL PRTBLE PAD SZ OVER 48 SQ IN	Not Cov	Not Cov	Not Cov	Not Cov		
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Not Cov	Yes	Not Cov	Yes		
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Not Cov	Yes	Not Cov	Yes		
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Not Cov	Yes	Not Cov	Yes		
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Not Cov	Yes	Not Cov	Yes		
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Not Cov	Yes	Not Cov	Yes		
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Not Cov	Yes	Not Cov	Yes		
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Not Cov	Yes	Not Cov	Yes		
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Not Cov	Yes	Not Cov	Yes		
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Not Cov	Yes	Not Cov	Yes		
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Not Cov	Yes	Not Cov	Yes		
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Not Cov	Yes	Not Cov	Yes		
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Not Cov	Yes	Not Cov	Yes		
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Not Cov	Yes	Not Cov	Yes		
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Not Cov	Not Cov	Not Cov	Not Cov		
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Not Cov	Not Cov	Not Cov	Not Cov		
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Not Cov	Not Cov	Not Cov	Not Cov		
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Not Cov	Not Cov	Not Cov	Not Cov		
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Not Cov	Not Cov	Not Cov	Not Cov		
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Not Cov	Not Cov	Not Cov	Not Cov		
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Not Cov	Not Cov	Not Cov	Not Cov		
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Not Cov	Not Cov	Not Cov	Not Cov		
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Not Cov	Not Cov	Not Cov	Not Cov		
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Not Cov	Not Cov	Not Cov	Not Cov		
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Not Cov	Yes	Not Cov	Yes		
L0112	CRANIL CERV ORTHOT CONGN TORTICOLLIS TYPE CUSTOM	Not Cov	No	Not Cov	No		
L0113	CRANIAL CERVL ORTHOTIC TORTICOLLIS TYPE PREFAB	Not Cov	No	Not Cov	No		
L0120	CERVICAL FLEXIBLE NONADJUSTABLE PREFAB OFF SHELF	Not Cov	No	Not Cov	No		
L0130	CERV FLEXIBLE THERMOPLASTIC COLLAR MOLDED PT	Not Cov	No	Not Cov	No		
L0140	CERVICAL SEMI-RIGID ADJUSTABLE	No	No	Not Cov	No		
L0150	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP	No	No	Not Cov	No		
L0160	CERVICAL SEMI-RIGID WIRE FRAME OCCIP MAND PREFAB	Not Cov	No	Not Cov	No		
L0170	CERVICAL COLLAR MOLDED TO PATIENT MODEL	Not Cov	No	Not Cov	No		
L0172	CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB	No	No	Not Cov	No		
L0174	CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB	Not Cov	No	Not Cov	No		
L0180	CERV MX POST COLLAR OCCIP MAND SUPPORTS ADJUSTBL	Not Cov	No	Not Cov	No		
L0190	CERV MX POST COLLR OCCIP MAND SUPP ADJ CERV BARS	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L0200	CERV MX POST COLLR OCCIP MAND ADJ CERV AND THOR EXT	Not Cov	No	Not Cov	No		
L0220	THORACIC RIB BELT CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
L0450	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION PREFAB	Not Cov	No	Not Cov	No		
L0452	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Not Cov	Yes	Not Cov	Yes		
L0454	TLSO FLEXIBLE SC JUNCT TO T-9 PREFAB CUSTOM FIT	Not Cov	No	Not Cov	No		
L0455	TLSO FLEXIBLE SC JUNCT TO T-9 PREFAB OFF SHELF	Not Cov	No	Not Cov	No		
L0456	TLSO FLEXIBLE SC JUNCT SCAP SPINE PREFAB CUSTOM	Not Cov	No	Not Cov	No		
L0457	TLSO FLX SC JUNC TERM INF TO SCAP SPINE PREFAB	Not Cov	No	Not Cov	No		
L0458	TLSO TRIPLANAR 2 RIGD SHELL ANT TO XIPHOID PRFAB	No	No	Not Cov	No		
L0460	TLSO TRIPLANAR 2 SHELL ANT TO STERNL NOTCH PRFAB	Not Cov	No	Not Cov	No		
L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Not Cov	No	Not Cov	No		
L0464	TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB	Not Cov	No	Not Cov	No		
L0466	TLSO SAGITTAL CONTRL RIGD FRME PREFAB CUSTOM FIT	Not Cov	No	Not Cov	No		
L0467	TLSO SAGITTAL CONTRL RIGD FRAME PREFAB OFF SHELF	Not Cov	No	Not Cov	No		
L0468	TLSO SAGITTAL-CORONAL CONTROL PREFAB CUSTOM FIT	Not Cov	No	Not Cov	No		
L0469	TLSO SAGITTAL-CORONAL CONTROL RIGID FRAME PREFAB	Not Cov	No	Not Cov	No		
L0470	TLSO TRIPLANAR POST FRME AND ANT APRON W STRAP PRFAB	Not Cov	No	Not Cov	No		
L0472	TLSO TRIPLANAR HYPREXT RIGD ANT AND LAT FRME PRFAB	Not Cov	No	Not Cov	No		
L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Not Cov	Yes	Not Cov	Yes		
L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Not Cov	Yes	Not Cov	Yes		
L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Not Cov	Yes	Not Cov	Yes		
L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Not Cov	Yes	Not Cov	Yes		
L0488	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER PRFAB	Not Cov	Not Cov	Not Cov	Not Cov		
L0490	TLSO SAGIT-CORONAL W OVRLAP REINFORCED ANT PRFAB	Not Cov	No	Not Cov	No		
L0491	TLSO TWO RIGID PLASTIC SHELLS PREFABRICATED	Not Cov	No	Not Cov	No		
L0492	TLSO THREE RIGID PLASTIC SHELLS PREFABRICATED	Not Cov	No	Not Cov	No		
L0621	SACROILIAC ORTHOSIS FLEXIBLE PREFABRICATED	Not Cov	No	Not Cov	No		
L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED	Not Cov	Yes	Not Cov	Yes		
L0623	SACROILIAC ORTHOSIS RIGID SEMI-RIGID PANL PREFAB	Not Cov	No	Not Cov	No		
L0624	SACROILIAC ORTHOTIC RIGD SEMI-RIGD PANELS CUSTOM	Not Cov	No	Not Cov	No		
L0625	LUMBAR ORTHOSIS FLEXIBLE PREFABRICATED OFF SHELF	No	No	Not Cov	No		
L0626	LUMB ORTHOSIS SAGIT CNTRL RIGID POST PANL PREFAB	Not Cov	No	Not Cov	No		
L0627	LUMB ORTHOSIS SAGIT CNTRL RIGID A AND P PANEL PREFAB	Not Cov	No	Not Cov	No		
L0628	LUMBAR-SCARAL ORTHOSIS FLEXIBLE PREFAB OFF SHELF	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L0629	LUMBAR-SACRAL ORTHOTIC FLEXIBLE CUSTOM FAB	Not Cov	No	Not Cov	No		
L0630	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID POST PREFAB	Not Cov	No	Not Cov	No		
L0631	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A AND P PREFAB	Not Cov	No	Not Cov	No		
L0632	LUMB-SACRAL ORTHOT SAGIT CNTRL RIGID A AND P CUSTOM	Not Cov	No	Not Cov	No		
L0633	LUMB-SAC ORTHOS SAGIT-COR CNTRL RIGD POST PREFAB	Not Cov	No	Not Cov	No		
L0634	LUMB-SAC ORTHOT SAGIT-COR CNTRL RIGD POST CUSTOM	Not Cov	No	Not Cov	No		
L0635	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST PREFAB	Not Cov	No	Not Cov	No		
L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Not Cov	No	Not Cov	No		
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Not Cov	No	Not Cov	No		
L0638	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P CUSTOM	Not Cov	No	Not Cov	No		
L0639	LUMB-SAC ORTHOS SAG-COR CNTRL RIGID SHELL PREFAB	Not Cov	No	Not Cov	No		
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Not Cov	Yes	Not Cov	Yes		
L0641	LUMB ORTHOS SAGITTAL CTRL RIGD POST PANLS PREFAB	Not Cov	No	Not Cov	No		
L0642	LUMB ORTHOS SAGITTAL CTRL RIGD ANT POST PANELS	Not Cov	No	Not Cov	No		
L0643	LSO SAGITTAL CONTROL RIGID POST PANELS PREFAB	Not Cov	No	Not Cov	No		
L0648	LSO SAGITTAL CONTROL RIGD ANT POST PANELS PREFAB	Not Cov	No	Not Cov	No		
L0649	LSO SAGITTAL-CORONAL CONTROL RIGD POST PANELS	Not Cov	No	Not Cov	No		
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Not Cov	Yes	Not Cov	Yes		
L0651	LSO SAGITTAL-CORONAL CONTROL RIGD SHELLS PANELS	Not Cov	No	Not Cov	No		
L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Not Cov	Yes	Not Cov	Yes		
L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Not Cov	Yes	Not Cov	Yes		
L0810	HALO PROC CERV HALO INCORPORATED IN JACKET VEST	Not Cov	No	Not Cov	No		
L0820	HALO PROC CERV HALO INC IN PLASTR BDY JACKET	Not Cov	No	Not Cov	No		
L0830	HALO PROC CERV HALO INC IN MLWAKEE TYPE ORTHOSIS	Not Cov	No	Not Cov	No		
L0859	ADD HALO PROC MRI COMPAT SYS RINGS AND PINS ANY MATL	Not Cov	No	Not Cov	No		
L0861	ADD HALO PROC REPLCMT LINER INTERFCE MATERIAL	Not Cov	No	Not Cov	No		
L0970	TLSO CORSET FRONT	Not Cov	No	Not Cov	No		
L0972	LSO CORSET FRONT	Not Cov	No	Not Cov	No		
L0974	TLSO FULL CORSET	Not Cov	No	Not Cov	No		
L0976	LSO FULL CORSET	Not Cov	No	Not Cov	No		
L0978	AXILLARY CRUTCH EXTENSION	Not Cov	No	Not Cov	No		
L0980	PERONEAL STRAPS PREFABRICATED OFF THE SHELF PAIR	Not Cov	No	Not Cov	No		
L0982	STOCKING SUPPORTER GRIPS PREFAB OFF SHELF SET 4	Not Cov	No	Not Cov	No		
L0984	PROTECTIVE BODY SOCK PREFAB OFF SHELF EACH	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1001	CERV THOR LUMB SACRAL IMMOBLIZR INFANT SZ PREFAB	Not Cov	No	Not Cov	No		
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1010	ADDITION CTLSO SCOLIOSIS ORTHOSIS AXILLA SLING	Not Cov	No	Not Cov	No		
L1020	ADDITION CTLSO SCOLIOSIS ORTHOSIS KYPHOSIS PAD	Not Cov	No	Not Cov	No		
L1025	ADD CTLSO SCOLIOS ORTHOS KYPHOS PAD FLOATING	Not Cov	No	Not Cov	No		
L1030	ADD CTLSO SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD	Not Cov	No	Not Cov	No		
L1040	ADD CTLSO SCOLIOSIS ORTHOSIS LUMB LUMB RIB PAD	Not Cov	No	Not Cov	No		
L1050	ADDITION TO CTLSO SCOLIOSIS ORTHOSIS STERNAL PAD	Not Cov	No	Not Cov	No		
L1060	ADDITION CTLSO SCOLIOSIS ORTHOSIS THORACIC PAD	Not Cov	No	Not Cov	No		
L1070	ADD CTLSO SCOLIOSIS ORTHOSIS TRAPEZIUS SLING	Not Cov	No	Not Cov	No		
L1080	ADDITION TO CTLSO SCOLIOSIS ORTHOSIS OUTRIGGER	Not Cov	No	Not Cov	No		
L1085	ADD CTLSO SCOLIO ORTHO OUTRIG BIL-VERTICL EXT	Not Cov	No	Not Cov	No		
L1090	ADDITION CTLSO SCOLIOSIS ORTHOSIS LUMBAR SLING	Not Cov	No	Not Cov	No		
L1100	ADD CTLSO SCOLIOS ORTHOS RING FLNGE PLSTC LEATHR	Not Cov	No	Not Cov	No		
L1110	ADD CTLSO SCOLIOS RING FLNGE MOLD PT MDL	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1120	ADDITION CTLSO SCOLIOSIS ORTHOSIS COVER UPRT EA	Not Cov	No	Not Cov	No		
L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOTIC ONLY	Not Cov	No	Not Cov	No		
L1210	ADDITION TO TLSO LATERAL THORACIC EXTENSION	Not Cov	No	Not Cov	No		
L1220	ADDITION TO TLSO ANTERIOR THORACIC EXTENSION	Not Cov	No	Not Cov	No		
L1230	ADDITION TO TLSO MILWAUKEE TYPE SUPERSTRUCTURE	Not Cov	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L1240	ADDITION TO TLSO LUMBAR DEROTATION PAD	Not Cov	No	Not Cov	No		
L1250	ADDITION TO TLSO ANTERIOR ASIS PAD	Not Cov	No	Not Cov	No		
L1260	ADDITION TLSO ANTERIOR THORACIC DEROTATION PAD	Not Cov	No	Not Cov	No		
L1270	ADDITION TO TLSO ABDOMINAL PAD	Not Cov	No	Not Cov	No		
L1280	ADDITION TO TLSO RIB GUSSET EACH	Not Cov	No	Not Cov	No		
L1290	ADDITION TO TLSO LATERAL TROCHANTERIC PAD	Not Cov	No	Not Cov	No		
L1300	OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL	Not Cov	No	Not Cov	No		
L1310	OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET	Not Cov	No	Not Cov	No		
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1600	HIP ORTHOSIS ABDUCTION CONTRL FLEX FREJKA PREFAB	Not Cov	No	Not Cov	No		
L1610	HIP ORTHOSIS ABDUCTION CONTRL FLEXIBLE PREFAB	Not Cov	No	Not Cov	No		
L1620	HIP ORTHOSIS ABDUCTION FLEX PAVLIK HARN PREFAB	Not Cov	No	Not Cov	No		
L1630	HO ABDUCT CONTROL OF HIP JNT SEMI-FLEX CSTM FAB	Not Cov	No	Not Cov	No		
L1640	HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1650	HIP ORTHOTIC ABDUCT CNTRL STAT ADJ PRFAB-FIT AND ADJ	Not Cov	No	Not Cov	No		
L1652	HIP ORTHOTIC BIL THI CUFF ADLT SZ PRFAB ANY TYPE	Not Cov	No	Not Cov	No		
L1660	HIP ORTHOT ABDUCT CNTRL STAT PLSTC PRFAB-FIT AND ADJ	Not Cov	No	Not Cov	No		
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1686	HIP ORTHOT ABDUCT CNTRL POSTOP HIP PRFAB-FIT AND ADJ	Not Cov	No	Not Cov	No		
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOT PRFB W FIT AND ADJ	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L1700	LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1710	LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1720	LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1755	LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1810	KNEE ORTHOSIS ELASTIC JOINTS PREFAB CUSTOM FIT	Not Cov	No	Not Cov	No		
L1812	KNEE ORTHOSIS ELASTIC WITH JOINTS PREFAB	Not Cov	No	Not Cov	No		
L1820	KO ELAST W CONDYLR PADS AND JNT PRFAB INCL FIT AND ADJ	Not Cov	No	Not Cov	No		
L1830	KNEE ORTHOSIS IMMOBLIZER CANVAS LONGTUDNL PREFAB	Not Cov	No	Not Cov	No		
L1831	KNEE ORTHOT LOCK KNEE JNT PSTN ORTHOT PRFAB	Not Cov	No	Not Cov	No		
L1832	KNEE ORTHOSIS IMMOBLIZER ADJUSTABLE JOINT PREFAB	No	No	Not Cov	No		
L1833	KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PREFAB	Not Cov	No	Not Cov	No		
L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Yes	Yes	Not Cov	Yes		
L1836	KNEE ORTHOSIS RIGID WITHOUT JOINT PREFABRICATED	No	No	Not Cov	No		
L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Not Cov	Yes	Not Cov	Yes		
L1843	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF PREFAB	Not Cov	No	Not Cov	No		
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Not Cov	Yes	Not Cov	Yes		
L1845	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF PREFAB	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L1847	KNEE ORTHOSIS DOUBLE UPRIGHT AIR PREFAB CUSTOM	Not Cov	No	Not Cov	No		
L1848	KNEE ORTHOSIS ADJUSTABLE JOINT AIR SUPP PREFAB	Not Cov	No	Not Cov	No		
L1850	KNEE ORTHOSIS SWEDISH TYPE PREFAB OFF SHELF	Not Cov	No	Not Cov	No		
L1851	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF	Not Cov	No	Not Cov	No		
L1852	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF	Not Cov	No	Not Cov	No		
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L1902	ANKLE ORTH ANKLE GAUNT SIM PREFAB OFF-THE-SHELF	Not Cov	No	Not Cov	No		
L1904	ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Not Cov	Yes	Not Cov	Yes		
L1906	ANK FT ORTHOS MX-LIG ANK SUPT PREFB OFF SHELF	Not Cov	No	Not Cov	No		
L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Not Cov	No	Not Cov	No		
L1910	AFO POST 1 BAR CLASP ATTCH SHOE COUNTER PRFAB	Not Cov	No	Not Cov	No		
L1920	AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L1930	ANKLE FOOT ORTHOTIC PLASTIC OTH MATL PREFAB	No	No	Not Cov	No		
L1932	AFO RIGD ANT TIBL TOT CARB FIBER EQUL MATL PRFAB	Not Cov	No	Not Cov	No		
L1940	ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Not Cov	No	Not Cov	No		
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Not Cov	Yes	Not Cov	Yes		
L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Not Cov	Yes	Not Cov	Yes		
L1951	ANK FT ORTHOT SPIRAL PLSTC OTH MATL PRFAB W FIT	Not Cov	No	Not Cov	No		
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Not Cov	No	Not Cov	No		
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Not Cov	Yes	Not Cov	Yes		
L1971	ANK FT ORTHOTIC PLSTC OTH MATL W ANK JNT PREFAB	Not Cov	No	Not Cov	No		
L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Not Cov	Yes	Not Cov	Yes		
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Not Cov	Yes	Not Cov	Yes		
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Not Cov	Yes	Not Cov	Yes		
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Not Cov	Yes	Not Cov	Yes		
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Not Cov	Yes	Not Cov	Yes		
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Not Cov	Yes	Not Cov	Yes		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L2035	KAFO FULL PLSTC STAT PED W O FREE MOT ANK PRFAB	Not Cov	No	Not Cov	No		
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Not Cov	Yes	Not Cov	Yes		
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Not Cov	Yes	Not Cov	Yes		
L2040	HKAFO TORSION CNTRL BIL ROTAT STRAPS CSTM	Not Cov	No	Not Cov	No		
L2050	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L2060	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L2070	HKAFO TORSION CNTRL UNI ROTAT STRAPS CSTM FAB	Not Cov	No	Not Cov	No		
L2080	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Not Cov	Yes	Not Cov	Yes		
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2112	AFO FX ORTHO TIB FX ORTHO SFT PRFAB W FIT AND ADJ	No	No	Not Cov	No		
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB W FIT AND ADJ	Not Cov	No	Not Cov	No		
L2116	AFO TIB FX ORTHOTIC RIGID PRFAB W FIT AND ADJ	No	No	Not Cov	No		
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Not Cov	Yes	Not Cov	Yes		
L2132	KAFO FEM FX CAST ORTHOTIC SFT PRFAB W FIT AND ADJ	Not Cov	No	Not Cov	No		
L2134	KAFO FEM FX CAST ORTHOT SEMI-RIGD PRFAB FIT AND ADJ	Not Cov	No	Not Cov	No		
L2136	KAFO FEM FX CAST ORTHOTIC RIGD PRFAB W FIT AND ADJ	Not Cov	No	Not Cov	No		
L2180	ADD LW EXTRM FX ORTHOT PLSTC SHOE INSRT ANK JNT	Not Cov	No	Not Cov	No		
L2182	ADD LOW EXTREM FX ORTHOTIC DROP LOCK KNEE JOINT	Not Cov	No	Not Cov	No		
L2184	ADD LOW EXTREM FX ORTHOTIC LTD MOTION KNEE JOINT	Not Cov	No	Not Cov	No		
L2186	ADD LW EXT FX ORTH ADJ MOT KNEE JNT LERMAN TYPE	Not Cov	No	Not Cov	No		
L2188	ADD LOW EXTREM FRACTURE ORTHOTIC QUADRILAT BRIM	Not Cov	No	Not Cov	No		
L2190	ADDITION LOW EXTREM FRACTURE ORTHOTIC WAIST BELT	Not Cov	No	Not Cov	No		
L2192	ADD LW EXT ORTHOTIC HIP JNT THI FLNGE AND PELV BELT	Not Cov	No	Not Cov	No		
L2200	ADDITION LOWER EXTREMITY LTD ANK MOTION EA JOINT	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L2210	ADDITION LOWER EXTREM DORSIFLEX ASSIST EA JOINT	Not Cov	No	Not Cov	No		
L2220	ADD LW EXTRM DORSIFLX AND PLANTR ASST RSIST EA JNT	Not Cov	No	Not Cov	No		
L2230	ADD LW EXTRM SPLIT FLAT CALIPRR STIRRUPS AND PLATE	Not Cov	No	Not Cov	No		
L2232	ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L2240	ADD LOW EXTREM ROUND CALIPER AND PLATE ATTACHMENT	Not Cov	No	Not Cov	No		
L2250	ADD LOW EXTREM FT PLATE MOLD PT MDL STIRUP ATTCH	Not Cov	No	Not Cov	No		
L2260	ADDITION LOWER EXTREM REINFORCED SOLID STIRRUP	Not Cov	No	Not Cov	No		
L2265	ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP	Not Cov	No	Not Cov	No		
L2270	ADD LW EXT VARUS VALGUS CORR STRAP PAD LINE PAD	Not Cov	No	Not Cov	No		
L2275	ADD LW EXTRM VARUS VULGUS CORR PLSTC MOD PADD LN	Not Cov	No	Not Cov	No		
L2280	ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT	Not Cov	No	Not Cov	No		
L2300	ADDITION LOW EXTREM ABDUCT BAR JOINTED ADJUSTBLE	Not Cov	No	Not Cov	No		
L2310	ADDITION LOWER EXTREMITY ABDUCTION BAR STRAIGHT	Not Cov	No	Not Cov	No		
L2320	ADD LOW EXT NONMOLD LACER CSTM FAB ORTHOS ONLY	Not Cov	No	Not Cov	No		
L2330	ADD LOW EXT LACER MOLD PT MDL CSTM ORTHOTIC ONLY	Not Cov	No	Not Cov	No		
L2335	ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND	Not Cov	No	Not Cov	No		
L2340	ADD LOW EXTREM PRETIBL SHELL MOLDED PT MODEL	Not Cov	No	Not Cov	No		
L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Not Cov	No	Not Cov	No		
L2360	ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK	Not Cov	No	Not Cov	No		
L2370	ADDITION TO LOWER EXTREMITY PATTEN BOTTOM	Not Cov	No	Not Cov	No		
L2375	ADD LW EXT TORSION CNTRL ANK JNT AND HALF STIRUP	Not Cov	No	Not Cov	No		
L2380	ADD LW EXT TORSION CNTRL STRAIT KNEE JNT EA JNT	Not Cov	No	Not Cov	No		
L2385	ADD LOW EXTREM STRAIT KNEE JNT HEVY DUTY EA JNT	Not Cov	No	Not Cov	No		
L2387	ADD LW EXT POLYCENTRIC KNEE JNT CSTM KAFO EA JNT	Not Cov	No	Not Cov	No		
L2390	ADDITION LOWER EXTREM OFFSET KNEE JOINT EA JOINT	Not Cov	No	Not Cov	No		
L2395	ADD LOW EXTREM OFFSET KNEE JNT HEVY DUTY EA JNT	Not Cov	No	Not Cov	No		
L2397	ADDITION LOWER EXTREM ORTHOTIC SUSPENSION SLEEVE	Not Cov	No	Not Cov	No		
L2405	ADDITION TO KNEE JOINT DROP LOCK EACH	Not Cov	No	Not Cov	No		
L2415	ADD KNEE LOCK W INTEGRATED RLSE MECH MATL EA JNT	Not Cov	No	Not Cov	No		
L2425	ADD KNEE JNT DISC DIAL LOCK ADJ KNEE FLX EA JNT	Not Cov	No	Not Cov	No		
L2430	ADD KNEE JNT RATCHET LOCK KNEE EXT EA JNT	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L2492	ADDITION TO KNEE JOINT LIFT LOOP DROP LOCK RING	Not Cov	No	Not Cov	No		
L2500	ADD LW EXTRM THI WT BEAR GLUTL ISCH WT BEAR RING	Not Cov	No	Not Cov	No		
L2510	ADD LW EXTRM THI WT BEAR QUADRI-LAT BRIM MOLD PT	Not Cov	No	Not Cov	No		
L2520	ADD LW EXTRM THI WT BEAR QUADRI-LAT BRIM CSTM	Not Cov	No	Not Cov	No		
L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Not Cov	No	Not Cov	No		
L2526	ADD LW EXTRM ISCH M-L BRIM CSTM FIT	Not Cov	No	Not Cov	No		
L2530	ADD LOW EXTREM THIGH WEIGHT BEAR LACER NONMOLDED	Not Cov	No	Not Cov	No		
L2540	ADD LOW EXTREM THI WEIGHT BEAR LACER MOLD PT MDL	Not Cov	No	Not Cov	No		
L2550	ADD LOW EXTREM THIGH WEIGHT BEAR HIGH ROLL CUFF	Not Cov	No	Not Cov	No		
L2570	ADD LW EXT PELV HIP JNT CLEVIS TYPE 2 PSTN JNT	Not Cov	No	Not Cov	No		
L2580	ADDITION LOWER EXTREM PELV CONTROL PELV SLING	Not Cov	No	Not Cov	No		
L2600	ADD LW EXT PELV HIP JNT CLEVIS THRUST BEAR FREE	Not Cov	No	Not Cov	No		
L2610	ADD LW EXT PELV HIP JNT CLEVIS THRUST BEAR LOCK	Not Cov	No	Not Cov	No		
L2620	ADD LOW EXTREM PELV CNTRL HIP JOINT HEVY-DUTY EA	Not Cov	No	Not Cov	No		
L2622	ADD LOW EXTRM PELV CNTRL HIP JNT ADJUSTBL FLX EA	Not Cov	No	Not Cov	No		
L2624	ADD LW EXTRM PELV HIP JNT ADJ FLX EXT ABDUCT EA	Not Cov	No	Not Cov	No		
L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Not Cov	No	Not Cov	No		
L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES	Not Cov	No	Not Cov	No		
L2630	ADD LOW EXTREM PELVIC CONTROL BAND AND BELT UNI	Not Cov	No	Not Cov	No		
L2640	ADDITION LOW EXTREM PELV CONTROL BAND AND BELT BIL	Not Cov	No	Not Cov	No		
L2650	ADD LOW EXTREM PELV AND THOR CONTROL GLUTEAL PAD EA	Not Cov	No	Not Cov	No		
L2660	ADDITION LOWER EXTREM THOR CONTROL THOR BAND	Not Cov	No	Not Cov	No		
L2670	ADD LOW EXTREM THOR CONTROL PARASPINAL UPRIGHTS	Not Cov	No	Not Cov	No		
L2680	ADD LOW EXTREM THOR CNTRL LAT SUPPORT UPRIGHTS	Not Cov	No	Not Cov	No		
L2750	ADD LOW EXTREM ORTHOTIC PLATING CHROME NICKL-BAR	Not Cov	No	Not Cov	No		
L2755	ADD LOW EXT ORTHOTIC HYBRID COMPOS PER SEG CSTM	Not Cov	No	Not Cov	No		
L2760	ADDITION LOW EXTREM ORTHOTIC EXT PER EXT PER BAR	Not Cov	No	Not Cov	No		
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR	Not Cov	No	Not Cov	No		
L2780	ADD LOW EXTREM ORTHOTIC NONCORROSIVE FINISH BAR	Not Cov	No	Not Cov	No		
L2785	ADDITION LOW EXTREM ORTHOTIC DROP LOCK RETAIN EA	Not Cov	No	Not Cov	No		
L2795	ADD LOW EXTREM ORTHOTIC KNEE CNTRL FULL KNEECAP	Not Cov	No	Not Cov	No		
L2800	ADD LOW EXT ORTHOT KNEE CNTRL KNEE CAP CSTM ONLY	Not Cov	Yes	Not Cov	Yes		
L2810	ADD LOW EXTREM ORTHOTIC KNEE CONTROL CONDYLR PAD	Not Cov	No	Not Cov	No		
L2820	ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L2830	ADD LW EXT ORTHOTIC SOFT INTERFCE MOLD ABVE KNEE	Not Cov	No	Not Cov	No		
L2840	ADD LOW EXTREM ORTHOTIC TIB LENGTH SOCK FX EQ EA	Not Cov	No	Not Cov	No		
L2850	ADD LOW EXTREM ORTHOT FEM LENGTH SOCK FX EQUL EA	Not Cov	No	Not Cov	No		
L2861	ADD LOW EXT JOINT KNEE ANK CSTM FAB ONLY EA	Not Cov	Not Cov	Not Cov	Not Cov		
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA	Not Cov	No	Not Cov	No		
L3001	FOOT INSERT REMOVABLE MOLDED PT MODEL SPENCO EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3002	FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE EQUL EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3003	FOOT INSERT REMV MOLDED PT MODEL SILICONE GEL EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3010	FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3020	FOOT INSRT REMV MOLD PT MDL LNGTUDNL MT SUPP EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3030	FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH	Not Cov	No	Not Cov	No		
L3031	FOOT INSRT PLAT REMV ADD LW EXT ORTHOT HI STRGTH	Not Cov	No	Not Cov	No		
L3040	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3050	FOOT ARCH SUPPORT REMOVABLE PREMOLDED MT EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3060	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL MT EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3070	FOOT ARCH SUPPORT NONREMV ATTCH SHOE LNGTUDNL EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3080	FOOT ARCH SUPPORT NONREMOVABLE ATTCH SHOE MT EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3090	FOOT ARCH SUPP NONREMV ATTCH SHOE LNGTUDNL MT EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT PREFABRICATED	Not Cov	No	Not Cov	No		
L3140	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES	Not Cov	No	Not Cov	No		
L3150	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES	Not Cov	No	Not Cov	No		
L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
L3170	FOOT PLASTIC SILCONE HEEL STABILIZER PREFAB EACH	Not Cov	No	Not Cov	No		
L3201	ORTHOPED SHOE OXFORD W SUPINATOR PRONATOR INFNT	Not Cov	Not Cov	Not Cov	Not Cov		
L3202	ORTHOPED SHOE OXFORD W SUPINATOR PRONATOR CHILD	Not Cov	Not Cov	Not Cov	Not Cov		
L3203	ORTHOPEDIC SHOE OXFORD W SUPINATOR PRONATOR JR	Not Cov	Not Cov	Not Cov	Not Cov		
L3204	ORTHOPED SHOE HIGHTOP W SUPINATOR PRONATOR INFNT	Not Cov	Not Cov	Not Cov	Not Cov		
L3206	ORTHOPED SHOE HIGHTOP W SUPINATOR PRONATOR CHILD	Not Cov	Not Cov	Not Cov	Not Cov		
L3207	ORTHOPEDIC SHOE HIGHTOP W SUPINATOR PRONATOR JR	Not Cov	Not Cov	Not Cov	Not Cov		
L3208	SURGICAL BOOT EACH INFANT	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L3209	SURGICAL BOOT EACH CHILD	Not Cov	Not Cov	Not Cov	Not Cov		
L3211	SURGICAL BOOT EACH JUNIOR	Not Cov	Not Cov	Not Cov	Not Cov		
L3212	BENESCH BOOT PAIR INFANT	Not Cov	Not Cov	Not Cov	Not Cov		
L3213	BENESCH BOOT PAIR CHILD	Not Cov	Not Cov	Not Cov	Not Cov		
L3214	BENESCH BOOT PAIR JUNIOR	Not Cov	Not Cov	Not Cov	Not Cov		
L3215	ORTHOPEDIC FOOTWEAR LADIES SHOE OXFORD EACH	Not Cov	No	Not Cov	No		
L3216	ORTHOPEDIC FOOTWEAR LADIES SHOE DEPTH INLAY EACH	Not Cov	Not Cov	Not Cov	Not Cov		
L3217	ORTHOPED FTWEAR LADIES SHOE HITOP DEPTH INLAY EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3219	ORTHOPEDIC FOOTWEAR MENS SHOE OXFORD EACH	Not Cov	No	Not Cov	No		
L3221	ORTHOPEDIC FOOTWEAR MENS SHOE DEPTH INLAY EACH	Not Cov	Not Cov	Not Cov	Not Cov		
L3222	ORTHOPED FOOTWEAR MENS SHOE HITOP DEPTH INLAY EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3224	ORTHOPEDIC FOOTWEAR WOMAN SHOE OXFRD PART BRACE	Not Cov	Not Cov	Not Cov	Not Cov		
L3225	ORTHOPEDIC FOOTWEAR MAN SHOE OXFORD PART BRACE	Not Cov	Not Cov	Not Cov	Not Cov		
L3230	ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH	Not Cov	No	Not Cov	No		
L3250	ORTHOPED FTWEAR CSTM MOLD REMV INNR MOLD PROSTH	Not Cov	Not Cov	Not Cov	Not Cov		
L3251	FOOT SHOE MOLDED PATIENT MODEL SILICONE SHOE EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3252	FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3253	FOOT MOLDED SHOE PLASTAZOTE CUSTOM FITTED EACH	Not Cov	Not Cov	Not Cov	Not Cov		
L3254	NONSTANDARD SIZE OR WIDTH	Not Cov	Not Cov	Not Cov	Not Cov		
L3255	NONSTANDARD SIZE OR LENGTH	Not Cov	Not Cov	Not Cov	Not Cov		
L3257	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE	Not Cov	Not Cov	Not Cov	Not Cov		
L3260	SURGICAL BOOT SHOE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
L3265	PLASTAZOTE SANDAL EACH	Not Cov	Not Cov	Not Cov	Not Cov		
L3300	LIFT ELEVATION HEEL TAPERED METATARSALS PER INCH	Not Cov	Not Cov	Not Cov	Not Cov		
L3310	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH	Not Cov	No	Not Cov	No		
L3320	LIFT ELEVATION HEEL AND SOLE CORK PER INCH	Not Cov	No	Not Cov	No		
L3330	LIFT ELEVATION METAL EXTENSION	Not Cov	Not Cov	Not Cov	Not Cov		
L3332	LIFT ELEV INSIDE SHOE TAPERED UP ONE-HALF INCH	Not Cov	Not Cov	Not Cov	Not Cov		
L3334	LIFT ELEVATION HEEL PER INCH	Not Cov	No	Not Cov	No		
L3340	HEEL WEDGE SACH	Not Cov	No	Not Cov	No		
L3350	HEEL WEDGE	Not Cov	No	Not Cov	No		
L3360	SOLE WEDGE OUTSIDE SOLE	Not Cov	No	Not Cov	No		
L3370	SOLE WEDGE BETWEEN SOLE	Not Cov	Not Cov	Not Cov	Not Cov		
L3380	CLUBFOOT WEDGE	Not Cov	Not Cov	Not Cov	Not Cov		

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L3390	OUTFLARE WEDGE	Not Cov	Not Cov	Not Cov	Not Cov		
L3400	METATARSAL BAR WEDGE ROCKER	Not Cov	No	Not Cov	No		
L3410	METATARSAL BAR WEDGE BETWEEN SOLE	Not Cov	No	Not Cov	No		
L3420	FULL SOLE AND HEEL WEDGE BETWEEN SOLE	Not Cov	No	Not Cov	No		
L3430	HEEL COUNTER PLASTIC REINFORCED	Not Cov	No	Not Cov	No		
L3440	HEEL COUNTER LEATHER REINFORCED	Not Cov	Not Cov	Not Cov	Not Cov		
L3450	HEEL SACH CUSHION TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
L3455	HEEL NEW LEATHER STANDARD	Not Cov	Not Cov	Not Cov	Not Cov		
L3460	HEEL NEW RUBBER STANDARD	Not Cov	Not Cov	Not Cov	Not Cov		
L3465	HEEL THOMAS WITH WEDGE	Not Cov	Not Cov	Not Cov	Not Cov		
L3470	HEEL THOMAS EXTENDED TO BALL	Not Cov	Not Cov	Not Cov	Not Cov		
L3480	HEEL PAD AND DEPRESSION FOR SPUR	Not Cov	Not Cov	Not Cov	Not Cov		
L3485	HEEL PAD REMOVABLE FOR SPUR	Not Cov	Not Cov	Not Cov	Not Cov		
L3500	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER	Not Cov	Not Cov	Not Cov	Not Cov		
L3510	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER	Not Cov	Not Cov	Not Cov	Not Cov		
L3520	ORTHOPED SHOE ADDITION INSOLE FELT COVR W LEATHR	Not Cov	Not Cov	Not Cov	Not Cov		
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	Not Cov	Not Cov	Not Cov	Not Cov		
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	Not Cov	Not Cov	Not Cov	Not Cov		
L3550	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD	Not Cov	Not Cov	Not Cov	Not Cov		
L3560	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE	Not Cov	Not Cov	Not Cov	Not Cov		
L3570	ORTHOPEDIC SHOE ADDITION SPECIAL EXT INSTEP	Not Cov	Not Cov	Not Cov	Not Cov		
L3580	ORTHOPED SHOE ADD CONVERT INSTEP VELCRO CLOS	Not Cov	Not Cov	Not Cov	Not Cov		
L3590	ORTHO SHOE ADD CONVRT FIRM COUNTER SFT COUNTER	Not Cov	Not Cov	Not Cov	Not Cov		
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	Not Cov	Not Cov	Not Cov	Not Cov		
L3600	TRANSF ORTHOS 1 SHOE TO ANOTH CALIP PLATE EXIST	Not Cov	Not Cov	Not Cov	Not Cov		
L3610	TRNSF ORTHOS ONE SHOE TO ANOTHER CALIP PLATE NEW	Not Cov	Not Cov	Not Cov	Not Cov		
L3620	TRANS ORTHOS 1 SHOE-ANOTHER SLD STIRRUP EXISTING	Not Cov	No	Not Cov	No		
L3630	TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW	Not Cov	Not Cov	Not Cov	Not Cov		
L3640	TRNS ORTHOS SHOE TO ANOTH DENNIS BRWNE BTH SHOES	Not Cov	Not Cov	Not Cov	Not Cov		
L3649	ORTHOPED SHOE MODIFICATION ADDITION TRANSFER NOS	Not Cov	Not Cov	Not Cov	Not Cov		
L3650	SHOULDER ORTHOSIS FIG 8 ABDUCT RESTRAINER PREFAB	Not Cov	No	Not Cov	No		
L3660	SHOULDER ORTHOSIS FIG 8 CANVAS WEBBING PREFAB	No	No	Not Cov	No		
L3670	SHOULDER ORTHOSIS ACROMIO CLAVICULAR PREFAB	No	No	Not Cov	No		
L3671	SHOULDER ORTHOTIC JOINT DESIGN W O JNTS CUSTOM	Not Cov	No	Not Cov	No		

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L3674	SHOULDER ORTHOTIC ABDUCT PSTN THOR COMP CUSTOM	Not Cov	No	Not Cov	No		
L3675	SHOULDER ORTHOSIS VEST ABDUCT RESTRAINER PREFAB	Not Cov	Not Cov	Not Cov	Not Cov		
L3677	SHOULDER ORTHOSIS JNT DSGN NO JNTS PREFAB CUSTOM	Not Cov	No	Not Cov	No		
L3678	SHOULDER ORTHOSIS JOINT DESIGN NO JOINT PREFAB	Not Cov	No	Not Cov	No		
L3702	ELBOW ORTHOTIC W O JOINTS CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
L3710	ELBOW ORTHOSIS ELASTIC W METAL JOINTS PREFAB	Not Cov	No	Not Cov	No		
L3720	EO DBL UPRT W FORARM ARM CUFF FREE MOT CSTM FAB	Not Cov	No	Not Cov	No		
L3730	EO DBL UPRT W CUFF EXT FLX ASST CSTM FAB	Not Cov	No	Not Cov	No		
L3740	EO DBL UPRT W CUFF ADJ LOCK W ACTV CNTRL CSTM	Not Cov	No	Not Cov	No		
L3760	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB ITEM	Not Cov	No	Not Cov	No		
L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Not Cov	No	Not Cov	No		
L3762	ELBOW ORTHOSIS RIGID W O JOINT PREFAB OFF SHELF	Not Cov	No	Not Cov	No		
L3763	EWHO RIGID W O JOINTS CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
L3764	EWHO INCL 1 MORE NONTORSION JOINTS CSTM FAB	Not Cov	No	Not Cov	No		
L3765	EWHFO RIGID W O JOINTS CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
L3766	EWHFO INCL 1 MORE NONTORSION JOINTS CSTM FAB	Not Cov	No	Not Cov	No		
L3806	WHFO CUSTOM FABRICATED INCL FITTING AND ADJUSTMENT	Not Cov	No	Not Cov	No		
L3807	WRIST HAND FINGR ORTHOS W O JNT PREFAB CSTM FIT	Not Cov	No	Not Cov	No		
L3808	WRIST HAND FINGER ORTHOTIC RIGID W O JNT; CUSTOM	No	No	Not Cov	No		
L3809	WRIST HAND FINGER W O JOINT PREFAB ANY TYPE	Not Cov	No	Not Cov	No		
L3891	ADD UP EXT JNT WRIST ELB CSTM FAB ORTHOT ONLY EA	Not Cov	Not Cov	Not Cov	Not Cov		
L3900	WHFO DYN FLEXOR HINGE WRST FNGR DRIVEN CSTM FAB	Not Cov	No	Not Cov	No		
L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Not Cov	No	Not Cov	No		
L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Not Cov	No	Not Cov	No		
L3905	WHO INCL 1 MORE NONTORSION JOINTS CSTM FAB	Not Cov	No	Not Cov	No		
L3906	WHO W O JNT MAY INCL SFT INTRFCE STRAPS CSTM FAB	Not Cov	No	Not Cov	No		
L3908	WRIST HAND ORTHOSIS EXT CONTROL COCK-UP PREFAB	Not Cov	No	Not Cov	No		
L3912	HAND FINGER ORTHOSIS FLEX GLOV FINGR CNTRL PRFAB	Not Cov	No	Not Cov	No		
L3913	HAND FINGER ORTHOTIC W O JOINTS CUSTOM FAB	No	No	Not Cov	No		
L3915	WRIST HAND ORTHOSIS 1 OR GRT NONTORSION JNT PRFAB CSTM	Not Cov	No	Not Cov	No		
L3916	WRIST HAND ORTHOSIS 1 OR GRT NONTORSION JOINT PREFAB	Not Cov	No	Not Cov	No		
L3917	HAND ORTHOSIS METACARPAL FX PREFAB CUSTOM FIT	Not Cov	No	Not Cov	No		
L3918	HAND ORTHOSIS METACARPAL FX ORTHOSIS PREFAB	Not Cov	No	Not Cov	No		
L3919	HAND ORTHOTIC W O JOINTS CUSTOM FABRICATED	Not Cov	No	Not Cov	No		

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L3921	HFO INCL 1 MORE NONTORSION JOINTS CUSTOM FAB	Not Cov	No	Not Cov	No		
L3923	HAND FINGER ORTHOSIS W O JOINT PREFAB CUSTOM FIT	Not Cov	No	Not Cov	No		
L3924	HAND FINGER ORTHOSIS WITHOUT JOINTS PREFAB	Not Cov	No	Not Cov	No		
L3925	FINGER ORTHOSIS PIP DIP NONTORSION JOINT PREFAB	No	No	Not Cov	No		
L3927	FINGER ORTHOSIS PIP DIP W O JOINT PREFABRICATED	No	No	Not Cov	No		
L3929	HAND FINGER ORTHOSIS 1 OR GRT NONTORSN JNT PRFAB CSTM	No	No	Not Cov	No		
L3930	HAND FINGER ORTHOSIS 1 OR GRT NONTORSION JOINT PREFAB	Not Cov	No	Not Cov	No		
L3931	WHFO PREFABRICATED INCL FITTING AND ADJUSTMENT	Not Cov	No	Not Cov	No		
L3933	FINGER ORTHOTIC W O JOINTS CUSTOM FABRICATED	No	No	Not Cov	No		
L3935	FINGER ORTHOTIC NONTORSION JOINT CUSTOM FAB	Not Cov	No	Not Cov	No		
L3956	ADD JNT UPPER EXTREM ORTHOTIC ANY MATERIAL; JNT	Not Cov	No	Not Cov	No		
L3960	SEWHO ABDUCT PSTN AIRPLANE DESN PREFAB W FIT AND ADJ	Not Cov	No	Not Cov	No		
L3961	SEWHO SHOULDER CAP DESIGN W O JOINTS CSTM FAB	Not Cov	No	Not Cov	No		
L3962	SEWHO ABDUCT PSTN ERBS PALS DESN PRFAB W FIT AND ADJ	Not Cov	No	Not Cov	No		
L3967	SEWHO ABDUCTION POSITIONING W O JOINTS CSTM FAB	Not Cov	No	Not Cov	No		
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	Not Cov	No	Not Cov	No		
L3973	SEWHO ABDUCT PSTN THOR CMPNT AND SUPP BAR CSTM FAB	Not Cov	No	Not Cov	No		
L3975	SEWHFO SHOULDER CAP DESIGN W O JOINTS CSTM FAB	Not Cov	No	Not Cov	No		
L3976	SEWHFO ABDUCT PSTN THOR CMPNT W O JOINTS CUS FAB	Not Cov	No	Not Cov	No		
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	Not Cov	No	Not Cov	No		
L3978	SEWHFO ABDUCT PSTN THOR CMPNT AND SUPP BAR CSTM FAB	Not Cov	No	Not Cov	No		
L3980	UP EXTREM FX ORTHOTIC HUM PREFABR INCL FIT AND ADJ	Not Cov	No	Not Cov	No		
L3981	UPPER EXTREMITY FX ORTHOSIS HUMERAL PREF STRAPS	Not Cov	No	Not Cov	No		
L3982	UP EXTRM FX ORTHOT RADUS ULNAR PREFAB W FIT AND ADJ	No	No	Not Cov	No		
L3984	UP EXTREM FX ORTHOTIC WRST PREFAB INCL FIT AND ADJ	Not Cov	No	Not Cov	No		
L3995	ADD UPPER EXTREM ORTHOTIC SOCK FRACTURE EQUAL EA	Not Cov	No	Not Cov	No		
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Not Cov	Yes	Not Cov	Yes		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	Not Cov	No	Not Cov	No		
L4002	REPL STRAP ANY ORTHOTIC ALL CMPNTS ANY LEN TYPE	Not Cov	No	Not Cov	No		
L4010	REPLACE TRILATERAL SOCKET BRIM	Not Cov	No	Not Cov	No		
L4020	REPLACE QUADRILAT SOCKET BRIM MOLDED PT MODEL	Not Cov	No	Not Cov	No		
L4030	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	Not Cov	No	Not Cov	No		
L4040	REPLACE MOLDED THI LACER CSTM FAB ORTHOTIC ONLY	Not Cov	No	Not Cov	No		
L4045	REPLACE NONMOLD THI LACER CSTM FAB ORTHOSIS ONLY	Not Cov	No	Not Cov	No		

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L4050	REPLACE MOLDED CALF LACER CSTM FAB ORTHOTIC ONLY	Not Cov	No	Not Cov	No		
L4055	REPLACE NONMOLD CALF LACER CSTM FAB ORTHOS ONLY	Not Cov	No	Not Cov	No		
L4060	REPLACE HIGH ROLL CUFF	Not Cov	No	Not Cov	No		
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	Not Cov	No	Not Cov	No		
L4080	REPLACE METAL BANDS KAFO PROXIMAL THIGH	Not Cov	No	Not Cov	No		
L4090	REPLACE METAL BANDS KAFO-AFO CALF DISTAL THIGH	Not Cov	No	Not Cov	No		
L4100	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	Not Cov	No	Not Cov	No		
L4110	REPLACE LEATHER CUFF KAFO-AFO CALF DISTAL THIGH	Not Cov	No	Not Cov	No		
L4130	REPLACE PRETIBIAL SHELL	Not Cov	No	Not Cov	No		
L4205	REPAIR ORTHOTIC DEVC LABOR COMPONENT PER 15 MIN	Not Cov	No	Not Cov	No		
L4210	REPAIR ORTHOTIC DEVC REPAIR REPLACE MINOR PARTS	Not Cov	No	Not Cov	No		
L4350	ANKLE CONTROL ORTHOSIS STIRRUP STYL RIGID PREFAB	No	No	Not Cov	No		
L4360	WALKING BOOT PNEUMATC AND VACUUM PREFAB CUSTM FIT	Not Cov	No	Not Cov	No		
L4361	WALKING BOOT PNEUMATIC AND OR VACUUM PREFAB	Not Cov	No	Not Cov	No		
L4370	PNEUMATIC FULL LEG SPLINT PREFAB OFF THE SHELF	Not Cov	No	Not Cov	No		
L4386	WALKING BOOT NON-PNEUMATIC PREFAB CUSTOM FIT	Not Cov	No	Not Cov	No		
L4387	WALKING BOOT NON-PNEUMATIC PREFAB OFF THE SHELF	Not Cov	No	Not Cov	No		
L4392	REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO	Not Cov	Not Cov	Not Cov	Not Cov		
L4394	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT	Not Cov	Not Cov	Not Cov	Not Cov		
L4396	STATIC DYNAMIC ANK FOOT ORTHOSIS PREFAB CSTM FIT	Not Cov	No	Not Cov	No		
L4397	STATIC DYNAMIC ANKL FOOT ORTHOSIS MIN AMB PREFAB	Not Cov	No	Not Cov	No		
L4398	FOOT DROP SPLINT RECUMBENT POSITIONING PREFAB	Not Cov	Not Cov	Not Cov	Not Cov		
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Not Cov	Yes	Not Cov	Yes		
L5000	PART FT SHOE INSERT W LONGTUDNL ARCH TOE FILLER	Not Cov	No	Not Cov	No		
L5010	PARTIAL FT MOLDED SOCKET ANK HEIGHT W TOE FILLER	Not Cov	No	Not Cov	No		
L5020	PART FT MOLDED SOCKET TIB TUBERCLE HT W TOE FIL	Not Cov	No	Not Cov	No		
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Not Cov	No	Not Cov	No		
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Not Cov	No	Not Cov	No		
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Not Cov	No	Not Cov	No		
L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Not Cov	No	Not Cov	No		
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Not Cov	No	Not Cov	No		
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Not Cov	No	Not Cov	No		
L5200	ABVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Not Cov	No	Not Cov	No		
L5210	ABVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L5220	ABVE KNEE SHRT PROSTH W ARTIC ANK FOOT DYN	Not Cov	No	Not Cov	No		
L5230	ABVE KNEE PROX FEM FOCAL DEFIC SACH FOOT	Not Cov	No	Not Cov	No		
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Not Cov	No	Not Cov	No		
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Not Cov	No	Not Cov	No		
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Not Cov	No	Not Cov	No		
L5301	BELW KNEE MOLD SOCKT SHIN SACH FT ENDOSKEL SYS	Not Cov	No	Not Cov	No		
L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Not Cov	No	Not Cov	No		
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Not Cov	No	Not Cov	No		
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Not Cov	No	Not Cov	No		
L5341	SINGLE AXIS KNEE SACH FOOT	Not Cov	No	Not Cov	No		
L5400	IMMED POSTSURG ERLY FIT APPLY RIGD DRESS W 1 CHG	Not Cov	No	Not Cov	No		
L5410	IMMED POSTSURG APPL RIGD DRESS W EA ADD CAST CHG	Not Cov	No	Not Cov	No		
L5420	IMMED POSTSURG INIT RIGD DRESS 1 CHG AK KNEE	Not Cov	No	Not Cov	No		
L5430	IMMED POSTSURG INIT RIGD DRSG AK EA ADD CAST CHG	Not Cov	No	Not Cov	No		
L5450	IMMED POSTSURG APPLIC NONWT BEAR RIGD BELW KNEE	Not Cov	No	Not Cov	No		
L5460	IMMED POSTSURG APPLIC NONWT BEAR RIGD ABVE KNEE	Not Cov	No	Not Cov	No		
L5500	INIT BELW KNEE PTB SOCKT NON-ALIGN DIR FORMED	Not Cov	No	Not Cov	No		
L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Not Cov	No	Not Cov	No		
L5510	PREP BELW KNEE PTB SOCKT NON-ALIGN MOLD MDL	Not Cov	No	Not Cov	No		
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC EQ DIR FORM	Not Cov	No	Not Cov	No		
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC EQ MOLD MDL	Not Cov	No	Not Cov	No		
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Not Cov	No	Not Cov	No		
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Not Cov	No	Not Cov	No		
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Not Cov	No	Not Cov	No		
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC EQ DIR FORMED	Not Cov	No	Not Cov	No		
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC EQ MOLD MDL	Not Cov	No	Not Cov	No		
L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Not Cov	No	Not Cov	No		
L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SCKT MOLD	Not Cov	No	Not Cov	No		
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC EQ MOLD	Not Cov	No	Not Cov	No		
L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Not Cov	No	Not Cov	No		
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Not Cov	No	Not Cov	No		
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W FRICT	Not Cov	No	Not Cov	No		
L5613	ADD LW EXTRM ENDO AK-DISARTIC 4-BAR W HYDRAULIC	Not Cov	No	Not Cov	No		
L5614	ADD LW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Not Cov	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L5616	ADD LW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Not Cov	No	Not Cov	No		
L5617	ADD LW EXTRM QUICK CHG SLF-ALIGN U AK BK EA	Not Cov	No	Not Cov	No		
L5618	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES	Not Cov	No	Not Cov	No		
L5620	ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE	Not Cov	No	Not Cov	No		
L5622	ADDITION LOWER EXTREM TEST SOCKET KNEE DISARTIC	Not Cov	No	Not Cov	No		
L5624	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE	Not Cov	No	Not Cov	No		
L5626	ADDITION LOWER EXTREM TEST SOCKET HIP DISARTIC	Not Cov	No	Not Cov	No		
L5628	ADDITION LOWER EXTREM TEST SOCKET HEMIPELVECTOMY	Not Cov	No	Not Cov	No		
L5629	ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET	Not Cov	No	Not Cov	No		
L5630	ADD LOW EXTREM SYMES TYPE EXPANDABLE WALL SOCKT	Not Cov	No	Not Cov	No		
L5631	ADD LW EXT ABVE KNEE KNEE DISARTIC ACRYLC SOCKT	Not Cov	No	Not Cov	No		
L5632	ADD LOW EXTREM SYMES TYPE PTB BRIM DESIGN SOCKT	Not Cov	No	Not Cov	No		
L5634	ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT	Not Cov	No	Not Cov	No		
L5636	ADDITION LOW EXTREM SYMES TYPE MED OPENING SOCKT	Not Cov	No	Not Cov	No		
L5637	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CNTC	Not Cov	No	Not Cov	No		
L5638	ADDITION LOWER EXTREM BELOW KNEE LEATHER SOCKET	Not Cov	No	Not Cov	No		
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Not Cov	No	Not Cov	No		
L5640	ADDITION LOWER EXTREM KNEE DISARTIC LEATHR SOCKT	Not Cov	No	Not Cov	No		
L5642	ADDITION LOWER EXTREM ABOVE KNEE LEATHER SOCKET	Not Cov	No	Not Cov	No		
L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Not Cov	No	Not Cov	No		
L5644	ADDITION LOWER EXTREMITY ABOVE KNEE WOOD SOCKET	Not Cov	No	Not Cov	No		
L5645	ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME	Not Cov	No	Not Cov	No		
L5646	ADD LOW EXT BELOW KNEE AIR FL GEL EQ CUSHN SOCKT	Not Cov	No	Not Cov	No		
L5647	ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET	Not Cov	No	Not Cov	No		
L5648	ADD LOW EXT ABOVE KNEE AIR FL GEL EQ CUSHN SOCKT	Not Cov	No	Not Cov	No		
L5649	ADD LW EXT ISCHIAL CONTAINMENT NARROW M-L SOCKET	Not Cov	No	Not Cov	No		
L5650	ADD LW EXT TOTAL CONTACT ABVE KNEE KNEE DISARTC	Not Cov	No	Not Cov	No		
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Not Cov	No	Not Cov	No		
L5652	ADD LW EXT SUCTN SUSP ABVE KNEE KNEE DISARTIC	Not Cov	No	Not Cov	No		
L5653	ADD LOW EXTREM KNEE DISARTIC XPNDABLE WALL SOCKT	Not Cov	No	Not Cov	No		
L5654	ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES	Not Cov	No	Not Cov	No		
L5655	ADDITION LOWER EXTREM SOCKET INSERT BELOW KNEE	Not Cov	No	Not Cov	No		
L5656	ADDITION LOWER EXTREM SOCKT INSERT KNEE DISARTIC	Not Cov	No	Not Cov	No		
L5658	ADDITION LOWER EXTREM SOCKET INSERT ABOVE KNEE	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L5661	ADD LOW EXTREM SOCKT INSERT MULTIDUROMETER SYMES	Not Cov	No	Not Cov	No		
L5665	ADD LW EXTRM SOCKT INSRT MXIDUROMETER BELW KNEE	Not Cov	No	Not Cov	No		
L5666	ADDITION LOWER EXTREM BELOW KNEE CUFF SUSPENSION	Not Cov	No	Not Cov	No		
L5668	ADDITION LOW EXTREM BELOW KNEE MOLDED DIST CUSHN	Not Cov	No	Not Cov	No		
L5670	ADD LOW EXTREM BELW KNEE MOLD SUPRACONDYLR SUSP	Not Cov	No	Not Cov	No		
L5671	ADD LW EXTRM BELW ABVE KNEE SUSP LOCK MECH	Not Cov	No	Not Cov	No		
L5672	ADD LOW EXTREM BELOW KNEE REMV MED BRIM SUSP	Not Cov	No	Not Cov	No		
L5673	ADD LW EXT CSTM MOLD PRFAB FOR USE W LOCK MECH	Not Cov	No	Not Cov	No		
L5676	ADD LOW EXTREM BELW KNEE KNEE JNT 1 AXIS PAIR	Not Cov	No	Not Cov	No		
L5677	ADD LOW EXTREM BELW KNEE KNEE JNT POLYCNTRC PAIR	Not Cov	No	Not Cov	No		
L5678	ADDITION LOW EXTREM BELOW KNEE JOINT COVERS PAIR	Not Cov	No	Not Cov	No		
L5679	ADD LW EXT BK AK CSTM MOLD PRFAB NOT W LOCK MECH	Not Cov	No	Not Cov	No		
L5680	ADD LOW EXTREM BELOW KNEE THIGH LACER NONMOLDED	Not Cov	No	Not Cov	No		
L5681	ADD LW EXT CSTM INSRT CNGN ATYP TRAUMAT AMP INIT	Not Cov	No	Not Cov	No		
L5682	ADD LW EXTRM BELW KNEE THI LACER GLUTL ISCH MOLD	Not Cov	No	Not Cov	No		
L5683	ADD LW EXT CSTM INSRT NO CNGN TRAUMAT AMP INIT	Not Cov	No	Not Cov	No		
L5684	ADDITION LOWER EXTREMITY BELOW KNEE FORK STRAP	Not Cov	No	Not Cov	No		
L5685	ADD LOW EXT PROS BELW KNEE SUSP SEAL SLEEVE EA	Not Cov	No	Not Cov	No		
L5686	ADDITION LOWER EXTREMITY BELOW KNEE BACK CHECK	Not Cov	No	Not Cov	No		
L5688	ADD LOW EXTREM BELOW KNEE WAIST BELT WEBBING	Not Cov	No	Not Cov	No		
L5690	ADD LOW EXTREM BELOW KNEE WAIST BELT PADD AND LINED	Not Cov	No	Not Cov	No		
L5692	ADD LOW EXTREM ABVE KNEE PELV CONTROL BELT LIGHT	Not Cov	No	Not Cov	No		
L5694	ADD LOW EXTREM ABVE KNEE PELV CNTRL BELT PADD AND LN	Not Cov	No	Not Cov	No		
L5695	ADD LW EXTRM ABVE KNEE PELV CNTRL SLV NEOPRENE	Not Cov	No	Not Cov	No		
L5696	ADD LOW EXTREM ABVE KNEE KNEE DISARTIC PELV JNT	Not Cov	No	Not Cov	No		
L5697	ADD LOW EXTREM ABVE KNEE KNEE DISARTIC PELV BAND	Not Cov	No	Not Cov	No		
L5698	ADD LW EXTRM AK KNEE DISRTC SILESIAN BANDGE	Not Cov	No	Not Cov	No		
L5699	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS	Not Cov	No	Not Cov	No		
L5700	REPLACEMENT SOCKET BELOW KNEE MOLDED PT MODEL	Not Cov	No	Not Cov	No		
L5701	REPL SOCKT ABVE KNEE KNEE DISARTIC W ATTCH PLAT	Not Cov	No	Not Cov	No		
L5702	REPLCMT SOCKT HIP DISARTIC W HIP JNT MOLD PT MDL	Not Cov	No	Not Cov	No		
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Not Cov	No	Not Cov	No		
L5704	CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE	Not Cov	No	Not Cov	No		
L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Not Cov	No	Not Cov	No		
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Not Cov	No	Not Cov	No		
L5710	ADD EXOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK	Not Cov	No	Not Cov	No		
L5711	ADD EXOSKEL KNEE-SHIN 1 AXIS MNL LOCK ULTRA-LGHT	Not Cov	No	Not Cov	No		
L5712	ADD EXOSKEL KNEE-SHIN 1 AXIS FRICT SWING CNTRL	Not Cov	No	Not Cov	No		
L5714	ADD EXOSKEL KNEE-SHIN VARIBL FRICT SWING CNTRL	Not Cov	No	Not Cov	No		
L5716	ADD EXOSKEL KNEE-SHIN POLYCNTRC MECH STANCE LOCK	Not Cov	No	Not Cov	No		
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Not Cov	No	Not Cov	No		
L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Not Cov	No	Not Cov	No		
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Not Cov	No	Not Cov	No		
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Not Cov	No	Not Cov	No		
L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Not Cov	No	Not Cov	No		
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT HYDRA PNEUMAT CNTRL	Not Cov	No	Not Cov	No		
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Not Cov	No	Not Cov	No		
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Not Cov	No	Not Cov	No		
L5785	ADD EXOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATERIAL	Not Cov	No	Not Cov	No		
L5790	ADD EXOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATERIAL	Not Cov	No	Not Cov	No		
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Not Cov	No	Not Cov	No		
L5810	ADD ENDOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK	Not Cov	No	Not Cov	No		
L5811	ADD ENDOSKEL KNEE-SHIN MNL LOCK ULTRA-LGHT MATL	Not Cov	No	Not Cov	No		
L5812	ADD ENDOSKEL KNEE-SHIN FRICT SWING AND STANCE CNTRL	Not Cov	No	Not Cov	No		
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Not Cov	No	Not Cov	No		
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Not Cov	No	Not Cov	No		
L5818	ADD ENDOSKEL KNEE-SHIN FRICT SWING AND STANCE CNTRL	Not Cov	No	Not Cov	No		
L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Not Cov	No	Not Cov	No		
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Not Cov	No	Not Cov	No		
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Not Cov	No	Not Cov	No		
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Not Cov	No	Not Cov	No		
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING PHASE CNTRL	Not Cov	No	Not Cov	No		
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK MX-AXIAL PNEUMAT	Not Cov	No	Not Cov	No		
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Not Cov	Not Cov	Not Cov	Not Cov		
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Not Cov	No	Not Cov	No		
L5850	ADD ENDOSKEL SYS AK HIP DISARTIC KNEE EXT ASST	Not Cov	No	Not Cov	No		
L5855	ADD ENDOSKEL SYS HIP DISARTIC MECH HIP EXT ASST	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Not Cov	Not Cov	Not Cov	Not Cov		
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Not Cov	No	Not Cov	No		
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Not Cov	Not Cov	Not Cov	Not Cov		
L5910	ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM	Not Cov	No	Not Cov	No		
L5920	ADD ENDOSKEL SYS AK HIP DISARTIC ALIGNABLE SYS	Not Cov	No	Not Cov	No		
L5925	ADD ENDOSKEL AK-DISARTIC HIP DISARTIC MNL LOCK	Not Cov	No	Not Cov	No		
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Not Cov	No	Not Cov	No		
L5940	ADD ENDOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATL	Not Cov	No	Not Cov	No		
L5950	ADD ENDOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATL	Not Cov	No	Not Cov	No		
L5960	ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Not Cov	No	Not Cov	No		
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Not Cov	No	Not Cov	No		
L5962	ADD ENDOSKEL BK FLXIBLE PROTVE OUTR SURF COVRING	Not Cov	No	Not Cov	No		
L5964	ADD ENDOSKEL AK FLXIBLE PROTVE OUTR SURF COVR	Not Cov	No	Not Cov	No		
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Not Cov	No	Not Cov	No		
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W SWING PHASE	Not Cov	No	Not Cov	No		
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT ANK PWR ASSIST	Not Cov	Not Cov	Not Cov	Not Cov		
L5970	ALL LOW EXTREM PROSTH FT EXTERNAL KEEL SACH FOOT	Not Cov	No	Not Cov	No		
L5971	ALL LOWER EXTREM PROS SACH FOOT REPLACEMENT ONLY	Not Cov	No	Not Cov	No		
L5972	ALL LOWER EXTREMITY PROSTHESES FOOT FLEX KEEL	Not Cov	No	Not Cov	No		
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Not Cov	Not Cov	Not Cov	Not Cov		
L5974	ALL LOWER EXTREM PROSTH FT SINGLE AXIS ANK FOOT	Not Cov	No	Not Cov	No		
L5975	ALL LW EXTRM PRSTH COMB 1 AXIS ANK AND FLXBL KEEL FT	Not Cov	No	Not Cov	No		
L5976	ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT	Not Cov	No	Not Cov	No		
L5978	ALL LOWER EXTREM PROSTH FT MULTI-AXIAL ANK FOOT	Not Cov	No	Not Cov	No		
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Not Cov	No	Not Cov	No		
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Not Cov	No	Not Cov	No		
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM EQUAL	Not Cov	No	Not Cov	No		
L5982	ALL EXOSKEL LOW EXTREM PROSTH AXIAL ROTAT UNIT	Not Cov	No	Not Cov	No		
L5984	ALL ENDOSKEL LOW EXT PROSTH AXIAL ROTAT UNIT ADJ	Not Cov	No	Not Cov	No		
L5985	ALL ENDOSKEL LOW EXTREM PROSTH DYN PROSTH PYLN	Not Cov	No	Not Cov	No		
L5986	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT	Not Cov	No	Not Cov	No		
L5987	ALL LW XTRM PRSTH SHNK FT SYS W VRTCL LOAD PYLN	Not Cov	Not Cov	Not Cov	Not Cov		
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Not Cov	No	Not Cov	No		
L5999	LOWER EXTREMITY PROSTHESIS NOS	Not Cov	Yes	Not Cov	Yes		
L6000	PARTIAL HAND THUMB REMAINING	Not Cov	No	Not Cov	No		
L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Not Cov	No	Not Cov	No		
L6020	PARTIAL HAND NO FINGER REMAINING	Not Cov	No	Not Cov	No		
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Not Cov	Not Cov	Not Cov	Not Cov		
L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Not Cov	No	Not Cov	No		
L6055	WRST DISARTIC MOLD SOCKT W XPNDABLE INTERFCE	Not Cov	No	Not Cov	No		
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Not Cov	No	Not Cov	No		
L6110	BELOW ELBOW MOLDED SOCKET	Not Cov	No	Not Cov	No		
L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1 2 CUFF	Not Cov	No	Not Cov	No		
L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Not Cov	No	Not Cov	No		
L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Not Cov	No	Not Cov	No		
L6205	ELB DISARTC MOLD SCKT W XPND INTRFCE LOCK FORARM	Not Cov	No	Not Cov	No		
L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Not Cov	No	Not Cov	No		
L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Not Cov	No	Not Cov	No		
L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Not Cov	No	Not Cov	No		
L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Not Cov	No	Not Cov	No		
L6350	INTERSCAP THOR HUM SECT INTRL LOCK ELB FORARM	Not Cov	No	Not Cov	No		
L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Not Cov	No	Not Cov	No		
L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Not Cov	No	Not Cov	No		
L6380	IMMED POSTSURG RIGD DRSG 1 CAST CHG WRST DISRTC	Not Cov	No	Not Cov	No		
L6382	IMMED POSTSURG RIGD DRSG 1 CAST CHG ELB DISARTIC	Not Cov	No	Not Cov	No		
L6384	IMMED POSTSURG RIGD DRSG 1 CAST CHG SHLDR DISRTC	Not Cov	No	Not Cov	No		
L6386	IMMED POSTSURG EARLY FIT EA ADD CAST CHG AND REALIGN	Not Cov	No	Not Cov	No		
L6388	IMMED POSTSURG EARLY FIT APPLIC RIGID DRESS ONLY	Not Cov	No	Not Cov	No		
L6400	BE MOLD SCKT ENDOSKEL SYS W SFT PROSTH TISS SHAP	Not Cov	No	Not Cov	No		
L6450	ELB DISRTC MOLD SCKT ENDOSKEL W SFT PROSTH TISS	Not Cov	No	Not Cov	No		
L6500	ABVE ELB MOLD SCKT ENDOSKEL W SFT PROSTH TISS	Not Cov	No	Not Cov	No		
L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W SFT PROS TISS	Not Cov	No	Not Cov	No		
L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W SFT PROS TISS	Not Cov	No	Not Cov	No		
L6580	PREP WRST DISRTC BELW ELB 1 WALL PLSTC SCKT MOLD	Not Cov	No	Not Cov	No		
L6582	PREP WRST DISRTC BELW ELB 1 WALL SCKT DIR FORMED	Not Cov	No	Not Cov	No		
L6584	PREP ELB DISRTC ABVE ELB 1 WALL PLSTC SOCKT MOLD	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L6586	PREP ELB DISRTC ABVE ELB 1 WALL SOCKT DIR FORMED	Not Cov	No	Not Cov	No		
L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Not Cov	No	Not Cov	No		
L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Not Cov	No	Not Cov	No		
L6600	UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR	Not Cov	No	Not Cov	No		
L6605	UPPER EXTREMITY ADD SINGLE PIVOT HINGE PAIR	Not Cov	No	Not Cov	No		
L6610	UPPER EXTREMITY ADD FLEXIBLE METAL HINGE PAIR	Not Cov	No	Not Cov	No		
L6611	ADD UPPER EXT PROS EXTERNAL PWR ADDITIONAL SWTCH	Not Cov	No	Not Cov	No		
L6615	UPPER EXTREM ADD DISCONNECT LOCKING WRST UNIT	Not Cov	No	Not Cov	No		
L6616	UP EXTREM ADD DISCNCT INSERT LOCK WRST U EA	Not Cov	No	Not Cov	No		
L6620	UPPER EXT ADD FLEX EXT WRIST UNIT W WO FRICTION	Not Cov	No	Not Cov	No		
L6621	UP EXTREM PROS ADD FLEXION EXTENSION WRIST	Not Cov	No	Not Cov	No		
L6623	UP EXT ADD SPRNG ASST ROTATL WRST U W LATCH RLSE	Not Cov	No	Not Cov	No		
L6624	UPPER EXTREMITY ADD FLX EXT ROTATION WRIST UNIT	Not Cov	No	Not Cov	No		
L6625	UPPER EXTREM ADD ROTATION WRST UNIT W CABLE LOCK	Not Cov	No	Not Cov	No		
L6628	UP EXTRM ADD QUICK DISCNCT HOOK OTTO BOCK EQ	Not Cov	No	Not Cov	No		
L6629	UP EXTRM ADD QUICK DISCNCT LAMINATION COLLR	Not Cov	No	Not Cov	No		
L6630	UPPER EXTREM ADDITION STAINLESS STEEL ANY WRIST	Not Cov	No	Not Cov	No		
L6632	UPPER EXTREM ADDITION LATEX SUSPENSION SLEEVE EA	Not Cov	No	Not Cov	No		
L6635	UPPER EXTREMITY ADDITION LIFT ASSIST FOR ELBOW	Not Cov	No	Not Cov	No		
L6637	UPPER EXTREMITY ADDITION NUDGE CONTROL ELB LOCK	Not Cov	No	Not Cov	No		
L6638	UP EXT ADD PROS ELEC LOCK ONLY W MNL PWR ELB	Not Cov	No	Not Cov	No		
L6640	UPPER EXTREMITY ADD SHOULDER ABDUCT JOINT PAIR	Not Cov	No	Not Cov	No		
L6641	UPPER EXTREM ADD EXCURSIONUPPER EXTREM ADD EXCUR	Not Cov	No	Not Cov	No		
L6642	UPPER EXTREM ADD EXCURSION AMPLIFIER LEVER TYPE	Not Cov	No	Not Cov	No		
L6645	UPPER EXTREM ADDITION SHLDR FLEX-ABDUCT JOINT EA	Not Cov	No	Not Cov	No		
L6646	UP EXT ADD SHLDR JNT MX PSTN W BDY EXT PWR SYS	Not Cov	No	Not Cov	No		
L6647	UP EXTREM ADD SHLDR LOCK MECH BDY PWR ACTUATOR	Not Cov	No	Not Cov	No		
L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Not Cov	No	Not Cov	No		
L6650	UPPER EXTREM ADDITION SHLDR UNIVERSAL JOINT EA	Not Cov	No	Not Cov	No		
L6655	UPPER EXTREM ADD STANDARD CONTROL CABLE EXTRA	Not Cov	No	Not Cov	No		
L6660	UPPER EXTREM ADDITION HEAVY DUTY CONTROL CABLE	Not Cov	No	Not Cov	No		
L6665	UPPER EXTREM ADDITION TEFLON EQUAL CABLE LINING	Not Cov	No	Not Cov	No		
L6670	UPPER EXTREMITY ADDITION HOOK HAND CABLE ADAPTER	Not Cov	No	Not Cov	No		
L6672	UPPER EXTREM ADD HARNESS CHST SHLUPPER EXTREM AD	Not Cov	No	Not Cov	No		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

All Inpatient services require prior authorization

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L6675	UPPER EXTREMITY ADD HARNESS SINGLE CABLE DESIGN	Not Cov	No	Not Cov	No		
L6676	UPPER EXTREMITY ADD HARNESS DUAL CABLE DESIGN	Not Cov	No	Not Cov	No		
L6677	UP EXT ADD HARNESS 3 CNTRL SIMULTAN OP DEVC AND ELB	Not Cov	No	Not Cov	No		
L6680	UP EXTREM ADD TST SOCKT WRST DISARTIC BELW ELB	Not Cov	No	Not Cov	No		
L6682	UPPER EXTREM ADD TST SOCKT ELB DISARTIC ABVE ELB	Not Cov	No	Not Cov	No		
L6684	UP EXTRM ADD TST SCKT SHLDR DISRTC INTRSCAP THOR	Not Cov	No	Not Cov	No		
L6686	UPPER EXTREMITY ADDITION SUCTION SOCKET	Not Cov	No	Not Cov	No		
L6687	UP EXTRM ADD FRME TYPE SCKT BELW ELB WRST DISRTC	Not Cov	No	Not Cov	No		
L6688	UP EXTRM ADD FRME TYPE SOCKT ABVE ELB ELB DISRTC	Not Cov	No	Not Cov	No		
L6689	UPPER EXTREM ADD FRAME TYPE SOCKT SHLDR DISARTIC	Not Cov	No	Not Cov	No		
L6690	UPPER EXTREM ADD FRAME TYPE SOCKT INTERSCAP-THOR	Not Cov	No	Not Cov	No		
L6691	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH	Not Cov	No	Not Cov	No		
L6692	UPPER EXTREM ADDITION SILCON GEL INSERT EQUAL EA	Not Cov	No	Not Cov	No		
L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Not Cov	No	Not Cov	No		
L6694	ADD UP EXT PROS BELW ABVE ELB CSTM W LOCK MECH	Not Cov	No	Not Cov	No		
L6695	ADD UP EXT PROS BELW ABVE ELB CSTM W O LOCK MECH	Not Cov	No	Not Cov	No		
L6696	ADD UP EXT PROS ELB CSTM CNGN TRAUMAT AMP INIT	Not Cov	No	Not Cov	No		
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN TRAUM AMP INIT	Not Cov	No	Not Cov	No		
L6698	ADD UP EXT PROS ELB LOCK MECH EXCL SCKT INSRT	Not Cov	No	Not Cov	No		
L6703	TERMINAL DEVICE PASSIVE HND MITT ANY MATERIAL SZ	Not Cov	No	Not Cov	No		
L6704	TERMINAL DEVICE SPORT RECREATIONAL WORK ATTACH	Not Cov	No	Not Cov	No		
L6706	TERMINAL DEVICE HOOK MECH VOLUNTARY OPENING	Not Cov	No	Not Cov	No		
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Not Cov	No	Not Cov	No		
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Not Cov	No	Not Cov	No		
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Not Cov	No	Not Cov	No		
L6711	TERM DVC HOOK MECH VOL OPN ANY MATL ANY SZ PED	Not Cov	No	Not Cov	No		
L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Not Cov	No	Not Cov	No		
L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Not Cov	No	Not Cov	No		
L6714	TERM DEVC HAND MECH VOL CLOS ANY MATL ANY SZ PED	Not Cov	No	Not Cov	No		
L6715	TERM DEV MX ARTIC DIGIT W MOTORS INIT ISSUE REPL	Not Cov	Not Cov	Not Cov	Not Cov		
L6721	TERM DEVC HOOK HND HVY-DUTY MECH VOL OPN ANY SZ	Not Cov	No	Not Cov	No		
L6722	TERM DEVC HOOK HAND HVY-DUTY MECH VOL CLOS	Not Cov	No	Not Cov	No		
L6805	ADDITION TERMINAL DEVICE MODIFIER WRIST UNIT	Not Cov	Not Cov	Not Cov	Not Cov		
L6810	ADDITION TERMINAL DEVICE PRECISION PINCH DEVICE	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L6880	ELEC HAND SWTCH MYOELEC CNTRL INDEP ARTC DIG MTR	Not Cov	Not Cov	Not Cov	Not Cov		
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Not Cov	No	Not Cov	No		
L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Not Cov	No	Not Cov	No		
L6883	REPL SOCKET BE WD MOLDED TO PATIENT MODEL	Not Cov	No	Not Cov	No		
L6884	REPL SOCKET ABOVE ELBOW ELBOW DISART MOLD TO PT	Not Cov	No	Not Cov	No		
L6885	REPL SOCKET SD INTERSCAPULAR THOR MOLD PT MODEL	Not Cov	No	Not Cov	No		
L6890	ADD UP EXT PROSTH GLOV TERM DEVC PRFAB W FIT AND ADJ	Not Cov	No	Not Cov	No		
L6895	ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB	Not Cov	No	Not Cov	No		
L6900	HAND REST PART HAND W GLOVE THUMB 1 FNGR REMAIN	Not Cov	No	Not Cov	No		
L6905	HAND REST PART HAND W GLOVE MX FNGR REMAIN	Not Cov	No	Not Cov	No		
L6910	HAND REST PART HAND W GLOVE NO FNGR REMAIN	Not Cov	No	Not Cov	No		
L6915	HAND RESTORATION REPLACEMENT GLOVE FOR ABOVE	Not Cov	No	Not Cov	No		
L6920	WRST DISARTIC OTTO BOCK EQ SWTCH CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6925	WRST DISARTIC OTTO BOCK EQ MYOELEC CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6930	BELW ELB OTTO BOCK EQ SWITCH CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6935	BELW ELB OTTO BOCK EQ MYOELEC CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6940	ELB DISARTIC OTTO BOCK EQ SWITCH CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6945	ELB DISARTIC OTTO BOCK EQ MYOELEC CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6950	ABVE ELB OTTO BOCK EQ SWITCH CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6955	ABVE ELB OTTO BOCK EQ MYOELEC CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6960	SHLDR DISARTIC OTTO BOCK EQ SWTCH CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6965	SHLDR DISARTIC OTTO BOCK EQ MYOELEC CNTRL TERM	Not Cov	No	Not Cov	No		
L6970	INTERSCAP-THOR OTTO BOCK EQ SWTCH CNTRL TERM DEVC	Not Cov	No	Not Cov	No		
L6975	INTERSCAP-THOR OTTO BOCK EQ MYOELEC CNTRL TERM DVC	Not Cov	No	Not Cov	No		
L7007	ELECTRIC HAND SWITCH MYOELECTRIC CONTROL ADULT	Not Cov	No	Not Cov	No		
L7008	ELECTRIC HAND SWITCH MYOELECTRIC CNTRL PEDIATRIC	Not Cov	No	Not Cov	No		
L7009	ELECTRIC HOOK SWITCH MYOELECTRIC CONTROL ADULT	Not Cov	No	Not Cov	No		
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Not Cov	No	Not Cov	No		
L7045	ELEC HOOK SWITCH MYOELECTRIC CONTOL PEDIATRIC	Not Cov	No	Not Cov	No		
L7170	ELECTRONIC ELBOW HOSMER EQUAL SWITCH CONTROLLED	Not Cov	No	Not Cov	No		
L7180	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB AND TERM DEVC	Not Cov	No	Not Cov	No		
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Not Cov	No	Not Cov	No		
L7185	ELEC ELB ADOLES VRITY VILLAGE EQUAL SWITCH CNTRL	Not Cov	No	Not Cov	No		
L7186	ELEC ELB CHILD VRITY VILLAGE EQUAL SWITCH CNTRL	Not Cov	No	Not Cov	No		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L7190	ELEC ELB ADOLES VRITY VILLAGE EQ MYOELEC CNTRL	Not Cov	No	Not Cov	No		
L7191	ELEC ELB CHLD VRITY VILL EQ MYOELECTRNICALY CNTRL	Not Cov	No	Not Cov	No		
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
L7360	SIX VOLT BATTERY EACH	Not Cov	No	Not Cov	No		
L7362	BATTERY CHARGER 6 VOLT EACH	Not Cov	No	Not Cov	No		
L7364	TWELVE VOLT BATTERY EACH	Not Cov	No	Not Cov	No		
L7366	BATTERY CHARGER TWELVE VOLT EACH	Not Cov	No	Not Cov	No		
L7367	LITHIUM ION BATTERY RECHARGEABLE REPLACEMENT	Not Cov	No	Not Cov	No		
L7368	LITHIUM ION BATTERY CHARGER REPLACEMENT ONLY	Not Cov	No	Not Cov	No		
L7400	ADD UP EXTREM PROS BELOW ELB WD ULTRALIGHT MATL	Not Cov	No	Not Cov	No		
L7401	ADD UP EXTREM PROS AE DISART ULTRALIGHT MATL	Not Cov	No	Not Cov	No		
L7402	ADD UP EXT PROS SD INTRSCAPULR THOR ULTRALT MATL	Not Cov	No	Not Cov	No		
L7403	ADD UP EXTREM PROS BE WRIST DISART ACRYLIC MATL	Not Cov	No	Not Cov	No		
L7404	ADD UP EXTREM PROS ABOVE ELB DISART ACRYLIC MATL	Not Cov	No	Not Cov	No		
L7405	ADD UP EXTREM PROS SD INTERSCAP THOR ACRYLC MATL	Not Cov	No	Not Cov	No		
L7499	UPPER EXTREMITY PROSTHESIS NOS	Not Cov	Yes	Not Cov	Yes		
L7510	REPR PROSTHETIC DEVICE REPR REPLACE MINOR PARTS	Not Cov	No	Not Cov	No		
L7520	REPAIR PROSTHETIC DEVICE LABOR CMPNT PER 15 MIN	Not Cov	No	Not Cov	No		
L7600	PROSTHETIC DONNING SLEEVE ANY MATERIAL EACH	Not Cov	No	Not Cov	No		
L7700	GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Not Cov	No	Not Cov	No		
L7900	MALE VACUUM ERECTION SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
L7902	TENSION RING VAC ERECTION DEVC REPLACE ONLY EACH	Not Cov	Not Cov	Not Cov	Not Cov		
L8000	BREAST PROS MASTECTOMY BRA W O INTEG PROS FORM	Not Cov	No	Not Cov	No		
L8001	BREAST PROS MASTECT BRA W INTEG BREAST FORM UNI	Not Cov	No	Not Cov	No		
L8002	BREAST PROS MASTECT BRA W INTEG BREAST FORM BIL	Not Cov	No	Not Cov	No		
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE	Not Cov	No	Not Cov	No		
L8015	EXT BRST PROS GARMNT W MASTECT FORM POST-MASTECT	Not Cov	No	Not Cov	No		
L8020	BREAST PROSTHESIS MASTECTOMY FORM	Not Cov	No	Not Cov	No		
L8030	BREAST PROSTH SILICONE EQUAL W O INTEGRAL ADHES	Not Cov	No	Not Cov	No		
L8031	BREAST PROSTHESIS SILICONE EQUAL W NTEGRAL ADHES	Not Cov	Not Cov	Not Cov	Not Cov		
L8032	NIPPLE PROSTHESIS REUSABLE ANY TYPE EACH	Not Cov	Not Cov	Not Cov	Not Cov		
L8035	CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL	Not Cov	Not Cov	Not Cov	Not Cov		
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Not Cov	Yes	Not Cov	Yes		
L8040	NASAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		

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For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L8041	MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8042	ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8043	UPPER FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8044	HEMI-FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8045	AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8046	PARTIAL FACIAL PROSTHESIS PROVIDED NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8047	NASAL SEPTAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8048	UNS MAXILLOFCE PROSTH BR PROVIDED NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
L8049	REP MOD MAXLOFCE PROSTH LABR EA 15 MIN NON-MD	Not Cov	Not Cov	Not Cov	Not Cov		
L8300	TRUSS SINGLE WITH STANDARD PAD	Not Cov	No	Not Cov	No		
L8310	TRUSS DOUBLE WITH STANDARD PADS	Not Cov	No	Not Cov	No		
L8320	TRUSS ADDITION TO STANDARD PAD WATER PAD	Not Cov	No	Not Cov	No		
L8330	TRUSS ADDITION TO STANDARD PAD SCROTAL PAD	Not Cov	No	Not Cov	No		
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	Not Cov	No	Not Cov	No		
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	Not Cov	No	Not Cov	No		
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	Not Cov	No	Not Cov	No		
L8417	PROSTH SHEATH SOCK W GEL CUSHN LAY BK AK EA	Not Cov	No	Not Cov	No		
L8420	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH	Not Cov	No	Not Cov	No		
L8430	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH	Not Cov	No	Not Cov	No		
L8435	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH	Not Cov	No	Not Cov	No		
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	Not Cov	No	Not Cov	No		
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	Not Cov	No	Not Cov	No		
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	Not Cov	No	Not Cov	No		
L8470	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA	Not Cov	No	Not Cov	No		
L8480	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA	Not Cov	No	Not Cov	No		
L8485	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EA	Not Cov	No	Not Cov	No		
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Not Cov	Yes	Not Cov	Yes		
L8500	ARTIFICIAL LARYNX ANY TYPE	Not Cov	No	Not Cov	No		
L8501	TRACHEOSTOMY SPEAKING VALVE	Not Cov	No	Not Cov	No		
L8505	ARTFICL LARYNX REPLCMT BATTRY ACCESS ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
L8507	TRACHEO-ESOPH VOICE PROSTH PT INSRT ANY TYPE EA	Not Cov	Not Cov	Not Cov	Not Cov		
L8509	TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV	Not Cov	No	Not Cov	No		
L8510	VOICE AMPLIFIER	Not Cov	Not Cov	Not Cov	Not Cov		
L8511	INSRT INDWLL TRACHEOESOPH PROS W WO VALV REPLCMT	Not Cov	No	Not Cov	No		

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L8512	GELATIN CAPS EQUVALNT W TRACHEOESOPH VOICE PROS	Not Cov	Not Cov	Not Cov	Not Cov		
L8513	CLEANING DEVC USED W TRACHEOESOPH VOICE PROS PIP	Not Cov	Not Cov	Not Cov	Not Cov		
L8514	TRACHEOESOPH PUNCTURE DILAT REPLACEMENT ONLY EA	Not Cov	Not Cov	Not Cov	Not Cov		
L8515	GELATIN CAP APPLIC DEVC TRACHOESOPH VOICE PROSTH	Not Cov	Not Cov	Not Cov	Not Cov		
L8600	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL	No	No	Not Cov	No		
L8603	INJ BULK AGT COLL IMPL URIN TRACT 2.5 ML SYRINGE	No	No	No	No		
L8604	INJECTABLE BULKING AGENT URINARY TRACT 1 ML	No	No	No	No		
L8605	INJ BULK AGT DX HA COPOLYMER IMPL ANAL CNL 1 ML	Not Cov	Not Cov	Not Cov	Not Cov		
L8606	INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE	No	No	No	No		
L8607	INJ BULKING AGT VOCAL CORD MEDIALIZATION 0.1 ML	Not Cov	Not Cov	Not Cov	Not Cov		
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Yes	Not Cov	Not Cov	Not Cov		
L8609	ARTIFICIAL CORNEA	No	Not Cov	Not Cov	Not Cov		
L8610	OCULAR IMPLANT	No	Not Cov	Not Cov	Not Cov		
L8612	AQUEOUS SHUNT	No	Not Cov	Not Cov	Not Cov		
L8613	OSSICULA IMPLANT	No	Not Cov	Not Cov	Not Cov		
L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	No	Not Cov	Not Cov	Not Cov		
L8615	HEADSET HEADPIECE COCHLEAR IMPLANT DEVICE REPL	Not Cov	No	Not Cov	No		
L8616	MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT	Not Cov	No	Not Cov	No		
L8617	TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL	Not Cov	No	Not Cov	No		
L8618	TRNSMT CBL USE CI DEVC AUD OSSEOINTG DEVC REPL	Not Cov	No	Not Cov	No		
L8619	COCHLEAR IMPL EXT SPEECH PROCESSR CONTROLLR REPL	Not Cov	No	Not Cov	No		
L8621	ZINC AIR BATT COCHLR IMPL AND AUD SD PROC REPL EA	Not Cov	No	Not Cov	No		
L8622	ALKALIN BATTRY COCHLEAR IMPL DEVC ANY SZ REPL EA	Not Cov	No	Not Cov	No		
L8623	LITHIUM ION BATTERY OTH THAN EAR LEVEL REPL EA	Not Cov	No	Not Cov	No		
L8624	LIB CI AUD OSSEOINTEG DEVC SP EAR LEVEL REPL EA	Not Cov	No	Not Cov	No		
L8625	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Not Cov	No	Not Cov	No		
L8627	COCHLEAR IMPL EXT SPEECH PROCESSR COMPONENT REPL	Not Cov	No	Not Cov	No		
L8628	COCHLEAR IMPLANT EXT CONTROLLER COMPONENT REPL	Not Cov	No	Not Cov	No		
L8629	TRANSMITTING COIL CABLE COCHLEAR IMPL DEV REPL	Not Cov	No	Not Cov	No		
L8630	METACARPOPHALANGEAL JOINT IMPLANT	No	Not Cov	Not Cov	Not Cov		
L8631	MPJ REPLCMT TWO MORE PECES METL CERAM-LIKE MATL	Not Cov	Not Cov	Not Cov	Not Cov		
L8641	METATARSAL JOINT IMPLANT	No	Not Cov	Not Cov	Not Cov		
L8642	HALLUX IMPLANT	No	Not Cov	Not Cov	Not Cov		
L8658	INTERPHALANGEAL JOINT SPACER SILICONE EQUAL EACH	No	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
L8659	IP FNGR JNT REPLCMT 2 MORE PECES METL CERAM-LIKE	Not Cov	Not Cov	Not Cov	Not Cov		
L8670	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT	No	Not Cov	Not Cov	Not Cov		
L8679	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY	Not Cov	Not Cov	Not Cov	Not Cov		
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH	No	Not Cov	Not Cov	Not Cov		
L8681	PT PROG W IMPL PROG NEUROSTM PULSE GEN REPL ONLY	No	Not Cov	Not Cov	Not Cov		
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER	No	Not Cov	Not Cov	Not Cov		
L8683	RF TRNSMT USE W IMPLANTABLE NEUROSTIM RF RECV	No	Not Cov	Not Cov	Not Cov		
L8684	RF TRNSMT IMPL SCRL NEURO BOWEL BLADDR MGMT REPL	No	Not Cov	Not Cov	Not Cov		
L8685	IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE	No	Not Cov	Not Cov	Not Cov		
L8686	IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE	No	Not Cov	Not Cov	Not Cov		
L8687	IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE	No	Not Cov	Not Cov	Not Cov		
L8688	IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE	No	Not Cov	Not Cov	Not Cov		
L8689	EXT RECHARG SYS BATTRY IMPL NEUROSTIM REPL ONLY	No	Not Cov	Not Cov	Not Cov		
L8690	AUDITORY OSSEOINTEGRATED DEVC INT EXT COMPONENTS	No	Not Cov	Not Cov	Not Cov		
L8691	AUD OI DEVC EXT SP EXCL TRNSDUCR ACTUATR REPL EA	Not Cov	No	Not Cov	No		
L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Not Cov	Yes	Not Cov	Yes		
L8693	AUD OSSEOINTEGRATED DEVC ABUT LENGTH REPL ONLY	Not Cov	No	Not Cov	No		
L8694	AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA	Not Cov	No	Not Cov	No		
L8695	EXT RECHARGING SYS BATTERY W IMPL NEUROSTIM REPL	No	Not Cov	Not Cov	Not Cov		
L8696	ANTENNA FOR USE W IMPL DIA PN ST DEV REPL EA	Not Cov	No	Not Cov	No		
L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Yes	Not Cov	Not Cov	Not Cov		
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Yes	Not Cov	Yes	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Yes	Not Cov	Not Cov	Not Cov		
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Yes	Not Cov	Not Cov	Not Cov		
L9900	ORTHO AND PROS SPL ACSS AND SRVC CMPNT OTH HCPCS L CODE	Not Cov	No	Not Cov	No		
M0075	CELLULAR THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
M0076	PROLOTHERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	Not Cov	Not Cov	Not Cov	Not Cov		
M0300	IV CHELATION THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	Not Cov	Not Cov	Not Cov	Not Cov		
M1000	PAIN SCREENED AS MODERATE TO SEVERE	Not Cov	Not Cov	Not Cov	Not Cov		

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M1001	POC AD MOD TO SEV PAIN DOC ON BE4 D 2ND VST CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
M1002	POC MS PN NOT DOC ON B4 DATE 2ND VST CLIN NO RSN	Not Cov	Not Cov	Not Cov	Not Cov		
M1003	TB SCR AND RSLT INTRP WI 12 MO PRI TO INIT BIO DZ	Not Cov	Not Cov	Not Cov	Not Cov		
M1004	DOC MEDICAL RSN NOT SCR FOR TB INTPRET RESULTS	Not Cov	Not Cov	Not Cov	Not Cov		
M1005	TB SCREEN NOT PERF RSLT NOT INTEPR RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
M1006	DISEASE ACTIVITY NOT ASSESSED REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
M1007	GRT THN EQ50PCT OF TOT NUMBER OF A PT O P RA ENC ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
M1008	UNDER 50PCT OF TOT NUMBER OF A PT O P RA ENC ASSESSED	Not Cov	Not Cov	Not Cov	Not Cov		
M1009	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
M1010	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
M1011	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
M1012	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
M1013	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
M1014	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
M1015	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	Not Cov	Not Cov	Not Cov	Not Cov		
M1016	FEMALE PATIENTS UNABLE TO BEAR CHILDREN	Not Cov	Not Cov	Not Cov	Not Cov		
M1017	PATIENT ADMITTED TO PALLIATIVE CARE SERVICES	Not Cov	Not Cov	Not Cov	Not Cov		
M1018	PATIENTS ACTV DX HX CA PT HVY TOB SMKR LC SCR PT	Not Cov	Not Cov	Not Cov	Not Cov		
M1019	PT 12-17 YR MD DYSTH REM 12 MO SCORE LESS THAN 5	Not Cov	Not Cov	Not Cov	Not Cov		
M1020	PT 12-17 Y MD DYSTH NO REM 12 M PHQ-9 9M NA GRT THN EQ5	Not Cov	Not Cov	Not Cov	Not Cov		
M1021	PATIENT HAD ONLY UC VISITS DUR THE PERF PRD	Not Cov	Not Cov	Not Cov	Not Cov		
M1022	PATIENTS IN HOSPICE AT ANY TIME DUR PERF PRD	Not Cov	Not Cov	Not Cov	Not Cov		
M1023	PT 12-17 YR MD DYSTH REM 6 M PHQ-9 PHQ-9M UNDER 5	Not Cov	Not Cov	Not Cov	Not Cov		
M1024	PT 12-17 Y MD DYSTH NO REM 6 MO PHQ-9 9M NA GRT THN EQ5	Not Cov	Not Cov	Not Cov	Not Cov		
M1025	PATIENTS IN HOSPICE AT ANY TIME DUR PERF PRD	Not Cov	Not Cov	Not Cov	Not Cov		
M1026	PATIENTS IN HOSPICE AT ANY TIME DUR PERF PRD	Not Cov	Not Cov	Not Cov	Not Cov		
M1027	IMAGING OF THE HEAD WAS OBTAINED	Not Cov	Not Cov	Not Cov	Not Cov		
M1028	DOC PT PRIM HA DX AND IMAG OTH THAN CT MRI OBTAIND	Not Cov	Not Cov	Not Cov	Not Cov		
M1029	IMAGING OF HEAD WAS NOT OBTAINED RSN NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
M1030	PATIENTS W CLIN INDICATIONS FOR IMAGING OF HEAD	Not Cov	Not Cov	Not Cov	Not Cov		
M1031	PATIENTS NO CLINICAL INDIC FOR IMAGING OF HEAD	Not Cov	Not Cov	Not Cov	Not Cov		
M1032	ADULTS CURRENTLY TAKING PHARMACOTHERAPY FOR OUD	Not Cov	Not Cov	Not Cov	Not Cov		
M1033	PHARMACOTHER FOR OUD INIT AFT JUNE 30TH PERF PER	Not Cov	Not Cov	Not Cov	Not Cov		
M1034	ADULTS AL 180 D CONT PT MED PSCR OUD NO GAP OVER 7 D	Not Cov	Not Cov	Not Cov	Not Cov		

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M1035	ADULTS DELIB PH OUT MAT PRI TO 180 DA CONT TX	Not Cov	Not Cov	Not Cov	Not Cov		
M1036	ADULTS NOT AL 180 D CONT PT PSCR OUD NO GAP OVER 7 D	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
M1037	PATIENTS WITH DX LSP REG CANCER AT THE TIME PROC	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
M1038	PATIENTS WITH DX OF LSP REG FX AT TIME PROCEDURE	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
M1039	PATIENTS WITH DX OF LSP REG INF AT TIME OF PROC	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Progress Notes Therapy notes/progress notes
M1040	PATIENTS WITH DX OF LUMBAR IDIO CONG SCOLIOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
M1041	PT CA FX INF REL TO LSP PT IDIO CONG SCOLIOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
M1042	FNC ST MSR SC OBTD ODI WI 3 MO PREOP AND AT 1 Y PO	Not Cov	Not Cov	Not Cov	Not Cov		
M1043	FNC ST MSR SC NOT OBT ODI WI 3M PREOP AND AT 1 Y P O	Not Cov	Not Cov	Not Cov	Not Cov		
M1044	FUNC STS MSR ODI WI 3 MOS PREOP AND AT 1 YR P O	Not Cov	Not Cov	Not Cov	Not Cov		
M1045	FNC ST MSR SC OBT OKS WI 3 MO PREOP AND AT 1 Y P O	Not Cov	Not Cov	Not Cov	Not Cov		
M1046	FNC STS MSR SC NO OKS WI 3 MO PREOP AND AT 1 YR PO	Not Cov	Not Cov	Not Cov	Not Cov		
M1047	FUNC STS MSR OKS WI 3 MO PREOP AND AT 1 YEAR P O	Not Cov	Not Cov	Not Cov	Not Cov		
M1048	FUNC ST MSR SC OBTD ODI WI 3M PREOP AND AT 3M PO	Not Cov	Not Cov	Not Cov	Not Cov		
M1049	FNC ST MSR SC NOT OBT ODI WI 3M PREOP AND AT 3M PO	Not Cov	Not Cov	Not Cov	Not Cov		
M1050	FNC ST MSR ODI REP WI 3 MO PREOP AND AT 3 MO P O	Not Cov	Not Cov	Not Cov	Not Cov		
M1051	PT CA FX INF REL LS PT HAD IDIO CONG SCOLIOSIS	Not Cov	Not Cov	Not Cov	Not Cov		
M1052	LEG PAIN NOT MSR VAS WI 3 MO PREOP AND AT 1 YR P O	Not Cov	Not Cov	Not Cov	Not Cov		
M1053	LEG PAIN MSR BY VAS WI 3 MO PREOP AND AT 1 YR P O	Not Cov	Not Cov	Not Cov	Not Cov		
M1054	PATIENT HAD ONLY URGENT CARE VISITS DUR PERF PER	Not Cov	Not Cov	Not Cov	Not Cov		
M1055	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED	Not Cov	Not Cov	Not Cov	Not Cov		
M1056	PSCR AC MED DUR PERF PER HX GI BL HX INTRACR BL	Not Cov	Not Cov	Not Cov	Not Cov		

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M1057	ASPIRIN ANOTH AP TX NOT USED REASON NOT GIVEN	Not Cov	Not Cov	Not Cov	Not Cov		
M1058	PATIENT PERM NH RESIDENT ANY TIME DUR PERF PER	Not Cov	Not Cov	Not Cov	Not Cov		
M1059	PATIENT HSPC REC PALLIAT C ANY TIME DUR PERF PER	Not Cov	Not Cov	Not Cov	Not Cov		
M1060	PATIENT DIED PRIOR TO THE END OF THE PERF PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		
M1061	PATIENT PREGNANCY	Not Cov	Not Cov	Not Cov	Not Cov		
M1062	PATIENT IMMUNOCOMPROMISED	Not Cov	Not Cov	Not Cov	Not Cov		
M1063	PATIENTS RECEIVING HIGH DOSES OF IS THERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
M1064	SHINGRIX VACCINE DOCUMENTED AS ADM PREV RECEIVED	Not Cov	Not Cov	Not Cov	Not Cov		
M1065	SHINGRIX VACCINE WAS NOT ADM FOR RSN DOC CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
M1066	SHINGRIX VACCINE WAS NOT ADM FOR RSN DOC CLIN	Not Cov	Not Cov	Not Cov	Not Cov		
M1067	HOSPICE SVC FOR PT PROV ANY TIME DUR MSR PERIOD	Not Cov	Not Cov	Not Cov	Not Cov		
M1068	ADULTS WHO ARE NOT AMBULATORY	Not Cov	Not Cov	Not Cov	Not Cov		
M1069	PATIENT SCREENED FOR FUTURE FALL RISK	Not Cov	Not Cov	Not Cov	Not Cov		
M1070	PATIENT NOT SCREENED FUT FALL RISK RSN NOT GVN	Not Cov	Not Cov	Not Cov	Not Cov		
M1071	PATIENT HAD ADD SP PROC PERF SD L DSKC LAMINOT	Not Cov	Not Cov	Not Cov	Not Cov		
P2028	CEPHALIN FLOCULATION BLOOD	Not Cov	Not Cov	Not Cov	Not Cov		
P2029	CONGO RED BLOOD	Not Cov	Not Cov	Not Cov	Not Cov		
P2031	HAIR ANALYSIS	Not Cov	Not Cov	Not Cov	Not Cov		
P2033	THYMOL TURBIDITY BLOOD	Not Cov	Not Cov	Not Cov	Not Cov		
P2038	MUCOPROTEIN BLOOD	Not Cov	Not Cov	Not Cov	Not Cov		
P3000	SCR PAP SMEAR UP TO 3 SMEARS TECH UND PHYS SUPV	No	No	Not Cov	No		
P3001	SCR PAP SMER CERV VAG TO 3 SMERS RQR INTEPR PHYS	Not Cov	No	Not Cov	No		
P7001	CULT BACTERL URINE; QUAN SENSITIVITY STUDY	Not Cov	Not Cov	Not Cov	Not Cov		
P9010	BLOOD FOR TRANSFUSION PER UNIT	No	No	Not Cov	No		
P9011	BLOOD SPLIT UNIT	No	No	Not Cov	No		
P9012	CRYOPRECIPITATE EACH UNIT	No	No	Not Cov	No		
P9016	RED BLOOD CELLS LEUKOCYTES REDUCED EACH UNIT	No	No	Not Cov	No		
P9017	FRESH FRZN PLASMA FRZN WITHIN 8 HRS CLCT EA UNIT	No	No	Not Cov	No		
P9019	PLATELETS EACH UNIT	No	No	Not Cov	No		
P9020	PLATELET RICH PLASMA EACH UNIT	No	No	Not Cov	No		
P9021	RED BLOOD CELLS EACH UNIT	No	No	Not Cov	No		
P9022	RED BLOOD CELLS WASHED EACH UNIT	No	No	Not Cov	No		
P9023	PLSMA MX DONR SOLVNT DETRGNT TREATD FRZN EA U	No	No	Not Cov	No		
P9031	PLATELETS LEUKOCYTES REDUCED EACH UNIT	No	No	Not Cov	No		

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P9032	PLATELETS IRRADIATED EACH UNIT	No	No	Not Cov	No		
P9033	PLATELETS LEUKOCYTES REDUCED IRRADIATED EA UNIT	No	No	Not Cov	No		
P9034	PLATELETS PHERESIS EACH UNIT	No	No	Not Cov	No		
P9035	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT	No	No	Not Cov	No		
P9036	PLATELETS PHERESIS IRRADIATED EACH UNIT	No	No	Not Cov	No		
P9037	PLATLTS PHERES LEUKOCYTES RDUC IRRADATD EA UNIT	No	No	Not Cov	No		
P9038	RED BLOOD CELLS IRRADIATED EACH UNIT	No	No	Not Cov	No		
P9039	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT	No	No	Not Cov	No		
P9040	RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	No	No	Not Cov	No		
P9041	INFUSION ALBUMIN HUMAN 5PCT 50 ML	No	No	Not Cov	No		
P9043	INFUSION PLASMA PROTEIN FRACTION HUMAN 5PCT 50 ML	No	No	Not Cov	No		
P9044	PLASMA CRYOPRECIPITATE REDUCED EACH UNIT	No	No	Not Cov	No		
P9045	INFUSION ALBUMIN HUMAN 5PCT 250 ML	No	No	Not Cov	No		
P9046	INFUSION ALBUMIN HUMAN 25PCT 20 ML	No	No	Not Cov	No		
P9047	INFUSION ALBUMIN HUMAN 25PCT 50 ML	No	No	Not Cov	No		
P9048	INFUSION PLASMA PROTEIN FRACTION HUMAN 5PCT 250 ML	No	No	Not Cov	No		
P9050	GRANULOCYTES PHERESIS EACH UNIT	No	No	Not Cov	No		
P9051	WHOLE BLD RBCS LEUKOCYTES RDUC CMV-NEG EA UNIT	No	Not Cov	Not Cov	Not Cov		
P9052	PLT HLA-MATCHD LEUKOCYTES RDUC APHERES PHERE EA	No	Not Cov	Not Cov	Not Cov		
P9053	PLT PHERES LEUKOCYTES RDUC CMV-NEG IRRADATD EA	No	Not Cov	Not Cov	Not Cov		
P9054	WB RBCS LEUKOCYTES RDUC FRZN DEGLYCEROL WASHD EA	No	No	Not Cov	No		
P9055	PLT LEUKOCYTES RDUC CMV-NEG APHERES PHERES EA	No	No	Not Cov	No		
P9056	WHOLE BLD LEUKOCYTES REDUCED IRRADIATED EA UNIT	No	No	Not Cov	No		
P9057	RBCS FRZN DEGLYCEROLIZED WASHED LEUKOCYTES RDUC	No	No	Not Cov	No		
P9058	RBCS LEUKOCYTES REDUCED CMV-NEG IRRADATD EA UNIT	No	No	Not Cov	No		
P9059	FRESH FRZN PLASMA BETWN 8-24 HR CLCT EA UNIT	No	No	Not Cov	No		
P9060	FRESH FROZEN PLASMA DONOR RETESTED EACH UNIT	No	No	Not Cov	No		
P9070	PLASMA POOLED MX DONOR PATHOGEN RDUC FROZEN EA U	Not Cov	Not Cov	Not Cov	Not Cov		
P9071	PLASMA PATHOGEN REDUCED FROZEN EACH UNIT	Not Cov	Not Cov	Not Cov	Not Cov		
P9073	PLATELETS PHERESIS PATHOGEN-REDUCED EACH UNIT	No	No	Not Cov	No		
P9100	PATHOGEN TEST FOR PLATELETS	No	No	Not Cov	No		
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Not Cov	Not Cov	Not Cov	Not Cov		
P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG	Not Cov	Not Cov	Not Cov	Not Cov		
P9612	CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE	No	No	Not Cov	No		

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P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN	Not Cov	Not Cov	Not Cov	Not Cov		
Q0035	CARDIOKYMOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
Q0081	INFUS TX USING OTH THAN CHEMOTHERAPEUTC RX VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
Q0083	CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
Q0084	CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
Q0085	CHEMOTHAPY ADMN BOTH INFUS TECH AND OTH TECHIQUE-VST	Not Cov	Not Cov	Not Cov	Not Cov		
Q0091	SCREEN PAP SMEAR; OBTAIN PREP AND C ONVEY TO LAB	Not Cov	Not Cov	Not Cov	Not Cov		
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	No	No	Not Cov	No		
Q0111	WET MOUNTS INCL PREP VAGINAL CERV SKIN SPECIMENS	No	No	Not Cov	No		
Q0112	ALL POTASSIUM HYDROXIDE PREPARATIONS	No	No	Not Cov	No		
Q0113	PINWORM EXAMINATION	No	No	Not Cov	No		
Q0114	FERN TEST	No	No	Not Cov	No		
Q0115	POST-COITAL DIRECT QUAL EXAM VAGINAL CERV MUCOS	No	No	Not Cov	No		
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Yes	Yes	Not Cov	Yes		See Clinical Information
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Yes	Yes	Not Cov	Yes		See Clinical Information
Q0144	AZITHROMYCIN DIHYDRATE ORAL CAP POWDER 1 GRAM	No	No	Not Cov	No		
Q0161	CHLORPROMAZINE HYDROCHLORIDE 5 MG ORAL	No	No	Not Cov	No		
Q0162	ONDANSETRON 1 MG ORL NOT EXCEED 48 HR DOSE REG	No	No	Not Cov	No		
Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL NOT OVER 48 HR DOSE	No	No	Not Cov	No		
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORL NOT OVER 48 HR DOSE	No	No	Not Cov	No		
Q0166	GRANISETRON HCL 1 MG ORL NOT OVER 48 HR DOSE REGIMEN	No	No	Not Cov	No		
Q0167	DRONABINOL 2.5 MG ORAL NOT OVER 48 HR DOSE REGIMEN	No	No	Not Cov	No		
Q0169	PROMETHAZINE HCL 12.5 MG ORAL NOT OVER 48 HR DOSE	No	No	Not Cov	No		
Q0173	TRIMETHOBENZAMIDE HCL 250 MG ORL NOT OVER 48 HR DOSE	No	No	Not Cov	No		
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORL NOT OVER 48HR DOSE	No	No	Not Cov	No		
Q0175	PERPHENZAINE 4 MG ORAL NOT OVER 48 HR DOSE REGIMEN	No	No	Not Cov	No		
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL NOT OVER 48 HR DOSE	No	No	Not Cov	No		
Q0180	DOLASETRON MESYLATE 100 MG ORL NOT OVER 48 HR DOSE	No	No	Not Cov	No		
Q0181	UNS ORAL DOSAGE ANTI-EMETIC NOT OVER 48 HR DOSE REG	Not Cov	No	Not Cov	No		
Q0477	PWR MODULE PT CABLE ELEC PNEUMATIC VAD REPL ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
Q0478	POWER ADAPTER ELECTRIC PNEUMAT VAD VEHICLE TYPE	No	Not Cov	Not Cov	No		
Q0479	POWER MODULE ELECTRIC PNEUMATIC VAD REPLACE ONLY	No	Not Cov	Not Cov	No		

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Q0480	DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0481	MICROPROCESSOR CNTRL UNIT FOR ELEC VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0482	MICROPROCESSOR CU FOR ELEC PNEUMAT VAD REPL ONL	No	Not Cov	Not Cov	No		
Q0483	MONITOR DISPLAY MODULE FOR ELEC VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0484	MONITOR FOR ELEC OR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0485	MONITOR CONTROL CABLE FOR ELEC VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0486	MON CNTRL CABLE FOR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0487	LEADS FOR ANY TYPE ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0488	POWER PACK BASE FOR USE W ELEC VAD REPL ONLY	No	No	Not Cov	No		
Q0489	POWER PACK BASE FOR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0490	EMERGENCY POWER SOURCE FOR ELEC VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0491	EMERG POWER SRC FOR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0492	EMERGENCY POWER SPL CABLE FOR ELEC VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0493	EMERG PWR CABLE FOR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0494	EMERGENCY HAND PUMP REPLACEMENT ONLY	No	Not Cov	Not Cov	No		
Q0495	BATT CHRGR ELEC OR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0496	BATTERY NOT LITHIUM-ION ELEC PNEUMAT VAD REPL	No	Not Cov	Not Cov	No		
Q0497	BATT CLPS FOR ELEC OR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0498	HOLSTER FOR ELEC OR ELEC PNEUMAT VAD REPL ONLY	No	Not Cov	Not Cov	No		
Q0499	BELT VEST BAG CARRY ANY TYPE VAD REPLACE ONLY	No	No	Not Cov	No		
Q0500	FILTERS FOR ELEC OR ELEC PNEUMAT VAD REPL ONLY	No	No	Not Cov	No		
Q0501	SHOWER COVER ELEC OR ELEC PNEUMAT VAD REPL ONLY	No	No	Not Cov	No		
Q0502	MOBILITY CART FOR PNEUMATIC VAD REPL ONLY	No	No	Not Cov	No		
Q0503	BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH	No	No	Not Cov	No		
Q0504	POWER ADAPTER FOR PNEUMAT VAD REPL ONLY VEH TYPE	No	No	Not Cov	No		
Q0506	BATTERY LITHIUM-ION ELEC PNEUMATIC VAD REPL	No	No	Not Cov	No		
Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Yes	Yes	Not Cov	Yes		
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Yes	Yes	Not Cov	Yes		
Q0509	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Yes	Yes	Not Cov	Yes		
Q0510	PHARM SPL FEE INIT IMS DRUG 1ST MO FLW TRANSPLNT	Not Cov	Not Cov	Not Cov	Not Cov		
Q0511	PHRM FEE O ANTI-CA ANTI-EMET IS RX; 1 PRSC 30-DA	Not Cov	Not Cov	Not Cov	Not Cov		
Q0512	PHRM FEE O ANTI-CA ANTI-EMET IS RX; SUBSQT 30-DA	Not Cov	Not Cov	Not Cov	Not Cov		
Q0513	PHRM DISPENSING FEE INHALATION RX; PER 30 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
Q0514	PHRM DISPENSING FEE INHALATION RX; PER 90 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		

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Q0515	INJECTION SERMORELIN ACETATE 1 MICROGRAM	No	No	Not Cov	No		
Q1004	NEW TECH IO LENS CATGY 4 DEFINED FEDERAL REG	Not Cov	Not Cov	Not Cov	Not Cov		
Q1005	NEW TECH IO LENS CATGY 5 DEFINED FEDERAL REG	Not Cov	Not Cov	Not Cov	Not Cov		
Q2004	IRRIGATION SOL TX BLADDER CALCULI PER 500 ML	No	No	Not Cov	No		
Q2009	INJ FOSPHENYTOIN 50 MG PHENYTOIN EQUIVALENT	No	No	Not Cov	No		
Q2017	INJECTION TENIPOSIDE 50 MG	No	No	Not Cov	No		
Q2026	INJECTION RADIESSE 0.1ML	Not Cov	Not Cov	Not Cov	Not Cov		
Q2028	INJECTION SCULPTRA 0.5 MG	Not Cov	Not Cov	Not Cov	Not Cov		
Q2034	FLU VIRUS VAC SPLIT VIRUS INTRAMUSCULAR AGRIFLU	No	Not Cov	Not Cov	Not Cov		
Q2035	INFLUENZA VACC SPLIT VIRUS 3 YRS AND OVER IM AFLURIA	No	Not Cov	Not Cov	Not Cov		
Q2036	INFLUENZA VACC SPLIT VIRUS 3 YRS AND OVER IM FLULAVAL	No	Not Cov	Not Cov	Not Cov		
Q2037	INFLUENZA VACC SPLIT VIRUS 3 YRS AND OVER IM FLUVIRIN	No	Not Cov	Not Cov	Not Cov		
Q2038	INFLUENZA VACC SPLIT VIRUS 3 YRS AND OVER IM FLUZONE	No	Not Cov	Not Cov	Not Cov		
Q2039	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Yes	Yes	Not Cov	Yes		See Clinical Information
Q2049	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	No	No	Not Cov	No		
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
Q2052	SERVICES SUPPLIES IN HOME MEDICARE IVIG DEM	Not Cov	Not Cov	Not Cov	Not Cov		
Q3001	ADJUNCTIVE PROCEDURE	Not Cov	No	Not Cov	No		
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	No	No	Not Cov	No		
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Yes	Yes	Not Cov	Yes		See Clinical Information
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Yes	Yes	Not Cov	Yes		See Clinical Information
Q3031	COLLAGEN SKIN TEST	No	No	Not Cov	No		
Q4001	CASTING SPL BODY CAST ADULT W WO HEAD PLASTR	Not Cov	No	Not Cov	No		
Q4002	CAST SUPPLIES BODY CAST ADULT W WO HEAD FIBRGLS	Not Cov	No	Not Cov	No		
Q4003	CAST SUPPLIES SHOULDER CAST ADULT PLASTER	Not Cov	No	Not Cov	No		

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All Inpatient services require prior authorization

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
Q4004	CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4005	CAST SUPPLIES LONG ARM CAST ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4006	CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4007	CAST SUPPLIES LONG ARM CAST PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4008	CAST SUPPLIES LONG ARM CAST PEDIATRIC FIBERGLASS	Not Cov	No	Not Cov	No		
Q4009	CAST SUPPLIES SHORT ARM CAST ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4010	CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4011	CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4012	CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBRGLS	Not Cov	No	Not Cov	No		
Q4013	CAST SUPPLIES GAUNTLET CAST ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4014	CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4015	CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4016	CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS	Not Cov	No	Not Cov	No		
Q4017	CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4018	CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4019	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4020	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBRGLS	Not Cov	No	Not Cov	No		
Q4021	CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4022	CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4023	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4024	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBRGLS	Not Cov	No	Not Cov	No		
Q4025	CAST SUPPLIES HIP SPICA ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4026	CAST SUPPLIES HIP SPICA ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4027	CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4028	CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS	Not Cov	No	Not Cov	No		
Q4029	CAST SUPPLIES LONG LEG CAST ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4030	CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4031	CAST SUPPLIES LONG LEG CAST PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4032	CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS	Not Cov	No	Not Cov	No		
Q4033	CAST SUPPLIES LONG LEG CYCLE CAST ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4034	CAST SUPPLIES LNG LEG CYCLE CAST ADLT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4035	CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR	Not Cov	No	Not Cov	No		
Q4036	CAST SPL LONG LEG CYCLE CAST PEDIATRIC FIBRGLS	Not Cov	No	Not Cov	No		
Q4037	CAST SUPPLIES SHORT LEG CAST ADULT PLASTER	Not Cov	No	Not Cov	No		

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Q4038	CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4039	CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4040	CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS	Not Cov	No	Not Cov	No		
Q4041	CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4042	CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4043	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4044	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBRGLS	Not Cov	No	Not Cov	No		
Q4045	CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER	Not Cov	No	Not Cov	No		
Q4046	CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS	Not Cov	No	Not Cov	No		
Q4047	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER	Not Cov	No	Not Cov	No		
Q4048	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBRGLS	Not Cov	No	Not Cov	No		
Q4049	FINGER SPLINT STATIC	Not Cov	No	Not Cov	No		
Q4050	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Not Cov	Yes	Not Cov	Yes		
Q4051	SPLINT SUPPLIES MISCELLANEOUS	Not Cov	Yes	Not Cov	Yes		
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q4081	INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS	No	No	Not Cov	No		
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Yes	Yes	Not Cov	Yes		
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Yes	Not Cov	Not Cov	Not Cov		
Q4101	APLIGRAF PER SQ CM	No	Not Cov	Not Cov	No		
Q4102	OASIS WOUND MATRIX PER SQ CM	No	Not Cov	Not Cov	No		
Q4103	OASIS BURN MATRIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4105	INTEGRA DRT INTEGRA OMNIGR DRML RGN MTX P SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4106	DERMAGRAFT PER SQ CM	No	Not Cov	Not Cov	No		
Q4107	GRAFTJACKET PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4108	INTEGRA MATRIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4110	PRIMATRIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4111	GAMMAGRAFT PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4112	CYMETRA INJECTABLE 1 CC	Not Cov	Not Cov	Not Cov	Not Cov		
Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	Not Cov	Not Cov	Not Cov	Not Cov		
Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Not Cov	Not Cov	Not Cov	Not Cov		
Q4115	ALLOSKIN PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4116	ALLODERM PER SQ CM	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
Q4117	HYALOMATRIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4118	MATRISTEM MICROMATRIX 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
Q4121	THERASKIN PER SQ CM	No	No	Not Cov	No		
Q4122	DERMACELL PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4123	ALLOSKIN RT PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4125	ARTHROFLEX PER SQ CM	Not Cov	Not Cov	Not Cov	Not Cov		
Q4126	MEMODERM DERMASPAN TRANZGRFT INTEGUPLY PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4127	TALYMED PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4130	STRATTICE PER SQ CM	Not Cov	Not Cov	Not Cov	Not Cov		
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	No	Not Cov	Not Cov	Not Cov		
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	No	Not Cov	Not Cov	Not Cov		
Q4134	HMATRIX PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4135	MEDISKIN PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4136	E-Z DERM PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4137	AMNIOEXCEL OR BIODEXCEL PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4138	BIODFENCE DRYFLEX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4139	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	No	Not Cov	Not Cov	Not Cov		
Q4140	BIODFENCE PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4141	ALLOSKIN AC PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	Not Cov	Not Cov	Not Cov	Not Cov		
Q4143	REPRIZA PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4145	EPIFIX INJECTABLE 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
Q4146	TENSIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4148	NEOX CORD 1K NEOX CORD RT CLARIX CORD 1K-SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4149	EXCELLAGEN 0.1 CC	No	Not Cov	Not Cov	Not Cov		
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4152	DERMAPURE PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4153	DERMAVEST AND PLURIVEST PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4154	BIOVANCE PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4155	NEOXFLO OR CLARIXFLO 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		

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Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	No	Not Cov	Not Cov	Not Cov		
Q4157	REVITALON PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4158	KERECIS OMEGA3 PER SQUARE CM	No	Not Cov	Not Cov	Not Cov		
Q4159	AFFINITY PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4160	NUSHIELD PER SQUARE CENTIMETER	No	Not Cov	Not Cov	Not Cov		
Q4161	BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER	Yes	Not Cov	Not Cov	Not Cov		
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Yes	Not Cov	Not Cov	Not Cov		
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Yes	Not Cov	Not Cov	Not Cov		
Q4164	HELICOLL PER SQUARE CENTIMETER	Yes	Not Cov	Not Cov	Not Cov		
Q4165	KERAMATRIX PER SQUARE CENTIMETER	Yes	Not Cov	Not Cov	Not Cov		
Q4166	CYTAL PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4167	TRUSKIN PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4168	AMNIOBAND 1 MG	No	Not Cov	Not Cov	Not Cov		
Q4169	ARTACENT WOUND PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4170	CYGNUS PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4171	INTERFYL 1 MG	No	Not Cov	Not Cov	Not Cov		
Q4173	PALINGEN OR PALINGEN XPLUS PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4174	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	No	Not Cov	Not Cov	Not Cov		
Q4175	MIRODERM PER SQ CM	No	Not Cov	Not Cov	Not Cov		
Q4176	NEOPATCH PER SQUARE CM	Yes	Not Cov	Not Cov	Not Cov		
Q4177	FLOWERAMNIOFLO 0.1 CC	Not Cov	Not Cov	Not Cov	Not Cov		
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Yes	Not Cov	Not Cov	Not Cov		
Q4179	FLOWERDERM PER SQUARE CM	Yes	Not Cov	Not Cov	Not Cov		
Q4180	REVITA PER SQUARE CM	Yes	Not Cov	Not Cov	Not Cov		
Q4181	AMNIO WOUND PER SQUARE CM	Yes	Not Cov	Not Cov	Not Cov		
Q4182	TRANSCYTE PER SQUARE CM	Yes	Not Cov	Not Cov	Not Cov		
Q4183	SURGIGRAFT PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4184	CELLESTA PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	Not Cov	Not Cov	Not Cov	Not Cov		
Q4186	EPIFIX PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4187	EPICORD PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4188	AMNIOARMOR PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4189	ARTACENT AC 1 MG	Not Cov	Not Cov	Not Cov	Not Cov		
Q4190	ARTACENT AC PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		

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Q4191	RESTORIGIN PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4192	RESTORIGIN 1 CC	Not Cov	Not Cov	Not Cov	Not Cov		
Q4193	COLL-E-DERM PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4194	NOVACHOR PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4195	PURAPLY PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4196	PURAPLY AM PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4197	PURAPLY XT PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4200	SKINTE PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4201	MATRION PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4202	KEROXX (2.5G CC) 1CC	Not Cov	Not Cov	Not Cov	Not Cov		
Q4203	DERMA-GIDE PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q4204	XWRAP PER SQ CM	Yes	Not Cov	Not Cov	Not Cov		
Q5001	HOSPICE HOME HEALTH CARE PROV PT HOME RESIDENCE	Not Cov	Not Cov	Not Cov	Not Cov		
Q5002	HOSPICE HOME HEALTH CARE IN ASSISTED LIVING FACL	Not Cov	Not Cov	Not Cov	Not Cov		
Q5003	HOSPICE CARE PROV NURSING LTC FACL NON-SKILL NF	Not Cov	Not Cov	Not Cov	Not Cov		
Q5004	HOSPICE CARE PROVIDED SKILLED NURSING FACILITY	Not Cov	Not Cov	Not Cov	Not Cov		
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	Not Cov	Not Cov	Not Cov	Not Cov		
Q5006	HOSPICE CARE PROV INPATIENT HOSPICE FACILITY	Not Cov	Not Cov	Not Cov	Not Cov		
Q5007	HOSPICE CARE PROV LONG TERM CARE FACILITY	Not Cov	Not Cov	Not Cov	Not Cov		
Q5008	HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY	Not Cov	Not Cov	Not Cov	Not Cov		
Q5009	HOSPICE HOME HEALTH CARE PROVIDED IN PLACE NOS	Not Cov	Not Cov	Not Cov	Not Cov		
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	Not Cov	Not Cov	Not Cov	Not Cov		
Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Yes	Yes	Not Cov	Yes		See Clinical Information
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
Q5105	INJECTION EPOETIN ALFA BIOSIMILAR 100 UNITS	Not Cov	Not Cov	Not Cov	Not Cov		
Q5106	INJECTION EPOETIN ALFA BIOSIMILAR 1000 UNITS	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Yes	Not Cov	Not Cov	Not Cov		See Clinical Information

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Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Yes	Yes	Not Cov	Yes		See Clinical Information
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
Q9950	INJECTION SULFUR HEXAFLUORIDE LIPID MSS PER ML	Not Cov	Not Cov	Not Cov	Not Cov		
Q9951	LOW OSM CONTRST MATL 400 OR GRT MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9953	INJECTION IRONBASED MR CONTRAST AGENT PER ML	No	No	Not Cov	No		
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT 100 ML	No	No	Not Cov	No		
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES PER ML	No	No	Not Cov	No		
Q9956	INJECTION OCTAFLUOROPROPANE MICROSPHERES PER ML	No	No	Not Cov	No		
Q9957	INJECTION PERFLUTREN LIPID MICROSPHERES PER ML	No	No	Not Cov	No		
Q9958	HIGH OSM CONTRAST MATL 149 MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9959	HI OSM CONTRST MATL 150-199 MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9960	HI OSM CONTRST MATL 200-249 MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9961	HI OSM CONTRST MATL 250-299 MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9962	HI OSM CONTRST MATL 300-349 MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9963	HI OSM CONTRST MATL 350-399 MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9964	HIGH OSM CONTRST MATL 400 OR GRT MG ML IODINE CONC ML	No	No	Not Cov	No		
Q9965	LOCM 100-199 MG ML IODINE CONCENTRATION PER ML	No	No	Not Cov	No		
Q9966	LOCM 200-299 MG ML IODINE CONCENTRATION PER ML	No	No	Not Cov	No		
Q9967	LOCM 300-399 MG ML IODINE CONCENTRATION PER ML	No	No	Not Cov	No		
Q9968	INJ NONRADIATIVE NONCONTRAST VIZ ADJUNCT 1 MG	No	No	Not Cov	No		

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Q9969	TC-99M NON-HEU FULL COST REC ADD-ON PER STDY DOS	No	Not Cov	Not Cov	Not Cov		
Q9982	FLUTEMETAMOL F18 DX P STUDY DO TO 5 MILLICURIES	Not Cov	Not Cov	Not Cov	Not Cov		
Q9983	FLORBETABEN F18 DX P STDY DO TO 8.1 MILLICURIES	Not Cov	Not Cov	Not Cov	Not Cov		
Q9991	INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
Q9992	INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
R0070	TRANS PRTBL X-RAY EQP AND PERS HOM NRS HOM-TRIP 1 PT	Not Cov	No	Not Cov	No		
R0075	TRANS PRTBL XRAY EQP AND PERS HOM NRS HOM-TRIP OVER 1 PT	Not Cov	No	Not Cov	No		
R0076	TRANSPORTATION PRTBLE EKG FACL LOCATION PER PT	Not Cov	No	Not Cov	No		
S0012	BUTORPHANOL TARTRATE NASAL SPRAY 25 MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0014	TACRINE HYDROCHLORIDE 10 MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS	Not Cov	No	Not Cov	No		
S0020	INJECTION BUPIVICAINE HYDROCHLORIDE 30 ML	Not Cov	No	Not Cov	No		
S0021	INJECTION CEFOPERAZONE SODIUM 1 GM	Not Cov	Not Cov	Not Cov	Not Cov		
S0023	INJECTION CIMETIDINE HYDROCHLORIDE 300 MG	Not Cov	No	Not Cov	No		
S0028	INJECTION FAMOTIDINE 20 MG	Not Cov	No	Not Cov	No		
S0030	INJECTION METRONIDAZOLE 500 MG	Not Cov	No	Not Cov	No		
S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS	Not Cov	No	Not Cov	No		
S0034	INJECTION OFLOXACIN 400 MG	Not Cov	No	Not Cov	No		
S0039	INJECTION SULFAMETHOXAZOLE AND TRIMETHOPRIM 10 ML	Not Cov	No	Not Cov	No		
S0040	INJ TICARCILLIN DISODIUM AND CLAVULANATE K PLUS 3.1 GMS	Not Cov	No	Not Cov	No		
S0073	INJECTION AZTREONAM 500 MG	Not Cov	Yes	Not Cov	Yes		See Clinical Information
S0074	INJECTION CEFOTETAN DISODIUM 500 MG	Not Cov	No	Not Cov	No		
S0077	INJECTION CLINDAMYCIN PHOSPHATE 300 MG	Not Cov	No	Not Cov	No		
S0078	INJECTION FOSPHENYTOIN SODIUM 750 MG	Not Cov	No	Not Cov	No		
S0080	INJECTION PENTAMIDINE ISETHIONATE 300 MG	Not Cov	No	Not Cov	No		
S0081	INJECTION PIPERACILLIN SODIUM 500 MG	Not Cov	No	Not Cov	No		
S0088	IMATINIB 100 MG	Not Cov	No	Not Cov	No		
S0090	SILDENAFIL CITRATE 25 MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0091	GRANISETRON HYDROCHLORIDE 1 MG	Not Cov	No	Not Cov	No		
S0092	INJECTION HYDROMORPHONE HYDROCHLORIDE 250 MG	Not Cov	No	Not Cov	No		
S0093	INJECTION MORPHINE SULFATE 500 MG	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S0104	ZIDOVUDINE ORAL 100 MG	Not Cov	No	Not Cov	No		
S0106	BUPROPION HCI SUSTAINED RLSE TAB 150 MG 60 TABS	Not Cov	No	Not Cov	No		
S0108	MERCAPTOPURINE ORAL 50 MG	Not Cov	No	Not Cov	No		
S0109	METHADONE ORAL 5MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0117	TRETINOIN TOPICAL 5 GRAMS	Not Cov	Not Cov	Not Cov	Not Cov		
S0119	ONDANSETRON ORAL 4 MG	No	Not Cov	Not Cov	Not Cov		
S0122	INJECTION MENOTROPINS 75 IU	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
S0126	INJECTION FOLLITROPIN ALFA 75 IU	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
S0128	INJECTION FOLLITROPIN BETA 75 IU	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
S0132	INJECTION GANIRELIX ACETATE 250 MCG	Not Cov	Not Cov	Not Cov	Not Cov		See Clinical Information
S0136	CLOZAPINE 25 MG	Not Cov	No	Not Cov	No		
S0137	DIDANOSINE 25 MG	Not Cov	No	Not Cov	No		
S0138	FINASTERIDE 5 MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0139	MINOXIDIL 10 MG	Not Cov	No	Not Cov	No		
S0140	SAQUINAVIR 200 MG	Not Cov	No	Not Cov	No		
S0142	COLISTMTHATE SODIUM INHAL SOL CONC FORM-PER MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Not Cov	Yes	Not Cov	Yes		See Clinical Information
S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Yes	Not Cov	Not Cov	Yes		See Clinical Information
S0155	STERILE DILUTANT FOR EPOPROSTENOL 50 ML	Not Cov	No	Not Cov	No		
S0156	EXEMESTANE 25 MG	Not Cov	No	Not Cov	No		
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Not Cov	Yes	Not Cov	Yes		See Clinical Information
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	Not Cov	Not Cov	Not Cov	Not Cov		
S0166	INJECTION OLANZAPINE 2.5 MG	No	Not Cov	Not Cov	Not Cov		
S0169	CALCITROL 0.25 MICROGRAM	Not Cov	Not Cov	Not Cov	Not Cov		
S0170	ANASTROZOLE ORAL 1 MG	Not Cov	No	Not Cov	No		
S0171	INJECTION BUMETANIDE 0.5 MG	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S0172	CHLORAMBUCIL ORAL 2 MG	Not Cov	No	Not Cov	No		
S0174	DOLASETRON MESYLATE ORAL 50 MG	Not Cov	No	Not Cov	No		
S0175	FLUTAMIDE ORAL 125 MG	Not Cov	No	Not Cov	No		
S0176	HYDROXYUREA ORAL 500 MG	Not Cov	No	Not Cov	No		
S0177	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	Not Cov	No	Not Cov	No		
S0178	LOMUSTINE ORAL 10 MG	Not Cov	No	Not Cov	No		
S0179	MEGESTROL ACETATE ORAL 20 MG	Not Cov	No	Not Cov	No		
S0182	PROCARBAZINE HYDROCHLORIDE ORAL 50 MG	Not Cov	No	Not Cov	No		
S0183	PROCHLORPERAZINE MALEATE ORAL 5MG	Not Cov	No	Not Cov	No		
S0187	TAMOXIFEN CITRATE ORAL 10 MG	Not Cov	No	Not Cov	No		
S0189	TESTOSTERONE PELLET 75 MG	Not Cov	No	Not Cov	No		
S0190	MIFEPRISTONE ORAL 200 MG	No	No	Not Cov	No		
S0191	MISOPROSTOL ORAL 200 MCG	No	No	Not Cov	No		
S0194	DIALYSIS STRESS VITAMIN SUPL ORAL 100 CAPSULES	Not Cov	Not Cov	Not Cov	Not Cov		
S0197	PRENATAL VITAMINS 30-DAY SUPPLY	Not Cov	Not Cov	Not Cov	Not Cov		
S0199	MED INDUCED AB ORAL INGESTION MED W SRVC AND SPL	Not Cov	Not Cov	Not Cov	Not Cov		
S0201	PARTIAL HOSITALIZATION SERVICES UNDER 24 HR PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S0207	PARAMEDIC INTERCEPT NON-HOS-BASED ALS SRVC NON-T	Not Cov	Not Cov	Not Cov	Not Cov		
S0208	PARAMEDIC INTERCPT HOS-BASE ALS SRVC NON-TRNSPRT	Not Cov	Not Cov	Not Cov	Not Cov		
S0209	WHEELCHAIR VAN MILEAGE PER MILE	Not Cov	Not Cov	Not Cov	Not Cov		
S0215	NON-EMERGENCY TRANSPORTATION; PER MILE	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
S0220	MED CONF PHYS W TEAM HLTH PROF PT CARE; 30 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
S0221	MED CONF PHYS W TEAM HLTH PROF PT CARE; 60 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
S0250	COMP GERIATRIC ASSESS AND TX PLAN PRFRM ASSESS TEAM	Not Cov	Not Cov	Not Cov	Not Cov		
S0255	BY NURSE SOCIAL WORKER OR OTHER DESIGNATED STAFF	Not Cov	Not Cov	Not Cov	Not Cov		
S0257	CNSL AND DISCUSS ADV DIRCTV EOL CARE PT AND SURROGATE	Not Cov	No	Not Cov	No		
S0260	HISTORY AND PHYSICAL RELATED TO SURGICAL PROC	Not Cov	Not Cov	Not Cov	Not Cov		
S0265	GENETIC COUNSELING PHYS SUPERVISION EA 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov		
S0270	PHYSICIAN MGT PT HOME CARE STD MONTHLY CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S0271	PHYS MGT PT HOME CARE HOSPICE MONTHLY CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S0272	PHYS MGT PT HOME CARE EPISODIC CARE MO CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S0273	PHYS VST MEMBER HOME OUTSIDE CAPITATION ARRNGMNT	Not Cov	Not Cov	Not Cov	Not Cov		
S0274	NP VST MEMBER HOME OUTSIDE CAPITATION ARRANGMENT	Not Cov	Not Cov	Not Cov	Not Cov		
S0280	MEDICAL HOME PROG COMP CARE COORD INITIAL PLAN	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S0281	MEDICAL HOME PROGRAM COMP CARE COORD MAINT PLAN	Not Cov	Not Cov	Not Cov	Not Cov		
S0285	COLONOSCOPY CNSLT PRFRM PRI SCR COLONOSCOPY PROC	Not Cov	Not Cov	Not Cov	Not Cov		
S0302	CMPL EARLY PERIODIC SCREENING DX AND TX SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
S0310	HOSPITALIST SERVICES	Not Cov	Not Cov	Not Cov	Not Cov		
S0311	COMP MGMT AND CARE COORD ADVANCED ILL PER CAL MO	Not Cov	Not Cov	Not Cov	Not Cov		
S0315	DISEASE MANAGEMENT PROGM; INIT ASSESS AND INIT PROGM	Not Cov	Not Cov	Not Cov	Not Cov		
S0316	DZ MANAGEMENT PROGRAM FOLLOW-UP REASSESSMENT	Not Cov	Not Cov	Not Cov	Not Cov		
S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S0320	TEL CALLS RN TO DZ MGMT PROGM MEMB MONITOR; MO	Not Cov	Not Cov	Not Cov	Not Cov		
S0340	LIFESTYL MOD PROG MGMT COR ART DZ; LIFESTYL MOD	Not Cov	Not Cov	Not Cov	Not Cov		
S0341	LIFESTYL MOD PROG MGMT COR ART DZ; 2ND 3RD QTR	Not Cov	Not Cov	Not Cov	Not Cov		
S0342	LIFESTYL MOD PROG MGMT COR ART DZ; 4TH QTR STAGE	Not Cov	Not Cov	Not Cov	Not Cov		
S0353	TX PLANNING CARE COORDINATION MGMT CANCR INIT TX	Not Cov	Not Cov	Not Cov	Not Cov		
S0354	TX PLAN CARE COORD MGMT CA EST PT CHG REGIMEN	Not Cov	Not Cov	Not Cov	Not Cov		
S0390	ROUTINE FOOT CARE; PER VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S0395	IMPRESSION CASTING FOOT PERFORMED PRACTITIONER	Not Cov	Not Cov	Not Cov	Not Cov		
S0400	GLOBAL FEE XTRACORP SHOCK WAVE LITH KIDNEY STONE	Not Cov	Not Cov	Not Cov	Not Cov		
S0500	DISPOSABLE CONTACT LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0504	SINGLE VISION PRESCRIPTION LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0506	BIFOCAL VISION PRESCRIPTION LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0508	TRIFOCAL VISION PRESCRIPTION LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0510	NON-PRESCRIPTION LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0512	DAILY WEAR SPECIALTY CONTACT LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0514	COLOR CONTACT LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0515	SCLERAL LENS LIQUID BANDAGE DEVICE PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0516	SAFETY EYEGLASS FRAMES	Not Cov	Not Cov	Not Cov	Not Cov		
S0518	SUNGLASSES FRAMES	Not Cov	Not Cov	Not Cov	Not Cov		
S0580	POLYCARBONATE LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0581	NONSTANDARD LENS	Not Cov	Not Cov	Not Cov	Not Cov		
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Not Cov	Not Cov	Not Cov	Not Cov		
S0592	COMPREHENSIVE CONTACT LENS EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov		
S0595	DISPNSING NEW SPECTACLE LENSES PT SUPPLIED FRAME	Not Cov	Not Cov	Not Cov	Not Cov		
S0596	PHAKIC INTRAOCULAR LENS CORRECT REFRACTIVE ERROR	Not Cov	Not Cov	Not Cov	Not Cov		
S0601	SCREENING PROCTOSCOPY	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S0610	ANNUAL GYNECOLOGICAL EXAMINATION NEW PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
S0612	ANNUAL GYNECOLOGICAL EXAMINATION EST PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
S0613	ANNUAL GYN EXAM CLIN BREAST EXAM W O PELV EVAL	Not Cov	Not Cov	Not Cov	Not Cov		
S0618	AUDIOMETRY FOR HEARING AID EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov		
S0620	ROUTINE OPHTH EXAM INCL REFRACTION; NEW PT	Not Cov	Not Cov	Not Cov	Not Cov		
S0621	ROUTINE OPHTH EXAM INCL REFRACTION; EST PT	Not Cov	Not Cov	Not Cov	Not Cov		
S0622	PHYSICAL EXAM COLLEGE NEW OR ESTABLISHED PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
S0630	RMV SUTURES; PHYS NOT PHYS WHO ORIGLY CLOS WND	Not Cov	Not Cov	Not Cov	Not Cov		
S0800	LASER IN SITU KERATOMILEUSIS	Not Cov	Not Cov	Not Cov	Not Cov		
S0810	PHOTOREFRACTIVE KERATECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
S0812	PHOTOTHERAPEUTIC KERATECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
S1001	DELUXE ITEM PATIENT AWARE	Not Cov	Not Cov	Not Cov	Not Cov		
S1002	CUSTOMIZED ITEM	Not Cov	Not Cov	Not Cov	Not Cov		
S1015	IV TUBING EXTENSION SET	No	Not Cov	Not Cov	Not Cov		
S1016	NON-PVC IV ADMN SET W RX THAT ARE NOT STABL PVC	No	Not Cov	Not Cov	Not Cov		
S1030	CONT NONINVASIVE GLU MONITORING DEVICE PURCHASE	Not Cov	Not Cov	Not Cov	Not Cov		
S1031	CONT NONINVAS GLU MON DEVC RENTAL SENSOR REPL	Not Cov	Not Cov	Not Cov	Not Cov		
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Not Cov	Not Cov	Not Cov	Not Cov		
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Not Cov	Not Cov	Not Cov	Not Cov		
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Not Cov	Not Cov	Not Cov	Not Cov		
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Not Cov	Not Cov	Not Cov	Not Cov		
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes Therapy notes/progress notes
S1090	MOMETASONE FUROATE SINUS IMPLANT 370 MICROGRAMS	No	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S2060	LOBAR LUNG TRANSPLANTATION	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2066	BREAST RECON W GLUTEAL ART PERFORATOR FLAP UNI	Not Cov	No	Not Cov	No		
S2067	BRST RECON 1 BRST DIEP FLAP(S) AND GAP FLAP(S) UNI	Not Cov	No	Not Cov	No		
S2068	BREAST RECON DIEP SIEA FLAP AND CLOS DONR SITE UNI	Not Cov	No	Not Cov	No		
S2070	CYSTO W URETERSCPY AND PYELSCPY;LASR TX URETRL CALC	Not Cov	Not Cov	Not Cov	Not Cov		
S2079	LAP ESOPHAGOMYOTOMY HELLER TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
S2080	LASER-ASSISTED UVULOPALATOPLASTY	Not Cov	Not Cov	Not Cov	Not Cov		
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT INJ ASPIR SALINE	Not Cov	No	Not Cov	No		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	Not Cov	Not Cov	Not Cov	Not Cov		
S2102	ISLET CELL TISS TRANSPLANT FROM PANC; ALLOGENEIC	Not Cov	Not Cov	Not Cov	Not Cov		
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	Not Cov	Not Cov	Not Cov	Not Cov		
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2112	ARTHROSCOPY KNEE SURGICAL HARVESTING CARTILAGE	Not Cov	Not Cov	Not Cov	Not Cov		
S2115	OSTEOTOMY PERIACETABULAR WITH INTERNAL FIXATION	Not Cov	Not Cov	Not Cov	Not Cov		
S2117	ARTHROEREISIS SUBTALAR	Not Cov	Not Cov	Not Cov	Not Cov		
S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	Not Cov	Not Cov	Not Cov	Not Cov		
S2120	LDL APHERES HEPARN-INDUCD XTRACORP LDL PRECIP	Not Cov	Not Cov	Not Cov	Not Cov		
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Not Cov	Not Cov	Not Cov	Not Cov		History and Physical (H&P) Past med and surgical history Progress notes Treatment notes Consults, eg: Specialist, PT/OT Prior testing and imaging results Psychosocial Evaluation (including alcohol, drug use, compliance, social support, etc.)
S2202	ECHOSCLEROTHERAPY	Not Cov	Not Cov	Not Cov	Not Cov		
S2205	MIN INVASV DIR CAB SURG; ART GFT 1 COR ART GFT	Not Cov	Not Cov	Not Cov	Not Cov		
S2206	MIN INVASV DIR CAB SURG; ART GFT 2 COR ART GFT	Not Cov	Not Cov	Not Cov	Not Cov		
S2207	MIN INVAS DIR CAB; VEN GFT ONLY 1 COR VEN GFT	Not Cov	Not Cov	Not Cov	Not Cov		
S2208	MIN INVAS DIR CAB SURG; 1 ART AND VEN GFT 1 VEN GFT	Not Cov	Not Cov	Not Cov	Not Cov		
S2209	MIN INVASV DIR CAB SURG; 2 ART GFT AND 1 VENUS GFT	Not Cov	Not Cov	Not Cov	Not Cov		
S2225	MYRINGOTOMY LASER-ASSISTED	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S2230	IMPL MAGNET CMPNT SEMI-IMPL HEARING DEVC MID EAR	Not Cov	Not Cov	Not Cov	Not Cov		
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
S2260	INDUCED ABORTION 17 TO 24 WEEKS	Not Cov	Not Cov	Not Cov	Not Cov		
S2265	INDUCED ABORTION 25 TO 28 WEEKS	Not Cov	Not Cov	Not Cov	Not Cov		
S2266	INDUCED ABORTION 29 TO 31 WEEKS	Not Cov	Not Cov	Not Cov	Not Cov		
S2267	INDUCED ABORTION 32 WEEKS OR GREATER	Not Cov	Not Cov	Not Cov	Not Cov		
S2300	ARTHROSCOPE SHLDR SURG; W THERML-INDUCD CPSLORR	Not Cov	Not Cov	Not Cov	Not Cov		
S2325	HIP CORE DECOMPRESSION	Not Cov	No	Not Cov	No		
S2340	CHEMODENERVATION ABDUCTOR MUSCLE VOCAL CORD	Not Cov	Not Cov	Not Cov	Not Cov		
S2341	CHEMODENERVATION ADDUCTOR MUSCLE VOCAL CORD	Not Cov	Not Cov	Not Cov	Not Cov		
S2342	NASAL ENDOSCOPIC POSNASAL ENDOSCOPIC POSTOP DEBR	Not Cov	Not Cov	Not Cov	Not Cov		
S2348	DECOMP PERQ INTERVERT DISC RF ENERGY 1 MX LUMB	Not Cov	Not Cov	Not Cov	Not Cov		
S2350	DISKECT ANT W OSTEOPHYTECT; LUMBAR 1 INTERSPACE	Not Cov	Not Cov	Not Cov	Not Cov		
S2351	DISKECT ANT W OSTEOPHYTECT; LUMB EA ADD INTRSP	Not Cov	Not Cov	Not Cov	Not Cov		
S2400	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO	Not Cov	Not Cov	Not Cov	Not Cov		
S2401	REPAIR URINARY TRACT OBSTRUCTION FETUS IN UTERO	Not Cov	Not Cov	Not Cov	Not Cov		
S2402	REPAIR CCAM IN THE FETUS PROCEDURE IN UTERO	Not Cov	Not Cov	Not Cov	Not Cov		
S2403	REPAIR EPS IN FETUS PROCEDURE PERFORMED IN UTERO	Not Cov	Not Cov	Not Cov	Not Cov		
S2404	REPAIR MYELOMENINGOCELE FETUS PROC PRFRM UTERO	Not Cov	Not Cov	Not Cov	Not Cov		
S2405	REPR SACROCOC TERATOMA FETUS IN UTERO	Not Cov	Not Cov	Not Cov	Not Cov		
S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC	Not Cov	Not Cov	Not Cov	Not Cov		
S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT-TTTS	Not Cov	Not Cov	Not Cov	Not Cov		
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	Not Cov	Not Cov	Not Cov	Not Cov		
S3000	DIABETIC INDICATOR; RETINAL EYE EXAM DILATED BIL	Not Cov	Not Cov	Not Cov	Not Cov		
S3005	PERFORMANCE MSR EVAL PT SELF ASSESS DEPRESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S3600	STAT LABORATORY REQUEST	Not Cov	No	Not Cov	No		
S3601	EMERG STAT LAB CHARGE PT HOMBOUND RESID NRS FACL	Not Cov	Not Cov	Not Cov	Not Cov		
S3620	NEWBORN METABOLIC SCREENING PANEL SPEC-STATE	Not Cov	No	Not Cov	No		
S3630	EOSINOPHIL COUNT BLOOD DIRECT	Not Cov	Not Cov	Not Cov	Not Cov		
S3645	HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDATE	Not Cov	Not Cov	Not Cov	Not Cov		
S3650	SALIVA TEST HORMONE LEVEL; DURING MENOPAUSE	Not Cov	Not Cov	Not Cov	Not Cov		
S3652	SALIVA TST HORMONE LEVL; ASSESS PRTERM LABR RISK	Not Cov	Not Cov	Not Cov	Not Cov		
S3655	ANTISPERM ANTIBODIES TEST	Not Cov	Not Cov	Not Cov	Not Cov		
S3708	GASTROINTESTINAL FAT ABSORPTION STUDY	Not Cov	Not Cov	Not Cov	Not Cov		

Molina Healthcare Medicaid Prior Authorization Guide

For dates of service (DOS) 7/1/19 forward; Posted 10/16/2019

*****All Inpatient services require prior authorization*****

***All Medicaid services subject to the limitations in the HCA provider billing guides and fee schedules ***

Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
S3722	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Not Cov	Not Cov	Not Cov	Not Cov		
S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS	Not Cov	Not Cov	Not Cov	Not Cov		
S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE	Not Cov	Not Cov	Not Cov	Not Cov		
S3841	GENETIC TESTING FOR RETINOBLASTOMA	Not Cov	Not Cov	Not Cov	Not Cov		
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	Not Cov	Not Cov	Not Cov	Not Cov		
S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS	Not Cov	Not Cov	Not Cov	Not Cov		
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	Not Cov	Not Cov	Not Cov	Not Cov		
S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA	Not Cov	Not Cov	Not Cov	Not Cov		
S3849	GENETIC TESTING FOR NIEMANN-PICK DISEASES	Not Cov	Not Cov	Not Cov	Not Cov		
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	Not Cov	Not Cov	Not Cov	Not Cov		
S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Not Cov	Not Cov	Not Cov	Not Cov		
S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY	Not Cov	Not Cov	Not Cov	Not Cov		
S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Not Cov	Not Cov	Not Cov	Not Cov		
S3861	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPCTED BS	Not Cov	Not Cov	Not Cov	Not Cov		
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Not Cov	Not Cov	Not Cov	Not Cov		
S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Not Cov	Not Cov	Not Cov	Not Cov		
S3870	CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Not Cov	Not Cov	Not Cov	Not Cov		
S3900	SURFACE ELECTROMYOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
S3902	BALLISTOCARDIOGRAM	Not Cov	Not Cov	Not Cov	Not Cov		
S3904	MASTERS TWO STEP	Not Cov	Not Cov	Not Cov	Not Cov		
S4005	INTERIM LABOR FACILITY GLOBAL	Not Cov	No	Not Cov	No		
S4011	IN VITRO FERTILIZATION;	Not Cov	Not Cov	Not Cov	Not Cov		
S4013	CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4014	CMPL CYCLE ZYGOTE INTRAFALLOPIAN TRNSF CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4015	CMPL IN VITRO FERTILIZATION CYCLE CASE RATE NOS	Not Cov	Not Cov	Not Cov	Not Cov		
S4016	FROZEN IN VITRO FERTILIZATION CYCLE CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4017	INCPL CYCLE TX CANCELED PRIOR TO STIM CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4018	FRZN EMB TRANS PROC CANCEL BEFR TRANS CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4020	IVF PROC CANCELLED BEFORE ASPIRATION CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4021	IVF PROC CANCELLED AFTER ASPIRATION CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4022	ASSISTED OOCYTE FERTILIZATION CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4023	DONOR EGG CYCLE INCOMPLETE CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4025	DONOR SERVICES IN VITRO FERTILIZATION CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	Not Cov	Not Cov	Not Cov	Not Cov		

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S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	Not Cov	Not Cov	Not Cov	Not Cov		
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION	Not Cov	Not Cov	Not Cov	Not Cov		
S4030	SPERM PROCUREMENT AND CRYOPRES SERVICES; INIT VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S4031	SPERM PROCUREMENT AND CRYOPRES SRVC; SUBSQT VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S4035	STIM INTRAUTERINE INSEMINATION CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4037	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S4040	MON AND STORAGE CRYOPRESERVED EMBRYOS PER 30 DAYS	Not Cov	Not Cov	Not Cov	Not Cov		
S4042	MANAGEMENT OF OVULATION INDUCTION PER CYCLE	Not Cov	Not Cov	Not Cov	Not Cov		
S4981	INSRTION LEVONORGESTREL-RELEASING INTRAUTERN SYS	Not Cov	Not Cov	Not Cov	Not Cov		
S4989	CONTRACEPTIVE IUD INCLUDING IMPLANTS AND SUPPLIES	Not Cov	Not Cov	Not Cov	Not Cov		
S4990	NICOTINE PATCHES LEGEND	Not Cov	Not Cov	Not Cov	Not Cov		
S4991	NICOTINE PATCHES NON-LEGEND	Not Cov	Not Cov	Not Cov	Not Cov		
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	Not Cov	No	Not Cov	No		
S4995	SMOKING CESSATION GUM	Not Cov	Not Cov	Not Cov	Not Cov		
S5000	PRESCRIPTION DRUG GENERIC	Not Cov	Not Cov	Not Cov	Not Cov		
S5001	PRESCRIPTION DRUG BRAND NAME	Not Cov	Not Cov	Not Cov	Not Cov		
S5010	5PCT DEXTROSE AND 0.45PCT NORMAL SALINE 1000 ML	Not Cov	Not Cov	Not Cov	Not Cov		
S5012	5PCT DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML	No	Not Cov	Not Cov	Not Cov		
S5013	5PCT DXTROS 0.45PCT NL SALINE KCL AND MGSO4 1000 ML	Not Cov	Not Cov	Not Cov	Not Cov		
S5014	5PCT DEXTROSE 0.45PCT NL SALINE W KCL AND MGSO4 1500 ML	Not Cov	Not Cov	Not Cov	Not Cov		
S5035	HOME INFUS THERAPY ROUTINE SERVICE INFUS DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
S5036	HOME INFUSION THERAPY REPAIR OF INFUSION DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
S5100	DAY CARE SERVICES ADULT; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S5101	DAY CARE SERVICES ADULT; PER HALF DAY	Not Cov	Not Cov	Not Cov	Not Cov		
S5102	DAY CARE SERVICES ADULT; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5105	DAY CARE SRVC CENTER-BASED; SRVC NOT W PROGM FEE	Not Cov	Not Cov	Not Cov	Not Cov		
S5108	HOME CARE TRAINING HOME CARE CLIENT PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
S5109	HOME CARE TRAINING HOME CARE CLIENT PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S5110	HOME CARE TRAINING FAMILY; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S5111	HOME CARE TRAINING FAMILY; PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S5115	HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S5120	CHORE SERVICES; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S5121	CHORE SERVICES; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		

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S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S5126	ATTENDANT CARE SERVICES; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S5131	HOMEMAKER SERVICE NOS; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S5136	COMPANION CARE ADULT ; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5140	FOSTER CARE ADULT; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5141	FOSTER CARE ADULT; PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
S5145	FOSTER CARE THERAPEUTIC CHILD; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5146	FOSTER CARE THERAPEUTIC CHILD; PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	Not Cov	Not Cov	Not Cov	Not Cov		
S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
S5165	HOME MODIFICATIONS; PER SERVICE	Not Cov	Not Cov	Not Cov	Not Cov		
S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Not Cov	Not Cov	Not Cov	Not Cov		
S5175	LAUNDRY SERVICE EXTERNAL PROFESSIONAL; PER ORDER	Not Cov	Not Cov	Not Cov	Not Cov		
S5180	HOME HEALTH RESPIRATORY THERAPY INIT EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov		
S5181	HOME HEALTH RESPIRATORY THERAPY NOS PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5185	MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
S5190	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov		
S5199	PERSONAL CARE ITEM NOS EACH	Not Cov	Not Cov	Not Cov	Not Cov		
S5497	HOME INFUS TX CATH CARE MAINT NOC; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5498	HOME INFUS TX CATH CARE MAINT SIMPLE PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5501	HOME INFUS TX CATH CARE MAINT COMPLEX PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5502	HOME INFUS TX CATH CARE IMPL ACCESS DEVC DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S5517	HIT ALL SPL NECES RESTOR CATH PATENCY DECLOT	Not Cov	Not Cov	Not Cov	Not Cov		
S5518	HOME INFUSION THERAPY ALL SPL NECES CATH REPAIR	Not Cov	Not Cov	Not Cov	Not Cov		
S5520	HOME INFUSION TX ALL SPL NECES PICC LINE INSERT	Not Cov	Not Cov	Not Cov	Not Cov		
S5521	HOME INFUS TX ALL SPL NECES MIDLINE CATH INSERT	Not Cov	Not Cov	Not Cov	Not Cov		
S5522	HOME INFUS TX INSERT PICC NRS SRVC ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
S5523	HOME INFUS TX INSERT MIDLINE CVC NRS SRVC ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
S5550	INSULIN RAPID ONSET; 5 UNITS	Not Cov	Not Cov	Not Cov	Not Cov		

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S5551	INSULIN MOST RAPID ONSET; 5 UNITS	Not Cov	Not Cov	Not Cov	Not Cov		
S5552	INSULIN INTERMEDIATE ACTING; 5 UNITS	Not Cov	Not Cov	Not Cov	Not Cov		
S5553	INSULIN LONG ACTING; 5 UNITS	Not Cov	Not Cov	Not Cov	Not Cov		
S5560	INSULIN DELIVERY DEVICE REUSABLE PEN; 1.5 ML SZ	Not Cov	Not Cov	Not Cov	Not Cov		
S5561	INSULIN DELIVERY DEVICE REUSABLE PEN; 3 ML SIZE	Not Cov	Not Cov	Not Cov	Not Cov		
S5565	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 150 U	Not Cov	Not Cov	Not Cov	Not Cov		
S5566	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 300 U	Not Cov	Not Cov	Not Cov	Not Cov		
S5570	INSULIN DELIV DEVICE DISPOSABLE PEN; 1.5 ML SIZE	Not Cov	Not Cov	Not Cov	Not Cov		
S5571	INSULIN DELIV DEVICE DISPOSABLE PEN; 3 ML SIZE	Not Cov	Not Cov	Not Cov	Not Cov		
S8030	SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX	No	No	Not Cov	No		
S8035	MAGNETIC SOURCE IMAGING	Not Cov	Not Cov	Not Cov	Not Cov		
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
S8040	TOPOGRAPHIC BRAIN MAPPING	Not Cov	Not Cov	Not Cov	Not Cov		
S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	Not Cov	Not Cov	Not Cov	Not Cov		
S8055	ULTRASOUND GUID MULTIFETAL PG RDUC TECH CMPNT	Not Cov	Not Cov	Not Cov	Not Cov		
S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Not Cov	Not Cov	Not Cov	Not Cov		
S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS	Not Cov	Not Cov	Not Cov	Not Cov		
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	Not Cov	Not Cov	Not Cov	Not Cov		
S8096	PORTABLE PEAK FLOW METER	Not Cov	Not Cov	Not Cov	Not Cov		
S8097	ASTHMA KIT	Not Cov	Not Cov	Not Cov	Not Cov		
S8100	HOLDING CHAMB SPACR W INHAL NEBULIZR; W O MASK	Not Cov	Not Cov	Not Cov	Not Cov		
S8101	HOLDING CHAMB SPACR W AN INHAL NEBULIZR; W MASK	Not Cov	Not Cov	Not Cov	Not Cov		
S8110	PEAK EXPIRATORY FLOW RATE	Not Cov	Not Cov	Not Cov	Not Cov		
S8120	O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT	Not Cov	Not Cov	Not Cov	Not Cov		
S8121	OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND	Not Cov	Not Cov	Not Cov	Not Cov		
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	Not Cov	Not Cov	Not Cov	Not Cov		
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	Not Cov	Not Cov	Not Cov	Not Cov		
S8185	FLUTTER DEVICE	Not Cov	No	Not Cov	No		
S8186	SWIVEL ADAPTOR	Not Cov	Not Cov	Not Cov	Not Cov		
S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Not Cov	Yes	Not Cov	Yes		
S8210	MUCUS TRAP	Not Cov	Not Cov	Not Cov	Not Cov		
S8265	HABERMAN FEEDER FOR CLEFT LIP PALATE	Not Cov	No	Not Cov	No		
S8270	ENURESIS ALARM AUDITORY BUZZER AND VIBRATION DEVC	Not Cov	Not Cov	Not Cov	Not Cov		
S8301	INFECTION CONTROL SUPPLIES NOS	Not Cov	Not Cov	Not Cov	Not Cov		

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S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	Not Cov	No	Not Cov	No		
S8420	GRADIENT PRESSURE AID SLEEVE AND GLOVE CUSTOM MADE	Not Cov	Not Cov	Not Cov	Not Cov		
S8421	GRADIENT PRESSURE AID SLEEVE AND GLOVE READY MADE	Not Cov	Not Cov	Not Cov	Not Cov		
S8422	GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
S8423	GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
S8424	GRADIENT PRESSURE AID SLEEVE READY MADE	Not Cov	Not Cov	Not Cov	Not Cov		
S8425	GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
S8426	GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT	Not Cov	Not Cov	Not Cov	Not Cov		
S8427	GRADIENT PRESSURE AID GLOVE READY MADE	Not Cov	Not Cov	Not Cov	Not Cov		
S8428	GRADIENT PRESSURE AID GAUNTLET READY MADE	Not Cov	Not Cov	Not Cov	Not Cov		
S8429	GRADIENT PRESSURE EXTERIOR WRAP	Not Cov	Not Cov	Not Cov	Not Cov		
S8430	PADDING FOR COMPRESSION BANDAGE ROLL	Not Cov	Not Cov	Not Cov	Not Cov		
S8431	COMPRESSION BANDAGE ROLL	Not Cov	No	Not Cov	No		
S8450	SPLINT PREFABRICATED DIGIT	Not Cov	Not Cov	Not Cov	Not Cov		
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	Not Cov	Not Cov	Not Cov	Not Cov		
S8452	SPLINT PREFABRICATED ELBOW	Not Cov	Not Cov	Not Cov	Not Cov		
S8460	CAMISOLE POST-MASTECTOMY	Not Cov	Not Cov	Not Cov	Not Cov		
S8490	INSULIN SYRINGES	Not Cov	Not Cov	Not Cov	Not Cov		
S8930	E-STIM AUR ACUPUNCT PNTS; EA 15 MIN 1-1 CNTC PT	Not Cov	Not Cov	Not Cov	Not Cov		
S8940	EQUESTRIAN HIPPOTHERAPY PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S8948	APPLIC MODAL 1 MORE AREAS; LW-LEVL LASR; EA 15 M	Not Cov	Not Cov	Not Cov	Not Cov		
S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S8990	PHYSICAL MANIP TX MAINT RATHER THAN RESTORATION	Not Cov	Not Cov	Not Cov	Not Cov		
S8999	RESUSCITATION BAG	Not Cov	No	Not Cov	No		
S9001	HOME UTERINE MONITOR W WO ASSOC NURSING SERVICES	Not Cov	Not Cov	Not Cov	Not Cov		
S9007	ULTRAFILTRATION MONITOR	Not Cov	Not Cov	Not Cov	Not Cov		
S9024	PARANASAL SINUS ULTRASOUND	Not Cov	Not Cov	Not Cov	Not Cov		
S9025	OMNICARDIOGRAM CARDIOINTEGRAM	Not Cov	Not Cov	Not Cov	Not Cov		
S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY GALL STONES	Not Cov	Not Cov	Not Cov	Not Cov		
S9055	PROCUREN OTH GROWTH FCT PREP PROMOTE WND HEALING	Not Cov	Not Cov	Not Cov	Not Cov		
S9056	COMA STIMULATION PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9061	HOME ADMIN AEROSOLIZED DRUG THERAPY PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9083	GLOBAL FEE URGENT CARE CENTERS	Not Cov	Not Cov	Not Cov	Not Cov		
S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER	Not Cov	Not Cov	Not Cov	Not Cov		

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S9090	VERTEBRAL AXIAL DECOMPRESSION PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9097	HOME VISIT FOR WOUND CARE	Not Cov	Not Cov	Not Cov	Not Cov		
S9098	HOME VISIT PHOTOTHERAPY SERVICES PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
S9117	BACK SCHOOL PER VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S9122	HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM;-HR	Not Cov	Not Cov	Not Cov	Not Cov		
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
S9125	RESPITE CARE IN THE HOME PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
S9126	HOSPICE CARE IN THE HOME PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9127	SOCIAL WORK VISIT IN THE HOME PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9140	DIABETIC MGMT PROGM F U VISIT NON-MD PROVIDER	Not Cov	Not Cov	Not Cov	Not Cov		
S9141	DIABETIC MANAGEMENT PROGM F U VISIT MD PROVIDER	Not Cov	Not Cov	Not Cov	Not Cov		
S9145	INSULIN PUMP INITIATION INSTRUCTION USE OF PUMP	Not Cov	Not Cov	Not Cov	Not Cov		
S9150	EVALUATION BY OCCULARIST	Not Cov	Not Cov	Not Cov	Not Cov		
S9152	SPEECH THERAPY RE-EVALUATION	Not Cov	No	Not Cov	No		
S9208	HOME MANAGEMENT OF PRETERM LABOR PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9209	HOME MGMT PRETERM PRMAT RUPTURE MEMBRANES DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9211	HOME MGMT GESTATIONAL HYPERTENSION; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9212	HOME MANAGEMENT POSTPARTUM HYPERTENSION PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9213	HOME MANAGEMENT OF PREECLAMPSIA; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES; DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9325	HIT PAIN MANAGEMENT INFUSION; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9326	HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9327	HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9328	HIT IMPLANTED PUMP PAIN MGMT INFUS; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9329	HOME INFUSION TX CHEMOTHERAPY INFUSION; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9330	HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9331	HIT INTERMIT CHEMOTHAPY INFUS; CARE COORD-DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9335	HOM TX HD; ADMIN PROF PHRM SRVC SPL AND EQP PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9336	HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM	Not Cov	Not Cov	Not Cov	Not Cov		

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S9338	HIT IMMUOTHAPY; CARE COORDINATION PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9339	HOME THERAPY; PERITONEAL DIALYSIS PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9340	HOME THERAPY; ENTERAL NUTRITION; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9341	HOME TX; ENTERAL NUTRITION VIA GRAVITY; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9342	HOME TX; ENTERAL NUTRITION VIA PUMP; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9343	HOME TX; ENTERAL NUTRITION VIA BOLUS; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9345	HOME INFUSION TX ANTI-HEMOPHILIC AGENT; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9346	HOME INFUS TX ALPHA-1-PROTEINASE INHIBITOR; DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9347	HIT UNINTRPED LNG-TERM CNTRL RATE IV SUBQ;-DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9348	HIT SYMPATHOMIMETIC INOTROPIC AGENT PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9349	HOME INFUSION THERAPY TOCOLYTIC; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9351	HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9353	HOME INFUSION THERAPY CONT INSULIN; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9355	HOME INFUSION THERAPY CHELATION; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9357	HOME INFUSION TX ENZYME REPL IV TX; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9359	HIT ANTI-TUMOR NECROS FACTOR IV TX; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9361	HOME INFUSION THERAPY DIURETIC IV TX; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9363	HIT ANTI-SPASMOTIC TX; CARE SPL AND EQP PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9364	HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9365	HOM INFUS TX TPN; 1 LITER-DAY DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9366	HIT TPN; OVER 1 LITER BUT NOT OVER 2 LITERS-DA-DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9367	HIT TPN; OVER 2 LITERS BUT NOT OVER 3 LITERS-DA -DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9368	HIT TOTAL PARENTERAL NUTRIT; OVER 3 LITERS-DA -DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9370	HOME THERAPY INTERMITTENT ANTI-EMETIC INJ TX;	Not Cov	Not Cov	Not Cov	Not Cov		
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJ TX;	Not Cov	Not Cov	Not Cov	Not Cov		
S9373	HOME INFUSION THERAPY HYDRATION TX; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9374	HOME INFUSION THERAPY HYDRATION TX; 1 LITER DAY	Not Cov	Not Cov	Not Cov	Not Cov		
S9375	HIT HYDRATION TX; OVER 1 LITER NO OVER 2 LITERS DAY	Not Cov	Not Cov	Not Cov	Not Cov		
S9376	HIT HYDRATION TX; OVER 2 LITERS NO OVER 3 LITERS DAY	Not Cov	Not Cov	Not Cov	Not Cov		
S9377	HOME INFUS THERAPY HYDRATION TX; OVER 3 LITERS DAY	Not Cov	Not Cov	Not Cov	Not Cov		
S9379	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9381	DEL SRVC HI RISK REQ ESCORT EXTRA PROTECT VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S9401	ANTICOAGULAT CLIN INCL ALL SERV NO LAB PER SESS	Not Cov	Not Cov	Not Cov	Not Cov		
S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES	Not Cov	No	Not Cov	No		

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S9433	MED FOOD NUTR CMPL ORAL 100PCT NUTRITNL INTAKE	Not Cov	Not Cov	Not Cov	Not Cov		
S9434	MOD SOLID FOOD SUPPLEMENTS INBORN ERRORS METAB	Not Cov	Not Cov	Not Cov	Not Cov		
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Not Cov	Not Cov	Not Cov	Not Cov		
S9436	CHILDBIRTH PREP LAMAZE CLASS NON-MD PER SESS	Not Cov	Not Cov	Not Cov	Not Cov		
S9437	CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS	Not Cov	Not Cov	Not Cov	Not Cov		
S9438	CESAREAN BIRTH CLASSES NON-PHYSICIAN PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9439	VBAC CLASSES NON-PHYSICIAN PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9441	ASTHMA ED NON-PHYSICIAN PROVIDER PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9442	BIRTHING CLASSES NON-PHYSICIAN PROVIDER-SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9443	LACTATION CLASSES NON-PHYSICIAN PROVIDER-SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9444	PARENTING CLASSES NON-PHYSICIAN PER SESS	Not Cov	Not Cov	Not Cov	Not Cov		
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	Not Cov	Not Cov	Not Cov	Not Cov	No	
S9446	PT ED NOC NON-PHYSICIAN PROVIDER GROUP SESSION	Not Cov	Not Cov	Not Cov	Not Cov	No	
S9447	INFANT SAFETY CLASSES NON-PHYSICIAN PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9449	WEIGHT MANAGEMENT CLASSES NON-PHYS PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9451	EXERCISE CLASSES NON-PHYSICIAN PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9452	NUTRITION CLASSES NON-PHYSICIAN PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9453	SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS	Not Cov	Not Cov	Not Cov	Not Cov		
S9454	STRESS MGMT CLASSES NON-PHYSICIAN PER SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9455	DIABETIC MANAGEMENT PROGRAM GROUP SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
S9460	DIABETIC MANAGEMENT PROGRAM NURSE VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S9465	DIABETIC MANAGEMENT PROGRAM DIETITIAN VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
S9472	CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9473	PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9474	ENTRSTML TX REGISTERED NRS CERT ENTRSTML TX-DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9475	AMB SET SUBSTANCE ABS TX DTOXFICATION SRVC-DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
S9476	VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
S9482	FAMILY STABILIZATION SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
S9484	CRISIS INTERVEN MENTAL HEALTH SERVICES PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov	No	

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S9485	CRISIS INTERVENT MENTAL HEALTH SERV	Not Cov	Not Cov	Not Cov	Not Cov	Yes	Legal documentation to support LRA or CR Intake assessment that includes symptoms/behaviors at time of assessment MAR Treatment Plan Documentation of estimated Length of Stay
S9490	HIT CORTICOSTEROID INFUS; ADMN SRVC PROF PHRM SR	Not Cov	Not Cov	Not Cov	Not Cov		
S9494	HIT ABX ANTIVIRAL ANTIFUNGAL THERAPY; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9497	HIT ABX ANTIVIRAL ANTIFUNGAL TX; Q3 HRS DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9500	HIT ABX ANTIVIRAL ANTIFUNGAL TX; Q24 HRS DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9501	HIT ABX ANTIVIRAL ANTIFUNGAL TX; Q12 HRS DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9502	HIT ABX ANTIVIRAL ANTIFUNGAL; Q8 HRS PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9503	HIT ANTIBIOTC ANTIVIRAL ANTIFUNGAL; Q6 HRS; DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9504	HIT ABX ANTIVIRAL ANTIFUNGAL; Q4 HRS; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9529	HOME OR SKILLED NURSING FACILITY PATIENT	Not Cov	Not Cov	Not Cov	Not Cov		
S9537	HOME TX HEMATOPOIETIC HORMONE INJ TX;PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9538	HOME TRANSFUSION OF BLOOD PRODUCT; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9542	HOME INJ TX NOC W CARE COORDINATION PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9558	HIT GROWTH HORMONE W CARE COORDINATION PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9559	HIT INTERFERON W CARE COORDINATION PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9562	HOM INJ TX PALIVIZUMAB W ADMN PHRM CARE-PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9590	HOM TX IRRIG TX; W ADMN PHRM SRVC CARE-PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9810	HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
S9900	SRVC JOURNAL-LISTED CS PRACT HEALING PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9901	SERVICES BY A JOURNAL-LISTED CS NURSE PER HR	Not Cov	Not Cov	Not Cov	Not Cov		
S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Not Cov	Not Cov	Not Cov	Not Cov		
S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Not Cov	Not Cov	Not Cov	Not Cov		
S9970	HEALTH CLUB MEMBERSHIP ANNUAL	Not Cov	Not Cov	Not Cov	Not Cov		
S9975	TRANSPLANT REL LODG MEALS AND TRNSPRT PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
S9976	LODGING PER DIEM NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		
S9981	MEDICAL RECORDS COPYING FEE ADMINISTRATIVE	Not Cov	Not Cov	Not Cov	Not Cov		

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S9982	MEDICAL RECORDS COPYING FEE PER PAGE	Not Cov	Not Cov	Not Cov	Not Cov		
S9986	NOT MEDICALLY NECESSARY SERVICE	Not Cov	Not Cov	Not Cov	Not Cov		
S9988	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL	Not Cov	Not Cov	Not Cov	Not Cov		
S9989	SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA	Not Cov	Not Cov	Not Cov	Not Cov		
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL	Not Cov	Not Cov	Not Cov	Not Cov		
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL	Not Cov	Not Cov	Not Cov	Not Cov		
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP AND ONE CAREGIVER	Not Cov	Not Cov	Not Cov	Not Cov		
S9994	LODGNG COSTS CLINICAL TRIAL PRTCP AND ONE CAREGIVR	Not Cov	Not Cov	Not Cov	Not Cov		
S9996	MEALS CLIN TRIAL PRTCP AND ONE CAREGIVER COMPANION	Not Cov	Not Cov	Not Cov	Not Cov		
S9999	SALES TAX	Not Cov	Not Cov	Not Cov	Not Cov		
T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
T1001	NURSING ASSESSMENT EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1002	RN SERVICES UP TO 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
T1003	LPN LVN SERVICES UP TO 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
T1004	SERVICES QUALIFIED NURSING AIDE UP TO 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1006	ALCOHOL AND OR SUBSTANCE ABS SRVC FAM COUPLE CNSL	Not Cov	Not Cov	Not Cov	Not Cov		
T1007	ALCOHOL AND SUBSTNC ABS SRVC TX PLAN DVLP AND MOD	Not Cov	Not Cov	Not Cov	Not Cov		
T1009	CHILD SIT-CHILD IND REC ALCOHL AND SUBSTNC ABS SRVC	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1010	MEALS FOR IND REC ALCOHOL AND SUBSTANCE ABUSE SRVC	Not Cov	Not Cov	Not Cov	Not Cov		
T1012	ALCOHOL AND SUBSTANCE ABS SERVICES SKILLS DVLP	Not Cov	Not Cov	Not Cov	Not Cov		
T1013	SIGN LANGUAGE ORAL INTEPR SERVICES PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1014	TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP	Not Cov	Not Cov	Not Cov	Not Cov		
T1015	CLINIC VISIT ENCOUNTER ALL-INCLUSIVE	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1016	CASE MANAGEMENT EACH 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1017	TARGETED CASE MANAGEMENT EACH 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1018	SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1020	PERSONAL CARE SERVICES PER DIEM	Not Cov	No	Not Cov	No	No	
T1021	HOME HEALTH AIDE CERTIFIED NURSE ASST PER VISIT	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1023	SCR CONSIDER IND PARTICIP SPEC PROG PROJ TX PER	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1024	EVAL AND TX TEAM PROV CARE MX SEV HANDICAP CHLD PER	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1025	INTEN MXDISCPLIN SRVC CHILD W CMPLX IMPAIR DIEM	Not Cov	Not Cov	Not Cov	Not Cov		

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T1026	INTEN MXDISCPLIN SRVC CHILD W CMPLX IMPAIR HR	Not Cov	Not Cov	Not Cov	Not Cov		
T1027	FAMILY TRAIN AND COUNSEL CHILD DEVELOPMENT 15 MINS	Not Cov	Not Cov	Not Cov	Not Cov	No	
T1028	ASSESSMENT HOME PHYSICAL AND FAMILY ENVIRONMENT	Not Cov	Not Cov	Not Cov	Not Cov		
T1029	COMP ENVIR LEAD INVESTIGAT NOT W LAB ANALY-DWELL	Not Cov	Not Cov	Not Cov	Not Cov		
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T1040	MEDICAID CERT COM BEHAVIORAL HLTH CLINIC SRVC PD	Not Cov	Not Cov	Not Cov	Not Cov		
T1041	MEDICAID CERT COM BEHAVIORAL HLTH CLINIC SRVC PM	Not Cov	Not Cov	Not Cov	Not Cov		
T1502	ADMIN ORL IM AND SUBQ MED HLTH CARE AGCY PROF-VISIT	Not Cov	Not Cov	Not Cov	Not Cov		
T1503	ADMN MED NOT ORAL AND OR INJ HLTH AGENCY PROF VST	Not Cov	Not Cov	Not Cov	Not Cov		
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGE DEVC NOS	Not Cov	Not Cov	Not Cov	Not Cov		
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Not Cov	Not Cov	Not Cov	Not Cov		
T2001	NON-EMERG TRANSPORTATION; PT ATTENDANT ESCORT	Not Cov	Not Cov	Not Cov	Not Cov	Not Cov	
T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER TRIP	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2004	NON-EMERG TRNSPRT; COMMERCIAL CARRIER MULTI-PASS	Not Cov	Not Cov	Not Cov	Not Cov		
T2005	NONEMERGENCY TRANSPORTATION; STRETCHER VAN	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2007	TRNSPRT WAIT TIME AIR AMB AND NON-EMERG VEH 1 2 HR	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2010	PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN	Not Cov	Not Cov	Not Cov	Not Cov		
T2011	PASRR LEVEL II EVALUATION PER EVALUATION	Not Cov	Not Cov	Not Cov	Not Cov		
T2012	HABILITATION EDUCATIONAL WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2013	HABILITATION EDUCATIONAL WAIVER; PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
T2014	HABILITATION PREVOCATIONAL WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2015	HABILITATION PREVOCATIONAL WAIVER; PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
T2016	HABILITATION RESIDENTIAL WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2017	HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov		
T2018	HABILITATION SUPP EMPLOYMENT WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2019	HABILITATION SUPP EMPLOYMENT WAIVER; PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
T2020	DAY HABILITATION WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2021	DAY HABILITATION WAIVER; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2022	CASE MANAGEMENT; PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2023	TARGETED CASE MANAGEMENT; PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2024	SERVICE ASSESSMENT PLAN CARE DEVELOPMENT WAIVER	Not Cov	Not Cov	Not Cov	Not Cov		
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Not Cov	Not Cov	Not Cov	Not Cov		

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T2026	SPECIALIZED CHILDCARE WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2027	SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2028	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER	Not Cov	Not Cov	Not Cov	Not Cov		
T2029	SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER	Not Cov	Not Cov	Not Cov	Not Cov		
T2030	ASSISTED LIVING WAIVER; PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
T2031	ASSISTED LIVING WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2032	RESIDENTIAL CARE NOS WAIVER; PER MONTH	Not Cov	Not Cov	Not Cov	Not Cov		
T2033	RESIDENTIAL CARE NOS WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2034	CRISIS INTERVENTION WAIVER; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2035	UTIL SRVC SUPP MED EQP AND ASSTIV TECH DEVC WAIVER	Not Cov	Not Cov	Not Cov	Not Cov		
T2036	THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
T2037	THERAPEUTIC CAMPING DAY WAIVER; EACH SESSION	Not Cov	Not Cov	Not Cov	Not Cov		
T2038	COMMUNITY TRANSITION WAIVER; PER SERVICE	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2039	VEHICLE MODIFICATIONS WAIVER; PER SERVICE	Not Cov	Not Cov	Not Cov	Not Cov		
T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
T2041	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; 15 MIN	Not Cov	Not Cov	Not Cov	Not Cov		
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR	Not Cov	Not Cov	Not Cov	Not Cov		
T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2046	HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM	Not Cov	Not Cov	Not Cov	Not Cov		
T2048	BHVAL HEALTH; LONG-TERM CARE RES W ROOM AND BD-DIEM	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2049	NON-EMERG TRNSPRT; STRETCHER VAN MILEAGE; MILE	Not Cov	Not Cov	Not Cov	Not Cov	No	
T2101	HUMAN BREAST MILK PROCESSING STORAGE AND DSTRB ONLY	Not Cov	Not Cov	Not Cov	Not Cov		
T4521	ADLT SIZED DISPBL INCONT PROD BRF DIAPER SM EA	Not Cov	No	Not Cov	No		
T4522	ADLT SIZED DISPBL INCONT PROD BRF DIAPER MED EA	Not Cov	No	Not Cov	No		
T4523	ADLT SIZED DISPBL INCONT PROD BRF DIAPER LG EA	Not Cov	No	Not Cov	No		
T4524	ADLT SZD DISPBL INCONT PROD BRF DIAPER X-LG EA	Not Cov	No	Not Cov	No		
T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON SM EA	Not Cov	No	Not Cov	No		
T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Not Cov	No	Not Cov	No		
T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Not Cov	No	Not Cov	No		
T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Not Cov	No	Not Cov	No		
T4529	PED SZD DISPBL INCONT PROD BRF DIAPER SM MED EA	Not Cov	No	Not Cov	No		
T4530	PED SZD DISPBL INCONT PROD BRF DIAPER LG SZ EA	Not Cov	No	Not Cov	No		

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T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM MED EA	Not Cov	No	Not Cov	No		
T4532	PED SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Not Cov	No	Not Cov	No		
T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF DIAPER EA	Not Cov	No	Not Cov	No		
T4534	YOUTH SZD DISPBL INCONT PROD UNDWEAR PULLON EA	Not Cov	No	Not Cov	No		
T4535	DISPBL LINER SHIELD GUARD PAD UNDGRMNT INCONT EA	Not Cov	No	Not Cov	No		
T4536	INCONT PROD PROTVE UNDWEAR PULLON REUSBL SIZE EA	Not Cov	No	Not Cov	No		
T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	Not Cov	No	Not Cov	No		
T4538	DIAPER SERVICE REUSABLE DIAPER EACH DIAPER	Not Cov	No	Not Cov	No		
T4539	INCONTINENCE PRODUCT DIAPER BRF REUSABLE SIZE EA	Not Cov	No	Not Cov	No		
T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	Not Cov	Not Cov	Not Cov	Not Cov		
T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Not Cov	No	Not Cov	No		
T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Not Cov	Not Cov	Not Cov	Not Cov		
T4543	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	Not Cov	No	Not Cov	No		
T4544	ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	Not Cov	No	Not Cov	No		
T4545	INCONTINENCE PRODUCT DISPOSABLE PENILE WRAP EACH	Not Cov	Not Cov	Not Cov	Not Cov		
T5001	POSITIONING SEAT PERSON SPECIAL ORTHOPEDIC NEED	Not Cov	No	Not Cov	No		
T5999	SUPPLY NOT OTHERWISE SPECIFIED	Not Cov	Yes	Not Cov	Yes		
V2020	FRAMES PURCHASES	Not Cov	Not Cov	Not Cov	Not Cov		
V2025	DELUXE FRAME	Not Cov	Not Cov	Not Cov	Not Cov		
V2100	SPHERE SINGLE VISION PLANO PLUS - 4.00 PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2101	SPHERE SINGLE VISION PLUS - 4.12 PLUS - 7.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2102	SPHERE SINGLE VISN PLUS - 7.12 PLUS - 20.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2103	1 VISN PLANO TO PLUS -4.00D SPHER 0.12-2.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2104	1 VISN PLANO- PLUS - 4.00D SPHER 2.12-4.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2105	1 VISN PLANO- PLUS - 4.00D SPHER 4.25-6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2106	1 VISN PLANO- PLUS - 4.00D SPHER OVER 6.00D CYL-LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2107	1 VISN PLUS - 4.25- PLUS 7.00 SPHER 0.12-2.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2108	1 VISN PLUS -4.25D- PLUS -7.00D SPHER 2.12-4.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2109	1 VISN PLUS - 4.25- PLUS - 7.00D SPHER 4.25-6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2110	1 VISN PLUS - 4.25-7.00D SPHERE OVER 6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2111	1 VISN PLUS -7.25- PLUS -12.00D SPHER 0.25-2.25D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2112	1 VISN PLUS - 7.25 PLUS - 12.00D SPH 2.25D-400D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2113	1 VISN PLUS - 7.25 PLUS - 12.00D SPH 4.25-6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2114	SINGLE VISION SPHERE OVER PLUS - 12.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
V2115	LENTICULAR PER LENS SINGLE VISION	Not Cov	Not Cov	Not Cov	Not Cov		
V2118	ANISEIKONIC LENS SINGLE VISION	Not Cov	Not Cov	Not Cov	Not Cov		
V2121	LENTICULAR LENS PER LENS SINGLE	Not Cov	Not Cov	Not Cov	Not Cov		
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2200	SPHERE BIFOCL PLANO TO PLUS MINUS 4.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2201	SPHERE BIFOCAL PLUS - 4.12 TO PLUS - 7.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2202	SPHERE BIFOCL PLUS - 7.12 TO PLUS - 20.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2203	BIFOCL PLANO PLUS - 4.00D SPHER 0.12-2.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2204	BIFOCL PLANO PLUS - 4.00D SPHER 2.12-4.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2205	BIFOCL PLANO PLUS - 4.00D SPHER 4.25-6.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2206	BIFOCL PLANO PLUS - 4.00D SPHER OVR 6.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2207	BIFOCL PLUS -4.25- PLUS -7.00D SPHER 0.12-2.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2208	BIFOCL PLUS -4.25- PLUS -7.00D SPHER 2.12-4.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2209	BIFOCL PLUS -4.25- PLUS -7.00D SPHER 4.25-6.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2210	BIFOCL PLUS -4.25- PLUS -7.00D SPHER OVR 6.00D CYL-LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2211	BIFOCL PLUS -7.25- PLUS -12.00D SPHER 0.25-2.25D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2212	BIFOCL PLUS -7.25- PLUS -12.00D SPHER 2.25-4.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2213	BIFOCL PLUS -7.25- PLUS -12.00D SPHER 4.25-6.00D CYL-EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2214	BIFOCAL SPHERE OVER PLUS -12.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2215	LENTICULAR PER LENS BIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2218	ANISEIKONIC PER LENS BIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2219	BIFOCAL SEG WIDTH OVER 28MM	Not Cov	Not Cov	Not Cov	Not Cov		
V2220	BIFOCAL ADD OVER 3.25D	Not Cov	Not Cov	Not Cov	Not Cov		
V2221	LENTICULAR LENS PER LENS BIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2299	SPECIALTY BIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2300	SPHERE TRIFOCAL PLANO OR PLUS -4.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2301	SPHERE TRIFOCAL PLUS - 4.12 TO PLUS - 7.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2302	SPHERE TRIFOCAL PLUS - 7.12 TO PLUS - 20.00 PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2303	TRIFOCL PLANO PLUS -4.00D SPHER 0.12-2.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2304	TRIFOCL PLANO PLUS -4.00D SPHER 2.25-4.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2305	TRIFOCL PLANO PLUS -4.00D SPHER 4.25-6.00 CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2306	TRIFOCL PLANO PLUS -4.00D SPHER OVR 6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2307	TRIFOCL PLUS -4.25- PLUS -7.00D SPHER 0.12-2.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2308	TRIFOCL PLUS -4.25- PLUS -7.00D SPHER 2.12-4.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		

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Code	Code Description	Outpatient Facility	Outpatient Professional (POS 22)	ASC (POS 24)	Office Setting (POS 11/20/81)	IMC / BHSO (Mental Health covered svcs)	Supporting Documentation (most current)
V2309	TRIFOCL PLUS -4.25- PLUS -7.00D SPHER 4.25-6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2310	TRIFOCL PLUS -4.25- PLUS -7.00D SPHER OVR 6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2311	TRIFOCL PLUS -7.25- PLUS -12.00D SPHER 0.25-2.25D CYL E	Not Cov	Not Cov	Not Cov	Not Cov		
V2312	TRIFOCL PLUS -7.25- PLUS -12.00D SPHER 2.25-4.00D CYL E	Not Cov	Not Cov	Not Cov	Not Cov		
V2313	TRIFOCL PLUS -7.25- PLUS -12.00D SPHER 4.25-6.00D CYL EA	Not Cov	Not Cov	Not Cov	Not Cov		
V2314	TRIFOCL SPHER OVER PLUS -12.00D PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2315	LENTICULAR PER LENS TRIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2318	ANISEIKONIC LENS TRIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	Not Cov	Not Cov	Not Cov	Not Cov		
V2320	TRIFOCAL ADD OVER 3.25D	Not Cov	Not Cov	Not Cov	Not Cov		
V2321	LENTICULAR LENS PER LENS TRIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2399	SPECIALTY TRIFOCAL	Not Cov	Not Cov	Not Cov	Not Cov		
V2410	VARIBL ASPHRCTY LENS 1 FULL FLD GLASS PLASTC LNS	Not Cov	Not Cov	Not Cov	Not Cov		
V2430	VARIBL ASPHRCITY LENS BIFOCL FULL FIELD-LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V2500	CONTACT LENS PMMA SPHERICAL PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2501	CONTACT LENS PMMA TORIC PRISM BALLAST PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2503	CONTACT LENS PMMA COLOR VISION DEFIC PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2510	CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2511	CNTC LENS GAS PERMEABLE TORIC PRISM BALLST-LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2512	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2513	CNTC LENS GAS PERMEABLE EXTENDED WEAR PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2520	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2521	CNTC LENS HYDROPHIL TORIC PRISM BALLST PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2523	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2599	CONTACT LENS OTHER TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V2600	HAND HELD LOW VISION AND OTH NON SPECTACL MOUNT AIDS	Not Cov	Not Cov	Not Cov	Not Cov		
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	Not Cov	Not Cov	Not Cov	Not Cov		
V2615	TELESCOPIC AND OTH COMPOUND LENS SYSTEM	Not Cov	Not Cov	Not Cov	Not Cov		
V2623	PROSTHETIC EYE PLASTIC CUSTOM	Not Cov	No	Not Cov	No		

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V2624	POLISHING RESURFACING OF OCULAR PROSTHESIS	Not Cov	No	Not Cov	No		
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Not Cov	No	Not Cov	No		
V2626	REDUCTION OF OCULAR PROSTHESIS	Not Cov	No	Not Cov	No		
V2627	SCLERAL COVER SHELL	Not Cov	No	Not Cov	No		
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	Not Cov	No	Not Cov	No		
V2629	PROSTHETIC EYE OTHER TYPE	Not Cov	No	Not Cov	No		
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	No	No	No	No		
V2631	IRIS SUPPORTED INTRAOCULAR LENS	No	No	No	No		
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	No	No	No	No		
V2700	BALANCE LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2702	DELUXE LENS FEATURE	Not Cov	Not Cov	Not Cov	Not Cov		
V2710	SLAB OFF PRISM GLASS OR PLASTIC PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2715	PRISM PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2718	PRESS-ON LENS FRESNELL PRISM PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2730	SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2744	TINT PHOTOCHROMATIC PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2745	ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC	Not Cov	Not Cov	Not Cov	Not Cov		
V2750	ANTIREFLECTIVE COATING PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2755	U-V LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2756	EYE GLASS CASE	Not Cov	Not Cov	Not Cov	Not Cov		
V2760	SCRATCH RESISTANT COATING PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2761	MIRROR COAT TYPE SOLID GRADENT EQ LENS MATL-LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2762	POLARIZATION ANY LENS MATERIAL PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2770	OCCLUDER LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2780	OVERSIZE LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2781	PROGRESSIVE LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2782	LENS INDX 1.54-1.65 PLSTC 1.60-1.79 GLASS LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2783	LENS INDX GRT THN EQ 1.66 PLSTC GRT THN EQ 1.80 GLASS LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2784	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2785	PROCESSING PRES AND TRANSPORTING CORNEAL TISSUE	No	Not Cov	No	Not Cov		
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2787	ASTIGMATISM CORRECTING FUNCTION INTRAOCULAR LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2788	PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS	Not Cov	Not Cov	Not Cov	Not Cov		
V2790	AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC	No	Not Cov	Not Cov	Not Cov		

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V2797	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Not Cov	Not Cov	Not Cov	Not Cov		
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Not Cov	Not Cov	Not Cov	Not Cov		
V5008	HEARING SCREENING	Not Cov	Not Cov	Not Cov	Not Cov		
V5010	ASSESSMENT FOR HEARING AID	Not Cov	No	Not Cov	No		
V5011	FITTING ORIENTATION CHECKING OF HEARING AID	Not Cov	No	Not Cov	No		
V5014	REPAIR MODIFICATION OF A HEARING AID	Not Cov	No	Not Cov	No		
V5020	CONFORMITY EVALUATION	Not Cov	No	Not Cov	No		
V5030	HEARING AID MONAURAL BODY WORN AIR CONDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
V5040	HEARING AID MONAURAL BODY WORN BONE CONDUCTION	Not Cov	No	Not Cov	No		
V5050	HEARING AID MONAURAL IN THE EAR	Not Cov	No	Not Cov	No		
V5060	HEARING AID MONAURAL BEHIND THE EAR	Not Cov	No	Not Cov	No		
V5070	GLASSES AIR CONDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
V5080	GLASSES BONE CONDUCTION	Not Cov	Not Cov	Not Cov	Not Cov		
V5090	DISPENSING FEE UNSPECIFIED HEARING AID	Not Cov	Not Cov	Not Cov	Not Cov		
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	Not Cov	Not Cov	Not Cov	Not Cov		
V5100	HEARING AID BILATERAL BODY WORN	Not Cov	Not Cov	Not Cov	Not Cov		
V5110	DISPENSING FEE BILATERAL	Not Cov	No	Not Cov	No		
V5120	BINAURAL BODY	Not Cov	Not Cov	Not Cov	Not Cov		
V5130	BINAURAL IN THE EAR	Not Cov	Not Cov	Not Cov	Not Cov		
V5140	BINAURAL BEHIND THE EAR	Not Cov	Not Cov	Not Cov	Not Cov		
V5150	BINAURAL GLASSES	Not Cov	Not Cov	Not Cov	Not Cov		
V5160	DISPENSING FEE BINAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Yes	Yes	Not Cov	Yes		
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Not Cov	Not Cov	Not Cov	Not Cov		
V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Yes	Yes	Not Cov	Yes		
V5190	HEARING AID CONTRALATERAL RTE MONAURAL GLASSES	Not Cov	Not Cov	Not Cov	Not Cov		
V5200	DISPENSING FEE CONTRALATERAL MONAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
V5211	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITE	Yes	Yes	Not Cov	Yes		
V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Yes	Not Cov	Not Cov	Not Cov		
V5213	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE BTE	Yes	Yes	Not Cov	Yes		
V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Yes	Not Cov	Not Cov	Not Cov		
V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Yes	Yes	Not Cov	Yes		
V5221	HEARING AID CONTRALAT ROUT SYS BINAURAL BTE BTE	Yes	Yes	Not Cov	Yes		
V5230	HEARING AID CONTRALAT RTE SYS BINAURAL GLASSES	Not Cov	Not Cov	Not Cov	Not Cov		

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V5240	DISPENSING FEE CONTRALATERAL RTE SYSTEM BINAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
V5241	DISPENSING FEE MONAURAL HEARING AID ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V5242	HEARING AID ANALOG MONAURAL CIC	Not Cov	Not Cov	Not Cov	Not Cov		
V5243	HEARING AID ANALOG MONAURAL ITC	Not Cov	Not Cov	Not Cov	Not Cov		
V5244	HEARING AID DIGTLLY PROG ANALOG MONAURAL CIC	Not Cov	Not Cov	Not Cov	Not Cov		
V5245	HEARING AID DIGTLLY PROG ANALOG MONAURAL ITC	Not Cov	Not Cov	Not Cov	Not Cov		
V5246	HEARING AID DIGTLLY PROG ANALOG MONAURAL ITE	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
V5247	HEARING AID DIGTLLY PROG ANALOG MONAURAL BTE	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
V5248	HEARING AID ANALOG BINAURAL CIC	Not Cov	Not Cov	Not Cov	Not Cov		
V5249	HEARING AID ANALOG BINAURAL ITC	Not Cov	Not Cov	Not Cov	Not Cov		
V5250	HEARING AID DIGTLLY PROG ANALOG BINAURAL CIC	Not Cov	Not Cov	Not Cov	Not Cov		
V5251	HEARING AID DIGTLLY PROG ANALOG BINAURAL ITC	Not Cov	Not Cov	Not Cov	Not Cov		
V5252	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL ITE	Not Cov	Not Cov	Not Cov	Not Cov		
V5253	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL BTE	Not Cov	Not Cov	Not Cov	Not Cov		
V5254	HEARING AID DIGITAL MONAURAL CIC	Not Cov	Not Cov	Not Cov	Not Cov		
V5255	HEARING AID DIGITAL MONAURAL ITC	Not Cov	Not Cov	Not Cov	Not Cov		
V5256	HEARING AID DIGITAL MONAURAL ITE	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
V5257	HEARING AID DIGITAL MONAURAL BTE	Not Cov	No	Not Cov	No		History and Physical (H&P) Progress Notes
V5258	HEARING AID DIGITAL BINAURAL CIC	Not Cov	Not Cov	Not Cov	Not Cov		
V5259	HEARING AID DIGITAL BINAURAL ITC	Not Cov	Not Cov	Not Cov	Not Cov		
V5260	HEARING AID DIGITAL BINAURAL ITE	Not Cov	No	Not Cov	No		
V5261	HEARING AID DIGITAL BINAURAL BTE	Not Cov	No	Not Cov	No		
V5262	HEARING AID DISPOSABLE ANY TYPE MONAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
V5263	HEARING AID DISPOSABLE ANY TYPE BINAURAL	Not Cov	Not Cov	Not Cov	Not Cov		
V5264	EAR MOLD INSERT NOT DISPOSABLE ANY TYPE	Not Cov	No	Not Cov	No		
V5265	EAR MOLD INSERT DISPOSABLE ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		

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V5266	BATTERY FOR USE IN HEARING DEVICE	Not Cov	No	Not Cov	No		
V5267	HEARING AID ALD SUPP ACCESS NOT OTHERWISE SPEC	Not Cov	Not Cov	Not Cov	Not Cov		
V5268	ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V5269	ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V5270	ASSTIVE LISTENING DEVICE TELEVISN AMPLIFIER TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V5271	ASSTIVE LISTENING DEVC TELEVISN CAPTION DECODER	Not Cov	Not Cov	Not Cov	Not Cov		
V5272	ASSISTIVE LISTENING DEVICE TDD	Not Cov	Not Cov	Not Cov	Not Cov		
V5273	ASSTIVE LISTENING DEVICE USE W COCHLEAR IMPLANT	Not Cov	Not Cov	Not Cov	Not Cov		
V5274	ASSISTIVE LEARNING DEVICE NOS	Not Cov	Not Cov	Not Cov	Not Cov		
V5275	EAR IMPRESSION EACH	Not Cov	No	Not Cov	No		
V5281	ASSIST LIST DEVC PERS FM DM SYS MONAURL ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V5282	ASSIST LIST DEVC PERS FM DM SYS BINAURL ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V5283	ASSIST LIST DEVC PERS FM DM NCK LOOP INDUCT RECV	Not Cov	Not Cov	Not Cov	Not Cov		
V5284	ASSIST LIST DEVICE PERS FM DM EAR LEVEL RECEIVER	Not Cov	Not Cov	Not Cov	Not Cov		
V5285	ASSIST LIST DEVC PERS FM DM DIR AUDIO INPUT RECV	Not Cov	Not Cov	Not Cov	Not Cov		
V5286	ASSIST LISTEN DEVC PERS BLUE TOOTH FM DM RECEIVR	Not Cov	Not Cov	Not Cov	Not Cov		
V5287	ASSISTIVE LISTENING DEVC PERS FM DM RECEIVER NOS	Not Cov	Not Cov	Not Cov	Not Cov		
V5288	ASSIST LISTEN DEVC PERS FM DM TRANSMITTER ALD	Not Cov	Not Cov	Not Cov	Not Cov		
V5289	ASSIST LIST DEVC PERS FM DM ADPTR BOOT CPLG RECV	Not Cov	Not Cov	Not Cov	Not Cov		
V5290	ASSIST LISTEN DEVC TRANSMITT MICROPHONE ANY TYPE	Not Cov	Not Cov	Not Cov	Not Cov		
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Not Cov	Yes	Not Cov	Yes		History and Physical (H&P) Progress Notes
V5299	HEARING SERVICE MISCELLANEOUS	Not Cov	Not Cov	Not Cov	Not Cov		
V5336	REPAIR MOD AUGMENTATIV COMMUNICAT SYSTEM DEVICE	Not Cov	Not Cov	Not Cov	Not Cov		
V5362	SPEECH SCREENING	Not Cov	Not Cov	Not Cov	Not Cov		
V5363	LANGUAGE SCREENING	Not Cov	Not Cov	Not Cov	Not Cov		
V5364	DYSPHAGIA SCREENING	Not Cov	Not Cov	Not Cov	Not Cov		