



Medicaid Authorization Lookup

[Please review the Prior Authorization \(PA\) Requirements Page for additional authorization guidelines and submission.](#)

Codes that are not listed on the Medicaid Fee Schedule may not be payable by YouthCare HealthChoice Illinois.

Codes will be reviewed on a quarterly basis and provider notifications will be sent with updates.

Any newly created codes added to the Medicaid Fee Schedule require PA. However, replacement codes maintain PA requirements for the code it is replacing.

Any newly added pharmacy codes to the Medicaid Fee Schedule require PA.

For code limitations, please refer to HFS Medicaid Fee Schedule.

Any durable medical equipment (DME) purchase item(s), single or combined, over \$1,000 per the Medicaid Fee Schedule require PA.

Any DME rental or rent to purchase item(s), single or combined, over \$1,000 per the Medicaid Fee Schedule require PA.

KEY:

Y = Yes, requires PA for all providers

N = No, does not require PA

C = Conditional, requires PA for non-par providers

Code	Definition	MESSAGE	REQUIRES PA	Date Effective
100	ALL INCL R&B/ANC FB CONJUNCT INC	/REMOVL EMBEDDED Authorization required for all providers.	Y	1/1/2022
101	ALL INCL R&B CONJUNCTIVA	/OTHER INCISION OF Authorization required for all providers.	Y	1/1/2022
110	ROOM-BOARD/PVT EMBEDDED FB COR	/MAGNETIC REMOVL Authorization required for all providers.	Y	1/1/2022
111	MED-SUR-GY/PVT	/INCISION OF CORNEA Authorization required for all providers.	Y	1/1/2022
112	OB/PVT ON CORNEA	/DIAGNOSTIC PROCEDURES Authorization required for all providers.	Y	1/1/2022
113	PEDS/PVT	/EXCISION OF PTERYGIUM Authorization required for all providers.	Y	1/1/2022
114	PSTAY/PVT LESION C	/EXC/DESTRUC TISSUE/OTH Authorization required for all providers.	Y	1/1/2022
115	HOSPICE/PVT	/REPAIR OF CORNEA Authorization required for all providers.	Y	1/1/2022
116	DETOX/PVT	/CORNEAL TRANSPLANT Authorization required for all providers.	Y	1/1/2022
117	ONCOLOGY/PVT RECON&REFRACTV SURGERY CORN	/OTH Authorization required for all providers.	Y	1/1/2022
118	REHAB/PVT	/	Y	1/1/2022
119	OTHER/PVT CORNEA	/OTHER OPERATIONS ON Authorization required for all providers.	Y	1/1/2022
120	ROOM & BOARD FB ANT SEG EY	/REMOVL INTRAOCLUR Authorization required for all providers.	Y	1/1/2022
121	MED-SUR-GY/2BED SIMPLE IRIDECTOMY	/IRIDOTOMY AND Authorization required for all providers.	Y	1/1/2022
122	OB/2BED SCLRA&ANT C	/DX PROC IRIS CILARY Authorization required for all providers.	Y	1/1/2022
123	PEDS/2BED COREOPLASTY	/IRIDOPLASTY AND Authorization required for all providers.	Y	1/1/2022
124	PSTAY/2BED IRIS&CILIARY	/EXC/DESTRUC LESION Authorization required for all providers.	Y	1/1/2022
125	HOSPICE/2BED INTRAOCULAR CIRC	/FACILITATION Authorization required for all providers.	Y	1/1/2022
126	DETOX/2BED	/SCLERAL FISTULIZATION Authorization required for all providers.	Y	1/1/2022
127	ONCOLOGY/2BED INTRAOCCLU P	/OTH PROC RELIEVE HI Authorization required for all providers.	Y	1/1/2022
128	REHAB/2BED	/OPERATIONS ON SCLERA Authorization required for all providers.	Y	1/1/2022
129	OTHER/2BED IRIS,CILIAR	/OTHER OPERATIONS ON Authorization required for all providers.	Y	1/1/2022
130	ROOM-BOAR BODY FROM LE	/REMOVAL OF FOREIGN Authorization required for all providers.	Y	1/1/2022
131	MED-SUR-GY/3&4BED EXTRACTION OF LEN	/INTRACAPSULAR Authorization required for all providers.	Y	1/1/2022
132	OB/3&4BED LINEAR EXT	/EXTRACAP EXTRACT LENS- Authorization required for all providers.	Y	1/1/2022
133	PEDS/3&4BED LENS-SIMPL ASP	/EXTRACAP EXTRACT Authorization required for all providers.	Y	1/1/2022
134	PSTAY/3&4BED FRAGMENT-A	/EXTRACAP EXTRACT LENS- Authorization required for all providers.	Y	1/1/2022
135	HOSPICE/3&4BED EXTRACAPSULAR EXTRACTION	/OTHER Authorization required for all providers.	Y	1/1/2022
136	DETOX/3&4BED EXTRACTION	/OTHER CATARACT Authorization required for all providers.	Y	1/1/2022
137	R & B, 3-4 BEDS, ONCOLOGY PROSTHETIC LENS	/INSERTION OF Authorization required for all providers.	Y	1/1/2022
138	REHAB/3&4BED IMPLANTED LENS	/REMOVAL OF Authorization required for all providers.	Y	1/1/2022
139	OTHER/3&4BED ON LENS	/OTHER OPERATIONS Authorization required for all providers.	Y	1/1/2022
140	ROOM-BOARD/PVT/DLX FROM POST SEGMENT EY	/REMOVAL FB Authorization required for all providers.	Y	1/1/2022
141	MED-SUR-GY/DLX VIT-POST CHAM	/DX RETINA-CHOROID- Authorization required for all providers.	Y	1/1/2022
142	OB/DLX RETINA&CHORO	/DESTRUCTION LESION Authorization required for all providers.	Y	1/1/2022
143	PEDS/DLX	/REPAIR OF RETINAL TEAR Authorization required for all providers.	Y	1/1/2022
144	PSTAY/DLX BUCKL&IMP	/REPR RET DETACH-SCLER Authorization required for all providers.	Y	1/1/2022
145	HOSPICE/DLX RETINAL DETACHM	/OTHER REPAIR OF Authorization required for all providers.	Y	1/1/2022

146	DETOX/DLX MAT-POST SE	/REMOV SURG IMPLANT	Authorization required for all providers.	Y	1/1/2022
147	ONCOLOGY/DLX VITREOUS	/OPERATIONS ON	Authorization required for all providers.	Y	1/1/2022
148	REHABILITATION / PROSTHESIS	IMPLANTATION EPIRETINAL VISUAL	Authorization required for all providers.	Y	1/1/2022
149	OTHER/DLX CHOROID&POST CHAM	/OTH OP RETINA	Authorization required for all providers.	Y	1/1/2022
150	ROOM-BOARD/WARD EXTRAOCULAR MUSCLES/TEN	/DX PROC	Authorization required for all providers.	Y	1/1/2022
151	MED-SUR-GY/WARD MUSC-TEMP DETAC	/OP 1 EXTRAOCULR	Authorization required for all providers.	Y	1/1/2022
152	OB/WARD EXTRAOCULAR MU	/OTH OPERATIONS 1	Authorization required for all providers.	Y	1/1/2022
153	PEDS/WARD TEMP DTCH-1/	/OP>=2 XTROCLR MUSC-	Authorization required for all providers.	Y	1/1/2022
154	PSTAY/WARD MUSC-1/BOTH	/OTH OP>=2 XTRAOCLUR	Authorization required for all providers.	Y	1/1/2022
155	HOSPICE/WARD EXTRAOCULAR MUSCL	/TRANSPPOSITION	Authorization required for all providers.	Y	1/1/2022
156	DETOX/WARD EXTRAOCULAR MUSCLE SUR	/REVISION	Authorization required for all providers.	Y	1/1/2022
157	ONCOLOGY/WARD EXTRAOCULAR MUSCL	/REPAIR INIURY	Authorization required for all providers.	Y	1/1/2022
158	REHAB/WARD	/	Authorization required for all providers.	Y	1/1/2022
159	OTHER/WARD MUSC&TENDONS	/OTH OP XTRAOCLUR	Authorization required for all providers.	Y	1/1/2022
160	R&B	/ORBITOTOMY	Authorization required for all providers.	Y	1/1/2022
164	R&B/STERILE EYEBALL	/ENUCLEATION OF	Authorization required for all providers.	Y	1/1/2022
167	R&B/SELF ORBITAL IMPLA	/REMOVAL OCULAR OR	Authorization required for all providers.	Y	1/1/2022
170	NURSERY	/	Authorization required for all providers.	Y	1/1/2022
171	NURSERY/NORM NEWBORN UNILATERAL REP ING HERNIA	/LAP	Authorization required for all providers.	Y	1/1/2022
172	NURSERY/PREMI ING HERNIA	/LAP BILATERAL REP	Authorization required for all providers.	Y	1/1/2022
173	NURSERY LEVEL III INTESTINE	/LAP PARTIAL EXC LARGE	Authorization required for all providers.	Y	1/1/2022
174	NEWBORN LEVEL IV PROCEDURES	/ROBOTIC ASSISTED	Authorization required for all providers.	Y	1/1/2022
179	NURSERY/OTHER	/	Authorization required for all providers.	Y	1/1/2022
180	LOA	/INCISION OF EXTERNAL EAR	Authorization required for all providers.	Y	1/1/2022
189	LOA/OTHER EXTERNAL EA	/OTHER OPERATIONS ON	Authorization required for all providers.	Y	1/1/2022
190	SUBACUTE CARE, GENERAL MOBILIZATION	/C STAPES	Authorization required for all providers.	Y	1/1/2022
00190	ANES- FACIAL BONES; NOS		Authorization required for all providers.	Y	1/1/2022
191	SUBACUTE CARE - LEVEL 1	/ STAPEDECTOMY	Authorization required for all providers.	Y	1/1/2022
192	SUBACUTE CARE - LEVEL II STAPEDECTOMY	/ REVISION OF	Authorization required for all providers.	Y	1/1/2022
193	SUBACUTE CARE - LEVEL III OSSICULAR CHAIN	/ C OTH OPER	Authorization required for all providers.	Y	1/1/2022
194	SUBACUTE CARE - LEVEL IV MYRINGOPLASTY	/ C	Authorization required for all providers.	Y	1/1/2022
199	OTHER SUBACUTE CARE EAR	/ C OTH REPR MID	Authorization required for all providers.	Y	1/1/2022
200	ICU	/MYRINGOTOMY	Authorization required for all providers.	Y	1/1/2022
201	ICU/SURGICAL TYMPANOSTOMY TUBE	/REMOVAL OF	Authorization required for all providers.	Y	1/1/2022
202	ICU/MEDICAL AND MIDDLE	/INCISION OF MASTOID	Authorization required for all providers.	Y	1/1/2022
203	ICU/PEDS MIDDLE&INNER EA	/DIAGNOSTIC PROC	Authorization required for all providers.	Y	1/1/2022
204	ICU/PSTAY	/MASTOIDECTOMY	Authorization required for all providers.	Y	1/1/2022
206	POST ICU EAR	/FENESTRATION OF INNER	Authorization required for all providers.	Y	1/1/2022
207	ICU/BURN CARE EXCISION&DESTRUC INNER	/INCISION	Authorization required for all providers.	Y	1/1/2022
208	ICU/TRAUMA EUSTACHIAN TUBE	/OPERATIONS ON	Authorization required for all providers.	Y	1/1/2022
209	ICU/OTHER INNER&MIDDLE E	/OTHER OPERATIONS	Authorization required for all providers.	Y	1/1/2022
210	CCU	/CONTROL OF EPISTAXIS	Authorization required for all providers.	Y	1/1/2022
211	CCU/MYO INFARC	/INCISION OF NOSE	Authorization required for all providers.	Y	1/1/2022
212	CCU/PULMONARY PROCEDURES ON NOSE	/DIAGNOSTIC	Authorization required for all providers.	Y	1/1/2022
213	CCU/TRANSPLANT EXCISION/DESTRUC LESION N	/LOCAL	Authorization required for all providers.	Y	1/1/2022
214	POST/CCU	/RESECTION OF NOSE	Authorization required for all providers.	Y	1/1/2022
219	CCU/OTHER NOSE	/OTHER OPERATIONS ON	Authorization required for all providers.	Y	1/1/2022
253	DRUGS/TAKEHOME GLOSSECTOMY	/COMPLETE	Authorization required for all providers.	Y	1/1/2022
273	TAKEHOME SUPPLY LESION/TISSUE BONY PAL	/EXCISION	Authorization required for all providers.	Y	1/1/2022

277	O2/TAKEHOME UVULA	/OPERATIONS ON	Authorization required for all providers.	Y	1/1/2022
0300	#N/A		Authorization required for non-participating providers.	C	1/1/2022
303	LAB/RENAL HOME LARYNGECTOMY	/COMPLETE	Authorization required for all providers.	Y	1/1/2022
350	CT SCAN VALVOTOMY	/CLOSED HEART	Services are administered by NIA.	C	1/1/2022
351	CT SCAN/HEAD VALVULPLSTY W/O REPLCM	/OPEN HRT	Services are administered by NIA.	C	1/1/2022
352	CT SCAN/BODY HEART VALVE	/REPLACEMENT OF	Services are administered by NIA.	C	1/1/2022
359	CT SCAN/OTHER VALVES&SEPTA H	/OTHER OPERATIONS	Services are administered by NIA.	C	1/1/2022
404	IMAGING, PET LYMPH NODES	/RADICAL EXCISION CERV	Services are administered by NIA.	C	1/1/2022
483	ECHOCARDIOLOGY LES/TISSUE RE	/LOCAL EXC/DESTRUC	Services are administered by NIA.	C	1/1/2022
522	RURAL/HOME PANCREAT DUCT	/LOC EXC PANCREAS-	Authorization required for all providers.	Y	1/1/2022
527	HSA HOME VISIT NURSE SVCE PANCREATICODUODENECTOMY	/C RAD	Authorization required for all providers.	Y	1/1/2022
528	HOME VISIT NURSE PANCREAS	/TRANSPLANT OF	Authorization required for all providers.	Y	1/1/2022
570	AIDE/HOME HEALTH CLEARANCE OF BLAD	/TRANSURETHRAL	Authorization required for all providers.	Y	1/1/2022
571	AIDE/HOME HLTH/VST CYSTOSTOMY	/CYSTOTOMY AND	Authorization required for all providers.	Y	1/1/2022
572	AIDE/HOME HLTH/HOUR	/VESICOSTOMY	Authorization required for all providers.	Y	1/1/2022
579	AIDE/HOME HLTH/OTHER OPERATIONS ON BLADDER	/OTHER	Authorization required for all providers.	Y	1/1/2022
581	VISIT/HOME HLTH/VISIT MEATOTOMY	/URETHRAL	Authorization required for all providers.	Y	1/1/2022
582	VISIT/HOME HLTH/HOUR PROCEDURES ON URETHR	/DIAGNOSTIC	Authorization required for all providers.	Y	1/1/2022
589	VISIT/HOME HLTH/OTH URETHRA&PERIURETHRAL TIS	/OTH OP	Authorization required for all providers.	Y	1/1/2022
590	UNIT/HOME HEALTH RETROPERITONEAL TISS	/DISSECTION	Authorization required for all providers.	Y	1/1/2022
600	O2/HOME HEALTH PROSTATE	/INCISION OF	Authorization required for all providers.	Y	1/1/2022
609	HOME HEALTH (HH)-OXYGEN OPERATIONS ON PROSTATE	/OTHER	Authorization required for all providers.	Y	1/1/2022
610	MRI TUNICA VAGIN	/I&D OF SCROTUM AND	Services are administered by NIA.	C	1/1/2022
611	MRI-BRAIN SCROTUM&TUNICA VAGINALI	/DX PROC	Services are administered by NIA.	C	1/1/2022
612	MRI-SPINE	/EXCISION OF HYDROCELE	Services are administered by NIA.	C	1/1/2022
614	MRI-OTHER SCROTUM&TUNICA VAGINALI	/REPAIR OF	Services are administered by NIA.	C	1/1/2022
615	MRA-HEAD AND NECK	/	Services are administered by NIA.	C	1/1/2022
616	MRT-Lower Extremities		Services are administered by NIA.	C	1/1/2022
618	MRA OTHER		Services are administered by NIA.	C	1/1/2022
619	MRI-OTHER SCROTUM&TUNICA VAGINALIS	/OTH OP	Services are administered by NIA.	C	1/1/2022
650	HOSPICE	/OOPHOROTOMY	Authorization required for all providers.	Y	1/1/2022
651	HOSPICE/RTN HOME PROCEDURES ON OVARIE	/DIAGNOSTIC	Authorization required for all providers.	Y	1/1/2022
652	HOSPICE/CTNS HOME OVARIAN LES/TIS	/LOC EXC/DESTRUC	Authorization required for all providers.	Y	1/1/2022
655	HOSPICE/IP RESPIE OOPHORECTOMY	/BILATERAL	Authorization required for all providers.	Y	1/1/2022
656	HOSPICE/IP NON-RESPIE SALPINGO-OOPHORECTOMY	/BILATERAL	Authorization required for all providers.	Y	1/1/2022
658	HOSPICE ROOM & BOARD-NURSING FACILITY ADHES OVARY & FALLOP TUBE	/LYSIS	Authorization required for all providers.	Y	1/1/2022
659	HOSPICE/OTHER OVARY	/OTHER OPERATIONS ON	Authorization required for all providers.	Y	1/1/2022
820	HEMO/OP OR HOME TENDON FASC&BURSA H	/INCI MUSCLE	Authorization required for all providers.	Y	1/1/2022
822	HEMO/HOME/SUPPL MUSCLE TENDON&FASC H	/EXC LESION	Authorization required for all providers.	Y	1/1/2022
823	HEMO/HOME/EQUIP SOFT TISSUE HAND	/OTHER EXCISION	Authorization required for all providers.	Y	1/1/2022
824	HEMO/HOME/100% TENDON&FASCIA HAN	/SUTURE MUSCLE	Authorization required for all providers.	Y	1/1/2022
825	HEMO/HOME/SUPSERV /TRANSPLANTATION MUSCLE&TENDON H		Authorization required for all providers.	Y	1/1/2022
829	HEMO/HOME/OTHER TENDON&FASC HAND	/OTH OP MUSCLE	Authorization required for all providers.	Y	1/1/2022
830	PERITONEAL/OP OR HOME MUSCLE TENDON FASCIA&B	/INCISION	Authorization required for all providers.	Y	1/1/2022
832	PERTNL/HOME/SUPPL TENDN FASCA BURSA-	/DX PROC MUSC	Authorization required for all providers.	Y	1/1/2022
833	PERTNL/HOME/EQUIP MUSCLE TENDON FASC&B	/EXC LESION	Authorization required for all providers.	Y	1/1/2022
834	PERTNL/HOME/100% MUSCLE TENDON&FA	/OTHER EXCISION	Authorization required for all providers.	Y	1/1/2022
835	PERTNL/HOME/SUPSERV	/BURSECTOMY	Authorization required for all providers.	Y	1/1/2022
839	PERTNL/HOME/OTHER TENDON FASC&BURSA	/OTH OP MUSCLE	Authorization required for all providers.	Y	1/1/2022
840	CAPD/OP OR HOME UPPER LIMB	/AMPUTATION OF	Authorization required for all providers.	Y	1/1/2022
842	CAPD/HOME/SUPPL EXTREMITY	/REATTACHMENT OF	Authorization required for all providers.	Y	1/1/2022

843	CAPD/HOME/EQUIP AMPUTATION STUMP	/REVISION OF	Authorization required for all providers.	Y	1/1/2022
844	CAPD/HOME/100% PROSTHETIC LIMB DEVICE	/IMPL/FIT	Authorization required for all providers.	Y	1/1/2022
849	CAPD/HOME/OTHER MUSCULOSKELETAL SYSTEM	/OTH OP	Authorization required for all providers.	Y	1/1/2022
850	CCPD/OP OR HOME	/MASTOTOMY	Authorization required for all providers.	Y	1/1/2022
852	CCPD/HOME/SUPPL /EXCISION/DESTRUCTION BREAST TIS		Authorization required for all providers.	Y	1/1/2022
853	CCPD/HOME/EQUIP MAMMO&SUBCUT MAMMECTO	/REDUCTION	Authorization required for all providers.	Y	1/1/2022
854	CCPD/HOME/100%	/MASTECTOMY	Authorization required for all providers.	Y	1/1/2022
855	CCPD/HOME/SUPSERV MAMMOPLASTY	/AUGMENTATION	Authorization required for all providers.	Y	1/1/2022
859	CCPD/HOME/OTHER ON THE BREAST	/OTHER OPERATIONS	Authorization required for all providers.	Y	1/1/2022
892	SPECIAL PROCESSED DRUGS - FDA APPROVED GENE THERAPY		Authorization required for all providers.	Y	1/1/2022
900	PSYCH TREATMENT NERV SYS&OF SP	/MIC EX SPEC FROM	Authorization required for non-participating providers.	C	1/1/2022
901	ELECTRO SHOCK ENDOCRIN GLAND	/MIC EX SPEC FROM	Authorization required for all providers.	Y	1/1/2022
912	BH/PARTIAL HOSP		Authorization required for all providers.	Y	1/1/2022
913	BH/PARTIAL INTENSIV		Authorization required for all providers.	Y	1/1/2022
944	DRUG REHAB AND COUNSEL	/OTHER PSYCHOTHERAPY	Authorization required for all providers.	Y	1/1/2022
945	ALCOHOL REHAB PSYCHOLOGIC REHABILITA	/REFERRAL	Authorization required for all providers.	Y	1/1/2022
1001	BH ACCOMODATIONS-RESIDENTIAL TREAT PSYCH		Authorization required for all providers.	Y	1/1/2022
1002	BH-ACCOMODATIONS-RT CHEM DEPENDANCY		Authorization required for all providers.	Y	1/1/2022
1003	BH-ACCOMODATIONS-SUPERVISED LIVING		Authorization required for all providers.	Y	1/1/2022
1004	BH-ACCOMODATIONS-HALFWAY HOUSE		Authorization required for all providers.	Y	1/1/2022
1005	BH-ACCOMODATIONS-GROUP HOME		Authorization required for all providers.	Y	1/1/2022
2341	#N/A		Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
7869	#N/A		All services rendered in an outpatient setting are administered by NIA. Services rendered during an inpatient stay do not require pre-authorization and are administered through the Health Plane.	Y	1/1/2022
9607	#N/A		Authorization required for non-participating providers.	C	1/1/2022
10004	FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL		Authorization required for all providers.	Y	1/1/2022
10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION		Authorization required for all providers.	Y	1/1/2022
10006	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL		Authorization required for all providers.	Y	1/1/2022
10007	FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION		Authorization required for all providers.	Y	1/1/2022
10008	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL		Authorization required for all providers.	Y	1/1/2022
10009	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION		Authorization required for all providers.	Y	1/1/2022
10010	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL		Authorization required for all providers.	Y	1/1/2022
10011	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION		Authorization required for non-participating providers.	C	1/1/2022
10012	FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL		Authorization required for non-participating providers.	C	1/1/2022
10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION		Authorization required for non-participating providers.	C	1/1/2022
10030	GUIDE CATHET FLUID DRAINAGE		Authorization required for non-participating providers.	C	1/1/2022
10035	PERQ DEV SOFT TISS 1ST IMAG		Authorization required for non-participating providers.	C	1/1/2022
10036	PERQ DEV SOFT TISS ADD IMAG		Authorization required for non-participating providers.	C	1/1/2022
10040	ACNE SURG		Authorization required for non-participating providers.	C	1/1/2022
10060	I&D ABSCESS; SIMPL/SNGL		Authorization required for non-participating providers.	C	1/1/2022
10061	I&D ABSCESS; COMPLIC/MX		Authorization required for non-participating providers.	C	1/1/2022
10080	I&D PILONIDAL CYST; SIMPL		Authorization required for non-participating providers.	C	1/1/2022
10081	I&D PILONIDAL CYST; COMPLIC		Authorization required for non-participating providers.	C	1/1/2022
10120	INCS & REMOV FB SUBQ TISS; SIMPL		Authorization required for non-participating providers.	C	1/1/2022
10121	INCS & REMOV FB SUBQ TISS; COMPLIC		Authorization required for non-participating providers.	C	1/1/2022
10140	I&D HEMATOMA/SEROMA/FLUID COLLEC		Authorization required for non-participating providers.	C	1/1/2022
10160	PUNCT ASPIRAT ABSCESS/HEMATOMA/BULLA/CYST		Authorization required for non-participating providers.	C	1/1/2022
10180	I&D COMPLX POSTOP WOUND INFEC		Authorization required for non-participating providers.	C	1/1/2022

11000	DEBRID EXTEN ECZEMAT/INFEK SKIN; TO 10% BODY SUR	Authorization required for non-participating providers.	C	1/1/2022
11001	DEBRIDE INFECTED SKIN ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
11004	DEBRID SKN SUBQ TISS MUSC&FASC; EXT GENITL&PERIN	Authorization required for non-participating providers.	C	1/1/2022
11005	DEBRID SKN SUBQ TISS MUSC&FASC; ABD WALL	Authorization required for non-participating providers.	C	1/1/2022
11006	DEBRID SKN SUBQ TISS; EXT GENIT W/VO FASCL CLOS	Authorization required for non-participating providers.	C	1/1/2022
11008	REMOVAL PROSHETIC MATRL ABDL WALL FOR INFECTION	Authorization required for non-participating providers.	C	1/1/2022
11010	DEBRIDE SKIN AT FX SITE	Authorization required for non-participating providers.	C	1/1/2022
11011	DEBRIDE SKIN MUSC AT FX SIT	Authorization required for non-participating providers.	C	1/1/2022
11012	DEB SKIN BONE AT FX SITE	Authorization required for non-participating providers.	C	1/1/2022
11040	DEBRID; SKIN PART THICK	Authorization required for non-participating providers.	C	1/1/2022
11041	DEBRID; SKIN FULL THICK	Authorization required for non-participating providers.	C	1/1/2022
11042	DEB SUBQ TISSUE 20 SQ CM/<	Authorization required for all providers.	Y	1/1/2022
11043	DEB MUSC/FASCIA 20 SQ CM/<	Authorization required for all providers.	Y	1/1/2022
11044	DEB BONE 20 SQ CM/<	Authorization required for all providers.	Y	1/1/2022
11045	DEB SUBQ TISSUE ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
11046	DEB MUSC/FASCIA ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
11047	DEB BONE ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
11055	PARING/CUTTING BEN HYPERKERATOTIC LES; 1 LES	Authorization required for non-participating providers.	C	1/1/2022
11056	PARING/CUTTING BEN HYPERKERATOTIC LES; 2-4 LES	Authorization required for non-participating providers.	C	1/1/2022
11057	PARING/CUTTING BEN HYPERKERATOTIC LES; > 4 LES	Authorization required for non-participating providers.	C	1/1/2022
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	Authorization required for non-participating providers.	C	1/1/2022
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	Authorization required for non-participating providers.	C	1/1/2022
11104	PUNCH BIOPSY SKIN SINGLE LESION	Authorization required for non-participating providers.	C	1/1/2022
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	Authorization required for non-participating providers.	C	1/1/2022
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	Authorization required for non-participating providers.	C	1/1/2022
11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	Authorization required for non-participating providers.	C	1/1/2022
11200	REMOV SKIN TAGS ANY AREA; TO & INCL 15 LES	Authorization required for non-participating providers.	C	1/1/2022
11201	REMOVE SKIN TAGS ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
11300	SHAVING 1 LES TRUNK/ARMS/LEGS; 0.5CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
11301	SHAVING 1 LES TRUNK/ARMS/LEGS; 0.6 TO 1.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11302	SHAVING 1 LES TRUNK/ARMS/LEGS; 1.1 TO 2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11303	SHAVING 1 LES TRUNK/ARMS/LEGS; OVER 2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11305	SHAVING 1 LES SCALP/HANDS/FT/GENIT; 0.5 CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
11306	SHAVING 1 LES SCALP/HANDS/FT/GENIT; 0.6 TO 1.0CM	Authorization required for non-participating providers.	C	1/1/2022
11307	SHAVING 1 LES SCALP/HANDS/FT/GENIT; 1.1 TO 2.0CM	Authorization required for non-participating providers.	C	1/1/2022
11308	SHAVING 1 LES SCALP/HANDS/FT/GENIT; OVER 2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11310	SHAVING 1 LES FACE/EARS/NOSE/LIPS; 0.5 CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
11311	SHAVING 1 LES FACE/EARS/NOSE/LIPS; 0.6 TO 1.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11312	SHAVING 1 LES FACE/EARS/NOSE/LIPS; 1.1 TO 2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11313	SHAVING 1 LES FACE/EARS/NOSE/LIPS; OVER 2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11400	EXC BEN LES TRNK ARM/LEG; 5 CM/<	Authorization required for non-participating providers.	C	1/1/2022
11401	EXC BEN LES TRNK ARM/LEG;0.6-1.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11402	EXC BEN LES TRNK ARM/LEG;1.1-2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11403	EXC BEN LES TRNK ARM/LEG;2.1-3.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11404	EXC BEN LES TRNK ARM/LEG;3.1-4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11406	EXC BEN LES TRNK ARM/LEG;OVR 4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
11420	EXC BEN LES SCLP HND FT GNT; 0.5/<	Authorization required for non-participating providers.	C	1/1/2022
11421	EXC BEN LES SCLP HND FT GNT;0.6-1.0	Authorization required for non-participating providers.	C	1/1/2022
11422	EXC BEN LES SCLP HND FT GNT;1.1-2.0	Authorization required for non-participating providers.	C	1/1/2022

11423	EXC BEN LES SCLP HND FT GNT;2.1-3.0	Authorization required for non-participating providers.	C	1/1/2022
11424	EXC BEN LES SCLP HND FT GNT;3.1-4.0	Authorization required for non-participating providers.	C	1/1/2022
11426	EXC BEN LES SCLP HND FT GNT;OVR 4.0	Authorization required for non-participating providers.	C	1/1/2022
11440	EXC BEN LES FCE ERS EYELD NSE;0.5/<	Authorization required for non-participating providers.	C	1/1/2022
11441	EXC BEN LES FCE ERS EYELD; 0.6-1.0	Authorization required for non-participating providers.	C	1/1/2022
11442	EXC BEN LES FCE ERS EYELD; 1.1-2.0	Authorization required for non-participating providers.	C	1/1/2022
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Authorization required for all providers.	Y	1/1/2022
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Authorization required for non-participating providers.	C	1/1/2022
11446	EXC BEN LES FCE ERS EYELD NSE; >4.0	Authorization required for non-participating providers.	C	1/1/2022
11450	EXC SKIN HIDRADENITIS AX; SIMPL/INTERMED REPR	Authorization required for non-participating providers.	C	1/1/2022
11451	EXC SKIN HIDRADENITIS AX; W/COMPLX REPR	Authorization required for non-participating providers.	C	1/1/2022
11462	EXC SKIN HIDRADENITIS ING; W/SIMPL/INTERMED REPR	Authorization required for non-participating providers.	C	1/1/2022
11463	EXC SKIN HIDRADENITIS ING; W/COMPLX REPR	Authorization required for non-participating providers.	C	1/1/2022
11470	EXC SKIN HIDRADENITIS PERIANAL; W/SIMPL/INTERM	Authorization required for non-participating providers.	C	1/1/2022
11471	EXC SKIN HIDRADENITIS PERIANAL; W/COMPLX REPR	Authorization required for non-participating providers.	C	1/1/2022
11600	EXC MAL LES TRNK ARMS/LEGS; 0.5/<	Authorization required for non-participating providers.	C	1/1/2022
11601	EXC MAL LES TRNK ARMS/LEGS; 0.6-1.0	Authorization required for non-participating providers.	C	1/1/2022
11602	EXC MAL LES TRNK ARMS/LEGS; 1.1-2.0	Authorization required for non-participating providers.	C	1/1/2022
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Authorization required for non-participating providers.	C	1/1/2022
11604	EXC MAL LES TRNK ARMS/LEGS; 3.1-4.0	Authorization required for non-participating providers.	C	1/1/2022
11606	EXC MAL LES TRNK ARMS/LEGS; OVR 4.0	Authorization required for non-participating providers.	C	1/1/2022
11620	EXC MAL LES SCLP HND FT GNT; 0.5/<	Authorization required for non-participating providers.	C	1/1/2022
11621	EXC MAL LES SCLP HND FT GNT;0.6-1.0	Authorization required for non-participating providers.	C	1/1/2022
11622	EXC MAL LES SCLP HND FT GNT;1.1-2.0	Authorization required for non-participating providers.	C	1/1/2022
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Authorization required for non-participating providers.	C	1/1/2022
11624	EXC MAL LES SCLP HND FT GNT;3.1-4.0	Authorization required for non-participating providers.	C	1/1/2022
11626	EXC MAL LES SCLP HND FT GNT;OVR 4.0	Authorization required for non-participating providers.	C	1/1/2022
11640	EXC MAL LES FCE ERS EYELD NSE;0.5/<	Authorization required for non-participating providers.	C	1/1/2022
11641	EXC MAL LES FCE ERS EYELD; 0.6-1.0	Authorization required for non-participating providers.	C	1/1/2022
11642	EXC MAL LES FCE ERS EYELD; 1.1-2.0	Authorization required for non-participating providers.	C	1/1/2022
11643	EXC MAL LES FCE ERS EYELD; 2.1-3.0	Authorization required for non-participating providers.	C	1/1/2022
11644	EXC MAL LES FCE ERS EYELD; 3.1-4.0	Authorization required for non-participating providers.	C	1/1/2022
11646	EXC MAL LES FCE ERS EYELD NSE; >4.0	Authorization required for non-participating providers.	C	1/1/2022
11719	TRIM NONDYSTROPHIC NAILS, ANY NUMBER	Authorization required for non-participating providers.	C	1/1/2022
11720	DEBRID NAIL(S) ANY METHD(S); ONE TO FIVE	Authorization required for non-participating providers.	C	1/1/2022
11721	DEBRID NAIL(S) ANY METHD(S); SIX OR MORE	Authorization required for non-participating providers.	C	1/1/2022
11730	AVULSION NAIL PLATE PART/COMPLT SIMPL; SNGL	Authorization required for non-participating providers.	C	1/1/2022
11732	AVULSION PLATE PART/COMPLT SIMPL; EA ADD NAIL	Authorization required for non-participating providers.	C	1/1/2022
11740	EVACUATION SUBUNGUAL HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
11750	EXC NAIL/MATRIX PART/COMPLT PERM REMOV	Authorization required for non-participating providers.	C	1/1/2022
11755	BX NAIL UNIT ANY METHD (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
11760	REPR NAIL BED	Authorization required for non-participating providers.	C	1/1/2022
11762	RECON NAIL BED W/GFT	Authorization required for non-participating providers.	C	1/1/2022
11765	WEDGE EXC SKIN NAIL FOLD	Authorization required for non-participating providers.	C	1/1/2022
11770	EXC PILONIDAL CYST/SINUS; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
11771	EXC PILONIDAL CYST/SINUS; EXTEN	Authorization required for non-participating providers.	C	1/1/2022
11772	EXC PILONIDAL CYST/SINUS; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
11900	INJ INTRALES; UP TO & INCL 7 LES	Authorization required for non-participating providers.	C	1/1/2022
11901	INJ INTRALES; MORE THAN 7 LES	Authorization required for non-participating providers.	C	1/1/2022

11920	TATTOOING INCL MICROPIGMENTATION; 6.0 SQ CM/LESS	Authorization required for all providers.	Y	1/1/2022
11921	TATTOOING INCL MICROPIGMENTATION; 6.1-20.0 SQ CM	Authorization required for all providers.	Y	1/1/2022
11922	CORRECT SKIN COLOR DEFECTS	Authorization required for all providers.	Y	1/1/2022
11950	SUBQ INJ FILLING MAT; 1 CC/LESS	Authorization required for non-participating providers.	C	1/1/2022
11951	SUBQ INJ FILLING MAT; 1.1 TO 5.0 CC	Authorization required for non-participating providers.	C	1/1/2022
11952	SUBQ INJ FILLING MAT; 5.1 TO 10.0 CC	Authorization required for non-participating providers.	C	1/1/2022
11954	SUBQ INJ FILLING MAT; OVER 10.0 CC	Authorization required for non-participating providers.	C	1/1/2022
11960	INSRT EXPANDER NOT BREAST INCL SUBSQT EXPANSION	Authorization required for all providers.	Y	1/1/2022
11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	Authorization required for all providers.	Y	1/1/2022
11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Authorization required for all providers.	Y	1/1/2022
11975	INSRT IMPLNT CONTRACEPTIVE CAPSULES	Authorization required for non-participating providers.	C	1/1/2022
11976	REMOV IMPLNT CONTRACEPTIVE CAPSULES	Authorization required for non-participating providers.	C	1/1/2022
11977	REMOV W/REINSRT IMPLNT CONTRACEPTIVE CAPSULES	Authorization required for non-participating providers.	C	1/1/2022
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	Authorization required for all providers.	Y	1/1/2022
11981	INSERTION DRUG DELIVERY IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
11982	REMOVAL OF DRUG DELIVERY IMPLANT DEVICE	Authorization required for non-participating providers.	C	1/1/2022
11983	REMOVAL AND REINSERTION OF DRUG DELIVERY IMPLANT DEVICE	Authorization required for non-participating providers.	C	1/1/2022
12001	SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; 2.5/LESS	Authorization required for non-participating providers.	C	1/1/2022
12002	SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; 2.6-7.5CM	Authorization required for non-participating providers.	C	1/1/2022
12004	SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; 7.6-12.5	Authorization required for non-participating providers.	C	1/1/2022
12005	SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; 12.6-20.0	Authorization required for non-participating providers.	C	1/1/2022
12006	SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; 20.1-30.0	Authorization required for non-participating providers.	C	1/1/2022
12007	SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; OVER 30.0	Authorization required for non-participating providers.	C	1/1/2022
12011	SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 2.5/LESS	Authorization required for non-participating providers.	C	1/1/2022
12013	SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 2.6-5.0	Authorization required for non-participating providers.	C	1/1/2022
12014	SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 5.1-7.5	Authorization required for non-participating providers.	C	1/1/2022
12015	SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 7.6-12.5	Authorization required for non-participating providers.	C	1/1/2022
12016	SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 12.6-20.0	Authorization required for non-participating providers.	C	1/1/2022
12017	SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 20.1-30.0	Authorization required for non-participating providers.	C	1/1/2022
12018	SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; OVER 30.0	Authorization required for non-participating providers.	C	1/1/2022
12020	TX SUPERF WOUND DEHISCENCE; SIMPL CLO	Authorization required for non-participating providers.	C	1/1/2022
12021	TX SUPERF WOUND DEHISCENCE; W/PACKING	Authorization required for non-participating providers.	C	1/1/2022
12031	INTMD WND REPAIR S/TR/EXT	Authorization required for non-participating providers.	C	1/1/2022
12032	INTMD WND REPAIR S/TR/EXT	Authorization required for non-participating providers.	C	1/1/2022
12034	INTMD WND REPAIR S/TR/EXT	Authorization required for non-participating providers.	C	1/1/2022
12035	INTMD WND REPAIR S/TR/EXT	Authorization required for non-participating providers.	C	1/1/2022
12036	INTMD WND REPAIR S/TR/EXT	Authorization required for non-participating providers.	C	1/1/2022
12037	INTMD WND REPAIR S/TR/EXT	Authorization required for non-participating providers.	C	1/1/2022
12041	INTMD WND REPAIR N-HF/GENIT	Authorization required for non-participating providers.	C	1/1/2022
12042	INTMD WND REPAIR N-HG/GENIT	Authorization required for non-participating providers.	C	1/1/2022
12044	INTMD WND REPAIR N-HG/GENIT	Authorization required for non-participating providers.	C	1/1/2022
12045	INTMD WND REPAIR N-HG/GENIT	Authorization required for non-participating providers.	C	1/1/2022
12046	INTMD WND REPAIR N-HG/GENIT	Authorization required for non-participating providers.	C	1/1/2022
12047	INTMD WND REPAIR N-HG/GENIT	Authorization required for non-participating providers.	C	1/1/2022
12051	INTMD WND REPAIR FACE/MM	Authorization required for non-participating providers.	C	1/1/2022
12052	INTMD WND REPAIR FACE/MM	Authorization required for non-participating providers.	C	1/1/2022
12053	INTMD WND REPAIR FACE/MM	Authorization required for non-participating providers.	C	1/1/2022
12054	INTMD WND REPAIR FACE/MM	Authorization required for non-participating providers.	C	1/1/2022
12055	INTMD WND REPAIR FACE/MM	Authorization required for non-participating providers.	C	1/1/2022

12056	INTMD WND REPAIR FACE/MM	Authorization required for non-participating providers.	C	1/1/2022
12057	INTMD WND REPAIR FACE/MM	Authorization required for non-participating providers.	C	1/1/2022
13100	REPR COMPLX TRUNK; 1.1 CM TO 2.5 CM	Authorization required for non-participating providers.	C	1/1/2022
13101	REPR COMPLX TRUNK; 2.6 CM TO 7.5 CM	Authorization required for non-participating providers.	C	1/1/2022
13102	REPAIR COMPLEX TRUN EACH ADDL 5CM	Authorization required for non-participating providers.	C	1/1/2022
13120	REPR COMPLX SCLP/ARMS/LEGS; 1.1 CM TO 2.5 CM	Authorization required for non-participating providers.	C	1/1/2022
13121	REPR COMPLX SCLP/ARMS/LEGS; 2.6 CM TO 7.5 CM	Authorization required for non-participating providers.	C	1/1/2022
13122	REPAIR COMPLEX SCALP ARMS AND/OR LEGS EACH ADDL 5CM	Authorization required for non-participating providers.	C	1/1/2022
13131	REPR COMPLX FOREHEAD/CHIN/AX/GENIT/FT; 1.1-2.5	Authorization required for non-participating providers.	C	1/1/2022
13132	REPR COMPLX FOREHEAD/CHIN/AX/GENIT/FT; 2.6-7.5	Authorization required for non-participating providers.	C	1/1/2022
13133	REPAIR COMPLEX FOREHAD CHEEKS CHIN MOUTH NECK	Authorization required for non-participating providers.	C	1/1/2022
13151	REPR COMPLX LIDS/NOSE/EARS/LIPS; 1.1 TO 2.5 CM	Authorization required for non-participating providers.	C	1/1/2022
13152	REPR COMPLX LIDS/NOSE/EARS/LIPS; 2.6 TO 7.5 CM	Authorization required for non-participating providers.	C	1/1/2022
13153	REPAIR COMPLEX EYELIDS NOSE EARS AND/OR LIPS	Authorization required for non-participating providers.	C	1/1/2022
13160	SECNDRY CLO SURG WOUND/DEHISCENCE EXTEN/COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
14000	ADJACENT TISS TRANSF TRUNK; DEFECT 10 SQ CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
14001	ADJACENT TISS TRANSF TRUNK; 10.1 TO 30.0 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
14020	ADJACENT TRANSF SCLP/ARMS/LEGS; 10 SQ CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
14021	ADJACENT TRANSF SCLP/ARMS/LEGS; 10.1-30.00 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
14040	ADJACENT TRANSF CHIN/NECK/AX/FT; 10 SQ CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
14041	ADJACENT TRANSF CHIN/NECK/AX/FT; 10.1-30.0 SQ CM	Authorization required for all providers.	Y	1/1/2022
14060	ADJACENT TRANSF LIDS/NOSE/LIPS; 10 SQ CM/LESS	Authorization required for all providers.	Y	1/1/2022
14061	ADJACENT TRANSF LIDS/NOSE/LIPS; 10.1-30.0 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
14301	SKIN TISSUE REARRANGEMENT	Authorization required for non-participating providers.	C	1/1/2022
14302	SKIN TISSUE REARRANGE ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
14350	FILLETED FINGER/TOE FLAP W/PREP RECIPIENT SITE	Authorization required for non-participating providers.	C	1/1/2022
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE	Authorization required for non-participating providers.	C	1/1/2022
15003	WOUND PREP ADDL 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE	Authorization required for non-participating providers.	C	1/1/2022
15005	WND PREP F/N/HF/G ADDL CM	Authorization required for non-participating providers.	C	1/1/2022
15040	HARVEST SKN TISS CLTR SKN AGRFT 100 CM/<	Authorization required for non-participating providers.	C	1/1/2022
15050	PINCH GFT 1/MX TO COVER SMALL AREA UP TO 2 CM	Authorization required for non-participating providers.	C	1/1/2022
15100	SPLIT GFT TRUNK; 1ST 100 SQ CM/1% BODY CHILD	Authorization required for non-participating providers.	C	1/1/2022
15101	SPLIT GFT TRUNK; EA ADD 100/EA ADD 1% BODY CHILD	Authorization required for non-participating providers.	C	1/1/2022
15110	EPIDRM AGRFT T/A/L 1ST 100 CM/<1% BDY INFNT/CHLD	Authorization required for non-participating providers.	C	1/1/2022
15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFNT/CHLD	Authorization required for non-participating providers.	C	1/1/2022
15115	EPIDRM AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15116	EPIDRM AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15120	SPLIT GFT FACE; 1ST 100 SQ CM/LESS/1% BODY CHILD	Authorization required for non-participating providers.	C	1/1/2022
15121	SPLIT GFT FACE; EA ADD 100 SQ CM/EA ADD 1% CHILD	Authorization required for non-participating providers.	C	1/1/2022
15130	DRM AGRFT T/A/L 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15131	DRM AGRFT T/A/L EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15135	DRM AGRFT F/S/N/H/F/G/M/D GT 1ST 100	Authorization required for non-participating providers.	C	1/1/2022
15136	DRM AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15150	CULT SKIN GRFT T/ARM/LEG	Authorization required for non-participating providers.	C	1/1/2022
15151	CULT SKIN GRFT T/A/L ADDL	Authorization required for non-participating providers.	C	1/1/2022
15152	CULT SKIN GRAFT T/A/L +	Authorization required for non-participating providers.	C	1/1/2022
15155	CULT SKIN GRAFT F/N/HF/G	Authorization required for non-participating providers.	C	1/1/2022
15156	CULT SKIN GRFT F/N/HFG ADD	Authorization required for non-participating providers.	C	1/1/2022

15157	CULT EPIDERM GRFT F/N/HFG +	Authorization required for non-participating providers.	C	1/1/2022
15170	ACLR DRM RPLCMT T/A/L 1ST 100 CM/<1 % BDY	Authorization required for non-participating providers.	C	1/1/2022
15171	ACLR DRM RPLCMT T/A/L EA 100 CM/EA 1 % BDY	Authorization required for non-participating providers.	C	1/1/2022
15175	ACLR DRM RPLCMT F/S/N/H/F/G/M/D GT 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15176	ACLR DRM RPLCMT F/S/N/H/F/G/M/D GT EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15200	FULL THICK GFT-FREE-TRUNK; 20 SQ CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
15201	SKIN FULL GRAFT TRUNK ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
15220	FULL THICK GFT-FREE-SCLP; 20 SQ CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
15221	SKIN FULL GRAFT ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
15240	FULL THICK GFT CHIN/NECK/AX/HANDS/FT; 20 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
15241	SKIN FULL GRAFT ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
15260	FULL THICK GFT NOSE/EARS/LIDS/LIPS; 20 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
15261	SKIN FULL GRAFT ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Authorization required for non-participating providers.	C	1/1/2022
15272	SKIN SUB GRAFT T/A/L ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
15273	SKIN SUB GRFT T/ARM/LG CHILD	Authorization required for all providers.	Y	1/1/2022
15274	SKN SUB GRFT T/A/L CHILD ADD	Authorization required for non-participating providers.	C	1/1/2022
15275	SKIN SUB GRAFT FACE/NK/HF/G	Authorization required for all providers.	Y	1/1/2022
15276	SKIN SUB GRAFT F/N/HF/G ADDL	Authorization required for non-participating providers.	C	1/1/2022
15277	SKN SUB GRFT F/N/HF/G CHILD	Authorization required for all providers.	Y	1/1/2022
15278	SKN SUB GRFT F/N/HF/G CH ADD	Authorization required for non-participating providers.	C	1/1/2022
15300	ALGRFT SKN F/TEMP CLSR T/A/L 1ST 100 CM/<1	Authorization required for non-participating providers.	C	1/1/2022
15301	ALGRFT SKN F/TEMP CLSR T/A/L EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15320	ALGRFT SKN F/TEMP CLSR F/S/N/H/F/G/M/D 1ST 100CM	Authorization required for non-participating providers.	C	1/1/2022
15321	ALGRFT SKN F/TEMP CLSR F/S/N/H/F/G/M/D EA 100CM	Authorization required for non-participating providers.	C	1/1/2022
15330	ACLR DRM ALGRFT T/A/L 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15331	ACLR DRM ALGRFT T/A/L EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15335	ACLR DRM ALGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15336	ACLR DRM ALGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15340	TISS CLTR ALGC SKN 1ST 25 CM/<	Authorization required for non-participating providers.	C	1/1/2022
15341	APPLY CULT SKIN SUB ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
15360	TISS CLTR ALGC DRM T/A/L 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15361	TISS CLTR ALGC DRM EA 100 CM/EA	Authorization required for non-participating providers.	C	1/1/2022
15365	TISS CLTR ALGC DRM F/S/N/H/F/G/M/D 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15366	TISS CLTR ALGC DRM F/S/N/H/F/G/M/D EA 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15400	APPLIC XENOGFT SKIN; 100 SQ CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
15401	APPLIC XENOGFT SKIN; EA ADD 100 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
15420	XENOGRF SKN TEMP CLSR F/S/N/H/F/G/M/D 1ST 100CM	Authorization required for non-participating providers.	C	1/1/2022
15421	XENOGRF SKN TEMP CLSR F/S/N/H/F/G/M/D EA 100CM	Authorization required for non-participating providers.	C	1/1/2022
15430	ACLR XENOGRF IMPLT 1ST 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15431	ACLR XENOGRF IMPLT EA 100 CM	Authorization required for non-participating providers.	C	1/1/2022
15570	FORMATION DIR/TUBED PEDICLE W/WO TRANSF; TRUNK	Authorization required for all providers.	Y	1/1/2022
15572	FORMATION DIR/TUBED PEDICLE W/WO TRANSF; SCLP	Authorization required for non-participating providers.	C	1/1/2022
15574	FORM DIR PEDICLE W/WO TRANSF; CHEEKS/CHIN/AX/FT	Authorization required for non-participating providers.	C	1/1/2022
15576	FORM DIR PEDICLE W/WO TRANSF; LIDS/NOSE/EARS/LIP	Authorization required for non-participating providers.	C	1/1/2022
15600	DELAY FLAP/SECT FLAP; AT TRUNK	Authorization required for non-participating providers.	C	1/1/2022
15610	DELAY FLAP/SECT FLAP; AT SCLP/ARMS/LEGS	Authorization required for non-participating providers.	C	1/1/2022
15620	DELAY FLAP/SECT FLAP; FOREHEAD/CHIN/AX/GENIT/FT	Authorization required for non-participating providers.	C	1/1/2022
15630	DELAY FLAP/SECT; LIDS/NOSE/EARS/LIPS	Authorization required for non-participating providers.	C	1/1/2022

15650	TRANSF INTERMED ANY PEDICLE FLAP ANY LOCATION	Authorization required for non-participating providers.	C	1/1/2022
15730	MDFC FLAP W/PRSRV VASC PEDCL	Authorization required for all providers.	Y	1/1/2022
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE	Authorization required for all providers.	Y	1/1/2022
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Authorization required for all providers.	Y	1/1/2022
15734	MUSCL MYOCUT/FASCIOCUT FLAP; TRUNK	Authorization required for all providers.	Y	1/1/2022
15736	MUSCL MYOCUT/FASCIOCUT FLAP; UP EXTREM	Authorization required for all providers.	Y	1/1/2022
15738	MUSCL MYOCUT/FASCIOCUT FLAP; LOWER EXTREM	Authorization required for all providers.	Y	1/1/2022
15740	ISLAND PEDICLE FLAP GRAFT	Authorization required for all providers.	Y	1/1/2022
15750	FLAP; NEUROVASCULAR PEDICLE	Authorization required for all providers.	Y	1/1/2022
15756	FREE MUSC/MYOCUT FLP MICVSC ANASTOM	Authorization required for all providers.	Y	1/1/2022
15757	FREE SKIN FLAP W/MICROVASC ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
15758	FREE FASCIAL FLAP W/MICROVASC ANASTOM	Authorization required for all providers.	Y	1/1/2022
15760	GFT; COMPOSITE INCL PRIM CLO DONOR AREA	Authorization required for all providers.	Y	1/1/2022
15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Authorization required for non-participating providers.	C	1/1/2022
15770	GFT; DERM-FAT-FASCIA	Authorization required for all providers.	Y	1/1/2022
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Authorization required for non-participating providers.	C	1/1/2022
15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	Authorization required for non-participating providers.	C	1/1/2022
15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	Authorization required for non-participating providers.	C	1/1/2022
15774	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	Authorization required for non-participating providers.	C	1/1/2022
15777	ACELLULAR DERM MATRIX IMPLT	Authorization required for non-participating providers.	C	1/1/2022
15788	CHEM PEEL FACIAL; EPIDERMAL	Authorization required for non-participating providers.	C	1/1/2022
15789	CHEM PEEL FACIAL; DERMAL	Authorization required for non-participating providers.	C	1/1/2022
15792	CHEM PEEL; NONFACIAL; EPIDERMAL	Authorization required for non-participating providers.	C	1/1/2022
15793	CHEM PEEL; NONFACIAL; DERMAL	Authorization required for non-participating providers.	C	1/1/2022
15819	CERVICOPLASTY	Authorization required for all providers.	Y	1/1/2022
15820	BLEPHAROPLASTY LOWER EYELID	Authorization required for all providers.	Y	1/1/2022
15821	BLEPHAROPLASTY LOW; W/EXTEN HERNIAT FAT PAD	Authorization required for all providers.	Y	1/1/2022
15822	BLEPHAROPLASTY UPPER EYELID	Authorization required for all providers.	Y	1/1/2022
15823	BLEPHAROPLASTY UPPER; W/EXCESS SKIN WT DOWN LID	Authorization required for all providers.	Y	1/1/2022
15824	RHYTIDECTOMY; FOREHEAD	Authorization required for non-participating providers.	C	1/1/2022
15825	RHYTIDECTOMY; NECK W/PLATYSMAL TIGHTENING	Authorization required for non-participating providers.	C	1/1/2022
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	Authorization required for non-participating providers.	C	1/1/2022
15828	RHYTIDECTOMY; CHEEK/CHIN/NECK	Authorization required for non-participating providers.	C	1/1/2022
15829	RHYTIDECTOMY; SUPERF MUSCULOAPONEUROTIC SVST FLA	Authorization required for non-participating providers.	C	1/1/2022
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE	Authorization required for all providers.	Y	1/1/2022
15832	EXC EXCESSIVE SKIN & SUBQ TISS; THIGH	Authorization required for all providers.	Y	1/1/2022
15833	EXC EXCESSIVE SKIN & SUBQ TISS; LEG	Authorization required for all providers.	Y	1/1/2022
15834	EXC EXCESSIVE SKIN & SUBQ TISS; HIP	Authorization required for all providers.	Y	1/1/2022
15835	EXC EXCESSIVE SKIN & SUBQ TISS; BUTTOCK	Authorization required for all providers.	Y	1/1/2022
15836	EXC EXCESSIVE SKIN & SUBQ TISS; ARM	Authorization required for all providers.	Y	1/1/2022
15837	EXC EXCESSIVE SKIN & SUBQ TISS; FOREARM/HAND	Authorization required for all providers.	Y	1/1/2022
15838	EXC EXCESS SKIN SUBQ TISS; SUBMENTAL FAT PAD	Authorization required for all providers.	Y	1/1/2022
15839	EXC EXCESSIVE SKIN & SUBQ TISS; OTHER AREA	Authorization required for all providers.	Y	1/1/2022
15840	GFT FACIAL NERV PARALYSIS; FREE FASCIA GFT	Authorization required for non-participating providers.	C	1/1/2022
15841	GFT FACIAL NERV PARALYSIS; FREE MUSCL GFT	Authorization required for non-participating providers.	C	1/1/2022
15842	GFT FACE NERV PARALYSIS; MUSCL GFT-MICRO TECH	Authorization required for non-participating providers.	C	1/1/2022
15845	GFT FACIAL NERV PARALYSIS; REGIONAL MUSCL TRANSF	Authorization required for non-participating providers.	C	1/1/2022
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE	Authorization required for non-participating providers.	C	1/1/2022
15850	REMOV SUTURES UNDER ANES SAME SURG	Authorization required for non-participating providers.	C	1/1/2022

15851	REMOV SUTURES UNDER ANES OTHER SURG	Authorization required for non-participating providers.	C	1/1/2022
15852	DSG CHANGE UNDER ANES	Authorization required for non-participating providers.	C	1/1/2022
15860	IV INJ AGENT TO TEST BLD FLOW FLAP/GFT	Authorization required for non-participating providers.	C	1/1/2022
15876	SUCTION ASSISTED LIPECTOMY; HEAD & NECK	Authorization required for all providers.	Y	1/1/2022
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Authorization required for all providers.	Y	1/1/2022
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREM	Authorization required for all providers.	Y	1/1/2022
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREM	Authorization required for all providers.	Y	1/1/2022
15920	EXC COCCYGEAL ULCER W/COCCYGECTOMY; PRIM SUTURE	Authorization required for non-participating providers.	C	1/1/2022
15922	EXC COCCYGEAL ULCER W/COCCYGECTOMY; FLAP CLO	Authorization required for non-participating providers.	C	1/1/2022
15931	EXC SACRAL PRESS ULCER W/PRIM SUTURE	Authorization required for non-participating providers.	C	1/1/2022
15933	EXC SACRAL PRESS ULCER W/PRIM SUTURE; W/OSTECTMY	Authorization required for non-participating providers.	C	1/1/2022
15934	EXC SACRAL PRESS ULCER W/SKIN FLAP CLO	Authorization required for non-participating providers.	C	1/1/2022
15935	EXC SACRAL ULCER W/SKIN FLAP CLO; W/OSTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
15936	EXC SACRAL ULCER PREP-FLAP/SKIN GFT CLO;	Authorization required for non-participating providers.	C	1/1/2022
15937	EXC SACRAL ULCER PREP-FLAP/SKIN GFT; W/OSTECT	Authorization required for non-participating providers.	C	1/1/2022
15940	EXC ISCHIAL PRESS ULCER W/PRIM SUTURE	Authorization required for non-participating providers.	C	1/1/2022
15941	EXC ISCHIAL ULCER W/PRIM SUTURE; W/OSTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
15944	EXC ISCHIAL PRESS ULCER W/SKIN FLAP CLO	Authorization required for non-participating providers.	C	1/1/2022
15945	EXC ISCHIAL ULCER W/SKIN FLAP CLO; W/OSTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
15946	EXC ISCHIAL ULCER W/OSTECT PREP-FLAP/SKIN GFT	Authorization required for non-participating providers.	C	1/1/2022
15950	EXC TROCH PRESS ULCER W/PRIM SUTURE	Authorization required for non-participating providers.	C	1/1/2022
15951	EXC TROCH ULCER W/PRIM SUTURE; W/OSTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
15952	EXC TROCH PRESS ULCER W/SKIN FLAP CLO	Authorization required for non-participating providers.	C	1/1/2022
15953	EXC TROCH ULCER W/SKIN FLAP CLO; W/OSTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
15956	EXC TROCH ULCER PREP-FLAP/SKIN GFT CLO;	Authorization required for non-participating providers.	C	1/1/2022
15958	EXC TROCH ULCER PREP-FLAP/SKIN GFT; W/ OSTECT	Authorization required for non-participating providers.	C	1/1/2022
15999	UNLISTED PROC EXC PRESS ULCER	Authorization required for all providers.	Y	1/1/2022
16000	INIT TX 1ST DEGREE BURN WHEN LOCAL TX REQUIRED	Authorization required for non-participating providers.	C	1/1/2022
16020	DSG &/OR DEBRID INIT/SUBSQ; WO ANES OFC/HOSP SM	Authorization required for non-participating providers.	C	1/1/2022
16025	DSG &/OR DEBRID INIT/SUBSQ; WO ANES MEDIUM	Authorization required for non-participating providers.	C	1/1/2022
16030	DSG &/OR DEBRID INIT/SUBSQ; WO ANES LARGE	Authorization required for non-participating providers.	C	1/1/2022
16035	ESCHAROTOMY	Authorization required for non-participating providers.	C	1/1/2022
16036	ESCHAROTOMY EA ADD INCIS	Authorization required for non-participating providers.	C	1/1/2022
17000	DESTRUCTION PREMALIGNANT LESIONS, FIRST LESION	Authorization required for non-participating providers.	C	1/1/2022
17003	DESTRCT-ANY METHD-BEN LES W/ANES; 2-14 LES, EA	Authorization required for non-participating providers.	C	1/1/2022
17004	DESTRUCTION PREMALIGNANT LESIONS, 15 OR MORE LESIONS	Authorization required for non-participating providers.	C	1/1/2022
17106	DESTRCT CUT VASCULAR PROLIFERAT LES; < 10 SQ CM	Authorization required for all providers.	Y	1/1/2022
17107	DESTRCT CUT VASCULAR PROLIF LES; 10.0-50.0 SQ CM	Authorization required for all providers.	Y	1/1/2022
17108	DESTRCT CUT VASCULAR PROLIF LES; > 50.0 SQ CM	Authorization required for all providers.	Y	1/1/2022
17110	DESTRUCTION BENIGN LESIONS UP TO 14	Authorization required for non-participating providers.	C	1/1/2022
17111	DSTRJ B9 SK TGS/CUTAN VASC 15/>	Authorization required for non-participating providers.	C	1/1/2022
17250	CHEM CAUT OF GRANLTJ TISSUE	Authorization required for non-participating providers.	C	1/1/2022
17260	DESTRCT MALIG LES TRUNK/ARMS/LEGS; 0.5 CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
17261	DESTRCT MALIG LES TRUNK/ARMS/LEGS; 0.6-1.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17262	DESTRCT MALIG LES TRUNK/ARMS/LEGS; 1.1-2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17263	DESTRCT MALIG LES TRUNK/ARMS/LEGS; 2.1-3.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17264	DESTRCT MALIG LES TRUNK/ARMS/LEGS; 3.1-4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17266	DESTRCT MALIG LES TRUNK/ARMS/LEGS; OVER 4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17270	DESTRCT MALIG LES SCLP/HANDS/GENIT; 0.5 CM/LESS	Authorization required for non-participating providers.	C	1/1/2022

17271	DESTRCT MALIG LES SCLP/HANDS/GENIT; 0.6-1.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17272	DESTRCT MALIG LES SCLP/HANDS/GENIT; 1.1-2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17273	DESTRCT MALIG LES SCLP/HANDS/GENIT; 2.1-3.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17274	DESTRCT MALIG LES SCLP/HANDS/GENIT; 3.1-4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17276	DESTRCT MALIG LES SCLP/HANDS/GENIT; OVER 4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17280	DESTRCT MALIG LES FACE/EARS/LIDS; 0.5 CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
17281	DESTRCT MALIG LES FACE/EARS/LIDS; 0.6-1.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17282	DESTRCT MALIG LES FACE/EARS/LIDS; 1.1-2.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17283	DESTRCT MALIG LES FACE/EARS/LIDS; 2.1-3.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17284	DESTRCT MALIG LES FACE/EARS/LIDS; 3.1-4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17286	DESTRCT MALIG LES FACE/EARS/LIDS; OVER 4.0 CM	Authorization required for non-participating providers.	C	1/1/2022
17311	MOHS MICROGRAPHIC TECHNIQUE,	Authorization required for non-participating providers.	C	1/1/2022
17312	EACH ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS	Authorization required for non-participating providers.	C	1/1/2022
17313	MOHS MICROGRAPHIC TECHNIQUE	Authorization required for non-participating providers.	C	1/1/2022
17314	EACH ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS	Authorization required for non-participating providers.	C	1/1/2022
17315	MOHS MICROGRAPHIC TECHNIQUE	Authorization required for non-participating providers.	C	1/1/2022
17340	CRYOTHERAPY-ACNE	Authorization required for all providers.	Y	1/1/2022
17360	CHEM EXFOLIATION ACNE	Authorization required for all providers.	Y	1/1/2022
17380	ELECTROLYSIS EPILATION EA 1/2 HR	Authorization required for non-participating providers.	C	1/1/2022
17999	UNLISTED PROC SKIN/MUCOS MEMBRN/SUBQ TISS	Authorization required for all providers.	Y	1/1/2022
19000	PUNCT ASPIRAT CYST BREAST	Authorization required for non-participating providers.	C	1/1/2022
19001	PUNCT ASPIRAT CYST BREAST; EA ADD CYST	Authorization required for non-participating providers.	C	1/1/2022
19020	MASTOTOMY W/EXPLOR/DRAINAGE ABSCESS DEEP	Authorization required for non-participating providers.	C	1/1/2022
19030	INJ PROC ONLY-MAMMARY DUCTOGRAM/GALACTOGRAM	Authorization required for non-participating providers.	C	1/1/2022
19081	BX BREAST 1ST LESION STRTCTC	Authorization required for non-participating providers.	C	1/1/2022
19082	BX BREAST ADD LESION STRTCTC	Authorization required for non-participating providers.	C	1/1/2022
19083	BX BREAST 1ST LESION US IMAG	Authorization required for non-participating providers.	C	1/1/2022
19084	BX BREAST ADD LESION US IMAG	Authorization required for non-participating providers.	C	1/1/2022
19085	BX BREAST 1ST LESION MR IMAG	Authorization required for non-participating providers.	C	1/1/2022
19086	BX BREAST ADD LESION MR IMAG	Authorization required for non-participating providers.	C	1/1/2022
19100	BX BREAST; NEEDLE CORE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
19101	BX BREAST; INCS	Authorization required for non-participating providers.	C	1/1/2022
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE	Authorization required for non-participating providers.	C	1/1/2022
19110	NIPPLE EXPLOR W/WO EXC SOLITARY/PAPILLOMA DUCT	Authorization required for non-participating providers.	C	1/1/2022
19112	EXC LACTIFEROUS DUCT FISTULA	Authorization required for non-participating providers.	C	1/1/2022
19120	EXCISION CYST FIBROADENOMA OR OTH BENIGN OR MALIGN TUMOR	Authorization required for non-participating providers.	C	1/1/2022
19125	EXC BREAST LES-ID PRE-OP PLCLMT RAD MARKER; 1 LES	Authorization required for non-participating providers.	C	1/1/2022
19126	EXC BREAST LES; EA ADD LES-SEPART ID RAD MARKER	Authorization required for non-participating providers.	C	1/1/2022
19281	PERQ DEVICE BREAST 1ST IMAG	Authorization required for non-participating providers.	C	1/1/2022
19282	PERQ DEVICE BREAST EA IMAG	Authorization required for non-participating providers.	C	1/1/2022
19283	PERQ DEV BREAST 1ST STRTCTC	Authorization required for non-participating providers.	C	1/1/2022
19284	PERQ DEV BREAST ADD STRTCTC	Authorization required for non-participating providers.	C	1/1/2022
19285	PERQ DEV BREAST 1ST US IMAG	Authorization required for non-participating providers.	C	1/1/2022
19286	PERQ DEV BREAST ADD US IMAG	Authorization required for non-participating providers.	C	1/1/2022
19287	PERQ DEV BREAST 1ST MR GUIDE	Authorization required for non-participating providers.	C	1/1/2022
19288	PERQ DEV BREAST ADD MR GUIDE	Authorization required for non-participating providers.	C	1/1/2022
19296	PLACE PO BREAST CATH FOR RAD	Authorization required for non-participating providers.	C	1/1/2022
19297	PLACE BREAST CATH FOR RAD	Authorization required for non-participating providers.	C	1/1/2022
19298	PLACE BREAST RAD TUBE/CATHS	Authorization required for non-participating providers.	C	1/1/2022

19300	MASTECTOMY FOR GYNECOMASTIA	Authorization required for all providers.	Y	1/1/2022
19301	MASTECTOMY, PARTIAL	Authorization required for all providers.	Y	1/1/2022
19302	WITH AXILLARY LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
19303	MASTECTOMY, SIMPLE, COMPLETE	Authorization required for all providers.	Y	1/1/2022
19305	MASTECTOMY, RADICAL	Authorization required for non-participating providers.	C	1/1/2022
19306	MASTECTOMY, RADICAL	Authorization required for non-participating providers.	C	1/1/2022
19307	MASTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
19316	MASTOPEXY	Authorization required for all providers.	Y	1/1/2022
19318	BREAST REDUCTION	Authorization required for all providers.	Y	1/1/2022
19325	BREAST AUGMENTATION WITH IMPLANT	Authorization required for all providers.	Y	1/1/2022
19328	REMOVAL INTACT BREAST IMPLANT	Authorization required for all providers.	Y	1/1/2022
19330	RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	Authorization required for all providers.	Y	1/1/2022
19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	Authorization required for all providers.	Y	1/1/2022
19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	Authorization required for all providers.	Y	1/1/2022
19350	NIPPLE/AREOLA RECON	Authorization required for all providers.	Y	1/1/2022
19355	CORRECT INVERTED NIPPLES	Authorization required for all providers.	Y	1/1/2022
19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	Authorization required for non-participating providers.	C	1/1/2022
19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Authorization required for non-participating providers.	C	1/1/2022
19364	BREAST RECONSTRUCTION W/FREE FLAP	Authorization required for non-participating providers.	C	1/1/2022
19367	BREAST RECONSTRUCTION SINGLE PEDICLED TRAM FLAP	Authorization required for non-participating providers.	C	1/1/2022
19368	BREAST RECONSTRUCTION 1PEDICLED TRAM FLAP ANAST	Authorization required for non-participating providers.	C	1/1/2022
19369	BREAST RECONSTRUCTION BIPEDICLED TRAM FLAP	Authorization required for non-participating providers.	C	1/1/2022
19370	REVISION PERI-IMPLANT CAPSULE BREAST	Authorization required for all providers.	Y	1/1/2022
19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	Authorization required for all providers.	Y	1/1/2022
19380	REVISION OF RECONSTRUCTED BREAST	Authorization required for non-participating providers.	C	1/1/2022
19396	PREP MOULAGE CUSTOM BREAST IMPLNT	Authorization required for all providers.	Y	1/1/2022
19499	UNLISTED PROC BREAST	Authorization required for all providers.	Y	1/1/2022
20000	INCS SOFT TISS ABSCESS; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
20100	EXPLOR PENETRATING WOUND (SEPART PROC); NECK	Authorization required for non-participating providers.	C	1/1/2022
20101	EXPLOR PENETRATING WOUND (SEPART PROC); CHEST	Authorization required for non-participating providers.	C	1/1/2022
20102	EXPLOR PENETRAT WOUND (SEP PROC); ABD/FLANK/BACK	Authorization required for non-participating providers.	C	1/1/2022
20103	EXPLOR PENETRATING WOUND (SEPART PROC); EXTREM	Authorization required for non-participating providers.	C	1/1/2022
20150	EXC EPIPHYSEAL BAR W/WO AUTOG GFT THRU SAME INCS	Authorization required for non-participating providers.	C	1/1/2022
20200	BX MUSCL; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
20205	BX MUSCL; DEEP	Authorization required for non-participating providers.	C	1/1/2022
20206	BX MUSCL PERCUT NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
20220	BX BONE TROCER/NEEDLE; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
20225	BX BONE TROCER/NEEDLE; DEEP	Authorization required for non-participating providers.	C	1/1/2022
20240	BONE BIOPSY OPEN SUPERFICIAL	Authorization required for non-participating providers.	C	1/1/2022
20245	BONE BIOPSY OPEN DEEP	Authorization required for non-participating providers.	C	1/1/2022
20250	BX VERTEBRAL BODY OPEN; THORACIC	Authorization required for non-participating providers.	C	1/1/2022
20251	BX VERTEBRAL BODY OPEN; LUMBAR/CERV	Authorization required for non-participating providers.	C	1/1/2022
20500	INJ SINUS TRACT; THERAP (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
20501	INJ SINUS TRACT; DX	Authorization required for non-participating providers.	C	1/1/2022
20520	REMOV FB MUSCL/TENDON SHEATH; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
20525	REMOV FB MUSCL/TENDON SHEATH; DEEP/COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
20526	CARPAL TUNNEL THERAPEUTIC INJECTION	Authorization required for non-participating providers.	C	1/1/2022
20527	INJ DUPUYTREN CORD W/ENZYME	Authorization required for non-participating providers.	C	1/1/2022
20550	INJ,SINGLE TENDON SHEATH OR LIGAMENT	Authorization required for non-participating providers.	C	1/1/2022

20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	Authorization required for non-participating providers.	C	1/1/2022
20552	INJ SINGLE/MX TRIG POINT 1/2 MUSCL	Authorization required for all providers.	Y	1/1/2022
20553	INJ; SINGLE/MX TRIG POINT 3/> MUSCL	Authorization required for all providers.	Y	1/1/2022
20555	PLACE NDL MUSC/TIS FOR RT	Authorization required for non-participating providers.	C	1/1/2022
20600	DRAIN/INJ JOINT/BURSA W/O US	Authorization required for non-participating providers.	C	1/1/2022
20604	DRAIN/INJ JOINT/BURSA W/US	Authorization required for non-participating providers.	C	1/1/2022
20605	DRAIN/INJ JOINT/BURSA W/O US	Authorization required for non-participating providers.	C	1/1/2022
20606	DRAIN/INJ JOINT/BURSA W/US	Authorization required for non-participating providers.	C	1/1/2022
20610	DRAIN/INJ JOINT/BURSA W/O US	Authorization required for non-participating providers.	C	1/1/2022
20611	DRAIN/INJ JOINT/BURSA W/US	Authorization required for non-participating providers.	C	1/1/2022
20612	ASPIR &/INJ GANG CYSTS ANT LOCATION	Authorization required for non-participating providers.	C	1/1/2022
20615	ASPIRAT & INJ TX BONE CYST	Authorization required for non-participating providers.	C	1/1/2022
20650	INSRT WIRE W/APPLIC TRACT W/REMOV (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
20660	APPLICATION CRANIAL TONG/STRCTC FRAME W/REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
20661	APPLIC HALO INCL REMOV; CRANIAL	Authorization required for non-participating providers.	C	1/1/2022
20662	APPLIC HALO INCL REMOV; PELVIC	Authorization required for non-participating providers.	C	1/1/2022
20663	APPLIC HALO INCL REMOV; FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
20664	APPLICATION OF HALO	Authorization required for non-participating providers.	C	1/1/2022
20665	REMOVAL OF FIXATION DEVICE	Authorization required for non-participating providers.	C	1/1/2022
20670	REMOV IMPLNT; SUPERF (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
20680	REMOV IMPLNT; DEEP	Authorization required for all providers.	Y	1/1/2022
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	Authorization required for non-participating providers.	C	1/1/2022
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	Authorization required for all providers.	Y	1/1/2022
20693	ADJUSTMENT/REVIS EXT FIXA SYST REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
20694	REMOV UNDER ANES EXT FIXA SYST	Authorization required for all providers.	Y	1/1/2022
20696	COMP MULTIPLANE EXT FIXATION	Authorization required for non-participating providers.	C	1/1/2022
20697	COMP EXT FIXATE STRUT CHANGE	Authorization required for non-participating providers.	C	1/1/2022
20700	MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	Authorization required for non-participating providers.	C	1/1/2022
20701	REMOVAL DEEP DRUG DELIVERY DEVICE	Authorization required for non-participating providers.	C	1/1/2022
20702	MANUAL PREP AND INSJ INTRAMEDULLARY DRUG DLVR DEVICE	Authorization required for non-participating providers.	C	1/1/2022
20703	REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	Authorization required for non-participating providers.	C	1/1/2022
20704	MANUAL PREP AND INSJ I-ARTIC DRUG DELIVERY DEVICE	Authorization required for non-participating providers.	C	1/1/2022
20705	REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	Authorization required for non-participating providers.	C	1/1/2022
20802	REPLANTATION ARM; COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20805	REPLANTATION FOREARM; COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20808	REPLANTATION HAND; COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20816	REPLANTATION DIGIT (INCL MCP JT); COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20822	REPLANTATION DIGIT (DISTAL TIP); COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20824	REPLANTATION THUMB (CM JT-MP JT); COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20827	REPLANTATION THUMB (DISTAL TIP); COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20838	REPLANTATION FT; COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	Authorization required for non-participating providers.	C	1/1/2022
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	Authorization required for non-participating providers.	C	1/1/2022
20910	CARTILAGE GRAFT COSTOCHONDRAL	Authorization required for non-participating providers.	C	1/1/2022
20912	CARTILAGE GRAFT NASAL SEPTUM	Authorization required for non-participating providers.	C	1/1/2022
20920	FASCIA LATA GRAFT BY STRIPPER	Authorization required for non-participating providers.	C	1/1/2022
20922	FASCIA LATA GRAFT INCISION&AREA EXPOSURE	Authorization required for non-participating providers.	C	1/1/2022
20924	TENDON GRAFT FROM A DISTANCE	Authorization required for non-participating providers.	C	1/1/2022
20950	MONITOR INTERSTITIAL PRESS-DETECT MUSCL COMPARTM	Authorization required for non-participating providers.	C	1/1/2022

20955	BONE GFT W/MICROVASCULAR ANASTOM; FIBULA	Authorization required for non-participating providers.	C	1/1/2022
20956	BONE GFT W/MICROVASC ANASTOM; ILIAC CREST	Authorization required for non-participating providers.	C	1/1/2022
20957	BONE GFT W/MICROVASC ANASTOM; METATARSAL	Authorization required for non-participating providers.	C	1/1/2022
20962	BONE GFT W/MICROVASC ANAST; NOT FIB/ILIAC/METATAR	Authorization required for non-participating providers.	C	1/1/2022
20969	FREE OSTEOCUT FLAP; NOT ILIAC/METATARS/GR TOE	Authorization required for non-participating providers.	C	1/1/2022
20970	FREE OSTEOCUT FLAP W/MICROVASC ANASTOM; ILIAC	Authorization required for non-participating providers.	C	1/1/2022
20972	FREE OSTEOCUT FLAP W/MICROVASC ANASTOM; METATARS	Authorization required for non-participating providers.	C	1/1/2022
20973	FREE OSTEOCUT FLAP W/MICROVASC ANASTOM; GRT TOE	Authorization required for non-participating providers.	C	1/1/2022
20975	ELEC STIM TO AID BONE HEALING; INVASIVE	Authorization required for non-participating providers.	C	1/1/2022
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING	Authorization required for all providers.	Y	1/1/2022
20982	ABLATE BONE TUMOR(S) PERQ	Authorization required for non-participating providers.	C	1/1/2022
20983	ABLATE BONE TUMOR(S) PERQ	Authorization required for non-participating providers.	C	1/1/2022
20985	CPTR-ASST DIR MS PX	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
20999	UNLISTED PROC MS SYST GEN	Authorization required for all providers.	Y	1/1/2022
21010	ARTHROTOMY TEMPOROMANDIBULAR JT	Authorization required for non-participating providers.	C	1/1/2022
21011	EXC FACE LES SC < 2 CM	Authorization required for non-participating providers.	C	1/1/2022
21012	EXC FACE LES SC = 2 CM	Authorization required for all providers.	Y	1/1/2022
21013	EXC FACE TUM DEEP < 2 CM	Authorization required for non-participating providers.	C	1/1/2022
21014	EXC FACE TUM DEEP = 2 CM	Authorization required for all providers.	Y	1/1/2022
21015	RESECT FACE/SCALP TUM < 2 CM	Authorization required for non-participating providers.	C	1/1/2022
21016	RESECT FACE/SCALP TUM 2 CM/>	Authorization required for non-participating providers.	C	1/1/2022
21025	EXC BONE; MANDIB	Authorization required for non-participating providers.	C	1/1/2022
21026	EXC BONE; FACIAL BONE	Authorization required for non-participating providers.	C	1/1/2022
21029	REMOV BY CONTOURING BEN TUMOR FACIAL BONE	Authorization required for non-participating providers.	C	1/1/2022
21030	EXC BEN TUMR MAX/ZYGO ENUCLEAT&CURET	Authorization required for non-participating providers.	C	1/1/2022
21031	EXC TORUS MANDIBULARIS	Authorization required for non-participating providers.	C	1/1/2022
21032	EXC MAXIL TORUS PALATINUS	Authorization required for non-participating providers.	C	1/1/2022
21034	EXCISION MALIG TUMOR MAXILLA/ZYGOMA	Authorization required for non-participating providers.	C	1/1/2022
21040	EXC BEN TUMR MAND ENUCLEAT&CURET	Authorization required for non-participating providers.	C	1/1/2022
21044	EXC MALIG TUMOR MANDIB	Authorization required for non-participating providers.	C	1/1/2022
21045	EXC MALIG TUMOR MANDIB; RADICAL RESECT	Authorization required for non-participating providers.	C	1/1/2022
21046	EXC BEN TUMR MAND; INTRA-ORL OSTEOT	Authorization required for non-participating providers.	C	1/1/2022
21047	EXC BEN TUMR MAND; PART MANDIBULECT	Authorization required for non-participating providers.	C	1/1/2022
21048	EXC BEN TUMR MAX; INTRA-ORL OSTEOT	Authorization required for non-participating providers.	C	1/1/2022
21049	EXC BEN TUMR MAX; PART MAXLECT	Authorization required for non-participating providers.	C	1/1/2022
21050	CONDYLECTOMY TEMPOROMANDIBULAR JT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
21060	MENISCECTOMY PART/COMPLT TMJ (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
21070	CORONOIDECTOMY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
21073	MNPJ OF TMJ W/ANESTH	Authorization required for non-participating providers.	C	1/1/2022
21076	IMPRESSION & CUSTOM PREP; SURG OBTUR PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21077	IMPRESSION & CUSTOM PREP; ORBIT PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21079	IMPRESS & CUST PREP; INTERIM OBTURATOR PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21080	IMPRESS & CUST PREP; DEFINITIVE OBTURATOR PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21081	IMPRESS & CUST PREP; MANDIB RESECT PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21082	IMPRESS & CUST PREP; PALATAL AUGMEN PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21083	IMPRESS & CUST PREP; PALATAL LIFT PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21084	IMPRESS & CUST PREP; SPEECH AID PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21085	IMPRESS & CUST PREP; ORAL SURG SPLINT	Authorization required for all providers.	Y	1/1/2022
21086	IMPRESS & CUST PREP; AURICULAR PROSTH	Authorization required for non-participating providers.	C	1/1/2022

21087	IMPRESS & CUST PREP; NASAL PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21088	IMPRESS & CUST PREP; FACIAL PROSTH	Authorization required for non-participating providers.	C	1/1/2022
21089	UNLISTED MAXILLOFACIAL PROSTH PROC	Authorization required for all providers.	Y	1/1/2022
21100	APPLIC HALO-MAXILLOFAC INCL REMOV (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
21110	APPLIC INTERDENTAL DEVICE-NOT FX DISLOC W/REMOV	Authorization required for non-participating providers.	C	1/1/2022
21116	INJ PROC TEMPOROMANDIBULAR JT ARTHROGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
21120	GENIOPLASTY; AUGMEN	Authorization required for all providers.	Y	1/1/2022
21121	GENIOPLASTY; SLIDING OSTEOTOMY SNGL PIECE	Authorization required for all providers.	Y	1/1/2022
21122	GENIOPLASTY; SLIDING OSTEOTOMIES 2/MORE	Authorization required for all providers.	Y	1/1/2022
21123	GENIOPLASTY; SLIDING AUGMEN W/INTERPOSIT GFT	Authorization required for all providers.	Y	1/1/2022
21125	AUGMEN MANDIB BODY/ANGLE; PROSTH MAT	Authorization required for all providers.	Y	1/1/2022
21127	AUGMEN MANDIB BODY/ANGLE; W/BONE GFT ONLAY	Authorization required for all providers.	Y	1/1/2022
21137	REDUCTION FOREHEAD; CONTOURING ONLY	Authorization required for all providers.	Y	1/1/2022
21138	REDUCT FOREHEAD; CONTOUR/APPLIC PROSTH/BONE GFT	Authorization required for all providers.	Y	1/1/2022
21139	REDUCT FOREHEAD; SETBACK ANT FRONTAL SINUS WALL	Authorization required for all providers.	Y	1/1/2022
21141	RECON MIDFACE LEFORT I; 1 PIECE WO BONE GFT	Authorization required for all providers.	Y	1/1/2022
21142	RECON MIDFACE LEFORT I; 2 PIECE WO BONE GFT	Authorization required for all providers.	Y	1/1/2022
21143	RECON MIDFACE LEFORT I; 3/MORE PIECE WO BONE GFT	Authorization required for all providers.	Y	1/1/2022
21145	RECON MIDFACE LEFORT I; 1 PIECE REQ BONE GFT	Authorization required for all providers.	Y	1/1/2022
21146	RECON MIDFACE LEFORT I; 2 PIECES REQ BONE GFT	Authorization required for non-participating providers.	C	1/1/2022
21147	RECON MIDFACE LEFORT I; 3/MORE PIECES REQ GFT	Authorization required for all providers.	Y	1/1/2022
21150	RECON MIDFACE LEFORT II; ANT INTRUSION	Authorization required for all providers.	Y	1/1/2022
21151	RECON MIDFACE LEFORT II; ANY DIRECT REQ BONE GFT	Authorization required for all providers.	Y	1/1/2022
21154	RECON MIDFACE LEFORT III REQ GFT; WO LEFORT I	Authorization required for all providers.	Y	1/1/2022
21155	RECON MIDFACE LEFORT III REQ GFT; W/LEFORT I	Authorization required for all providers.	Y	1/1/2022
21159	RECON MIDFACE FOREHEAD ADVANC W/GFT; WO LEFORT I	Authorization required for all providers.	Y	1/1/2022
21160	RECON MIDFACE FOREHEAD ADVANC W/GFT; W/LEFORT I	Authorization required for all providers.	Y	1/1/2022
21172	RECON SUP-LAT ORBITAL RIM/LO FOREHEAD W/WO GFTS	Authorization required for all providers.	Y	1/1/2022
21175	RECON BIFRONTAL ORBIT RIMS/LO FOREHEAD W/WO GFTS	Authorization required for all providers.	Y	1/1/2022
21179	RECON MAJORITY FOREHEAD/SUPRAORBITAL RIMS; W/GFT	Authorization required for non-participating providers.	C	1/1/2022
21180	RECON MAJ FOREHEAD/SUPRAORBIT RIMS; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
21181	RECON CONTOUR BEN TUMOR CRANIAL BONE EXTRACRANI	Authorization required for all providers.	Y	1/1/2022
21182	RECON ORBIT-EXC BONE TUM; BONE GFT < 40 CM2	Authorization required for all providers.	Y	1/1/2022
21183	RECON ORBIT-EXC TUM; BONE GFT > 40 BUT < 80 CM2	Authorization required for non-participating providers.	C	1/1/2022
21184	RECON ORBIT-EXC BONE TUM; BONE GFT > 80 CM2	Authorization required for non-participating providers.	C	1/1/2022
21188	RECON MIDFACE OSTEOTOMIES & BONE GFT	Authorization required for all providers.	Y	1/1/2022
21193	RECON MANDIB RAMI OSTEOTOMY; WO BONE GFT	Authorization required for all providers.	Y	1/1/2022
21194	RECON MANDIB RAMI OSTEOTOMY; W/BONE GFT	Authorization required for all providers.	Y	1/1/2022
21195	RECON MANDIB RAMI/BODY SAGIT SPLIT; WO INT FIXA	Authorization required for all providers.	Y	1/1/2022
21196	RECON MANDIB RAMI/BODY SAGIT SPLIT; W/INT FIXA	Authorization required for all providers.	Y	1/1/2022
21198	OSTEOTOMY MANDIB SEGMT	Authorization required for all providers.	Y	1/1/2022
21199	OSTEOT MAND SEGMT W/GENIO ADVANCE	Authorization required for all providers.	Y	1/1/2022
21206	OSTEOTOMY MAXIL SEGMT	Authorization required for all providers.	Y	1/1/2022
21208	OSTEOPLASTY FACIAL BONES; AUGMEN	Authorization required for all providers.	Y	1/1/2022
21209	OSTEOPLASTY FACIAL BONES; REDUCTION	Authorization required for all providers.	Y	1/1/2022
21210	GFT BONE; NASAL/MAXIL/MALAR AREAS	Authorization required for all providers.	Y	1/1/2022
21215	GFT BONE; MANDIB	Authorization required for all providers.	Y	1/1/2022
21230	GFT; RIB CARTILAGE AUTOGEN-FACE/CHIN/NOSE/EAR	Authorization required for all providers.	Y	1/1/2022
21235	GFT; EAR CARTILAGE AUTOGEN NOSE/EAR	Authorization required for all providers.	Y	1/1/2022

21240	ARTHROPLASTY TEMPOROMANDIBULAR JT W/WO AUTOGFT	Authorization required for all providers.	Y	1/1/2022
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGFT	Authorization required for all providers.	Y	1/1/2022
21243	ARTHROPLASTY TMJ W/PROSTH JT REPLAC	Authorization required for all providers.	Y	1/1/2022
21244	RECON MANDIB EXTRAORAL W/TRANSOSTEAL BONE PLATE	Authorization required for all providers.	Y	1/1/2022
21245	RECON MANDIB/MAXIL SUBPERIOSTEAL IMPLNT; PART	Authorization required for all providers.	Y	1/1/2022
21246	RECON MANDIB/MAXIL SUBPERIOSTEAL IMPLNT; COMPL	Authorization required for all providers.	Y	1/1/2022
21247	RECON MANDIB CONDYLE W/BONE & CARTILAGE AUTOGFT	Authorization required for all providers.	Y	1/1/2022
21248	RECON MANDIB/MAXIL ENDOSTEAL IMPLNT; PART	Authorization required for all providers.	Y	1/1/2022
21249	RECON MANDIB/MAXIL ENDOSTEAL IMPLNT; COMPLT	Authorization required for all providers.	Y	1/1/2022
21255	RECON ZYGOMATIC ARCH/GLENOID FOSSA W/BONE-CARTIL	Authorization required for all providers.	Y	1/1/2022
21256	RECON ORBIT W/OSTEOTOMIES & W/BONE GFT	Authorization required for all providers.	Y	1/1/2022
21260	PERIORBIT OSTEOTOM-HYPERTELORISM W/GFT; EXTRACRA	Authorization required for all providers.	Y	1/1/2022
21261	PERIORBIT OSTEOTOMIES W/BONE GFT; INTRA-EXTRACRA	Authorization required for all providers.	Y	1/1/2022
21263	PERIORBIT OSTEOTOMIES W/BONE GFT; W/FORHD ADVANC	Authorization required for all providers.	Y	1/1/2022
21267	ORBIT REPOSIT OSTEOT-UNILAT W/GFTS; EXTRACRANIAL	Authorization required for all providers.	Y	1/1/2022
21268	ORBIT REPOSIT-UNILAT W/GFTS; INTRA-EXTRACRANIAL	Authorization required for all providers.	Y	1/1/2022
21270	MALAR AUGMEN PROSTH MAT	Authorization required for all providers.	Y	1/1/2022
21275	SECNDRY REVIS ORBITOCRANIOFACIAL RECON	Authorization required for all providers.	Y	1/1/2022
21280	MEDIAL CANTHOPEXY (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
21282	LAT CANTHOPEXY	Authorization required for all providers.	Y	1/1/2022
21295	REDUCT MASSETER MUSCL/BONE; EXTRAORAL	Authorization required for all providers.	Y	1/1/2022
21296	REDUCT MASSETER MUSCL/BONE; INTRAORAL	Authorization required for all providers.	Y	1/1/2022
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROC	Authorization required for all providers.	Y	1/1/2022
21310	CLO TX NASAL BONE FX WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
21315	CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	Authorization required for non-participating providers.	C	1/1/2022
21320	CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	Authorization required for non-participating providers.	C	1/1/2022
21325	OPEN TX NASAL FX; UNCOMP	Authorization required for non-participating providers.	C	1/1/2022
21330	OPEN TX NASAL FX; COMPLIC-W/INT-EXT SKELETAL FIX	Authorization required for non-participating providers.	C	1/1/2022
21335	OPEN TX NASAL FX; W/CONCOMTANT OPEN TX FX SEPTUM	Authorization required for non-participating providers.	C	1/1/2022
21336	OPEN TX NASAL SEPTAL FX W/WO STABILIZATION	Authorization required for non-participating providers.	C	1/1/2022
21337	CLO TX NASAL SEPTAL FX W/WO STABILIZATION	Authorization required for non-participating providers.	C	1/1/2022
21338	OPEN TX NASOETHMOID FX; WO EXT FIXA	Authorization required for non-participating providers.	C	1/1/2022
21339	OPEN TX NASOETHMOID FX; W/EXT FIXA	Authorization required for non-participating providers.	C	1/1/2022
21340	PERCUT TX NASOETHMOID FX W/FIXA W/REPR NASOLACRL	Authorization required for non-participating providers.	C	1/1/2022
21343	OPEN TX DEPRESSED FRONTAL SINUS FX	Authorization required for non-participating providers.	C	1/1/2022
21344	OPEN TX COMPLIC FRONTAL SINUS FX VIA CORONAL	Authorization required for non-participating providers.	C	1/1/2022
21345	CLO TX NASOMAXIL FX W/INTERDENTAL FIXA/SPLINT	Authorization required for non-participating providers.	C	1/1/2022
21346	OPEN TX NASOMAXIL FX; W/WIRING &/OR LOCAL FIXA	Authorization required for non-participating providers.	C	1/1/2022
21347	OPEN TX NASOMAXIL FX; REQ MX OPEN APPROACHES	Authorization required for non-participating providers.	C	1/1/2022
21348	OPEN TX NASOMAXILLARY COMPLX FX; W/BONE GFT	Authorization required for non-participating providers.	C	1/1/2022
21355	PERCUT TX FX MALAR AREA INCL ZYGOMATIC W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FX	Authorization required for non-participating providers.	C	1/1/2022
21360	OPEN TX DEPRESS MALAR FX INCL ZYGOMATIC ARCH	Authorization required for non-participating providers.	C	1/1/2022
21365	OPEN TX FX MALAR AREA; W/INT FIX & MX APPROACH	Authorization required for non-participating providers.	C	1/1/2022
21366	OPEN TX COMPLIC FX MALAR AREA INCL ZYGOMAT ARCH	Authorization required for non-participating providers.	C	1/1/2022
21385	OPEN TX ORBIT 'BLOWOUT' FX; TRANSANTRAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
21386	OPEN TX ORBITAL 'BLOWOUT' FX; PERIORBIT APPROACH	Authorization required for non-participating providers.	C	1/1/2022
21387	OPEN TX ORBIT FLOOR 'BLOWOUT' FX; COMBO APPROACH	Authorization required for non-participating providers.	C	1/1/2022
21390	OPEN TX ORBITAL 'BLOWOUT' FX; PERIORBIT W/IMPLNT	Authorization required for non-participating providers.	C	1/1/2022

21395	OPEN TX ORBITAL 'BLOWOUT' FX; PERIORB W/BONE GFT	Authorization required for non-participating providers.	C	1/1/2022
21400	CLO TX FX ORBITAL EX 'BLOWOUT'; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
21401	CLO TX FX ORBITAL EX 'BLOWOUT'; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
21406	OPEN TX FX ORBITAL EX 'BLOWOUT'; WO IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
21407	OPEN TX FX ORBITAL EX 'BLOWOUT' W/IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
21408	OPEN TX FX ORBITAL EX 'BLOWOUT'; W/BONE GFT	Authorization required for non-participating providers.	C	1/1/2022
21421	CLO TX PALATAL/MAXIL FX W/INTERDENTAL WIRE FIXA	Authorization required for non-participating providers.	C	1/1/2022
21422	OPEN TX PALATAL/MAXIL FX	Authorization required for non-participating providers.	C	1/1/2022
21423	OPEN TX PALATAL/MAXIL FX; COMPLIC-MX APPROACHES	Authorization required for non-participating providers.	C	1/1/2022
21431	CLO TX CRANIOFAC SEPART USING INTERDENT WIRE FIX	Authorization required for non-participating providers.	C	1/1/2022
21432	OPEN TX CRANIOFAC SEPART; W/WIRE &/OR INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
21433	OPEN TX CRANIOFAC SEPART; COMPLIC-MX SURG APPRCH	Authorization required for non-participating providers.	C	1/1/2022
21435	OPEN TX CRANIOFAC SEPART; COMPLIC W/INT-EXT FIXA	Authorization required for non-participating providers.	C	1/1/2022
21436	OPEN TX CRANIOFAC SEPART; COMPLIC W/FIXA W/GFT	Authorization required for non-participating providers.	C	1/1/2022
21440	CLO TX MANDIB/MAXIL ALVEOLAR RIDGE FX (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
21445	OPEN TX MANDIB/MAXIL ALVEOLAR RIDGE FX (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
21450	CLO TX MANDIB FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
21451	CLO TX MANDIB FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
21452	PERCUT TX MANDIB FX W/EXT FIXA	Authorization required for non-participating providers.	C	1/1/2022
21453	CLO TX MANDIB FX W/INTERDENTAL FIXA	Authorization required for non-participating providers.	C	1/1/2022
21454	OPEN TX MANDIB FX W/EXT FIXA	Authorization required for non-participating providers.	C	1/1/2022
21461	OPEN TX MANDIB FX; WO INTERDENTAL FIXA	Authorization required for non-participating providers.	C	1/1/2022
21462	OPEN TX MANDIB FX; W/INTERDENTAL FIXA	Authorization required for non-participating providers.	C	1/1/2022
21465	OPEN TX MANDIB CONDYLAR FX	Authorization required for non-participating providers.	C	1/1/2022
21470	OPEN TX MANDIB FX-MX APPROACH W/INT FIXA/SPLINTS	Authorization required for non-participating providers.	C	1/1/2022
21480	CLO TX TEMPOROMANDIBULAR DISLOC; INIT/SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
21485	CLO TX TM DISLOC; COMPLIC INIT/SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
21490	OPEN TX TEMPOROMANDIBULAR DISLOC	Authorization required for non-participating providers.	C	1/1/2022
21497	INTERDENTAL WIRING-CONDITION OTHER THAN FX	Authorization required for non-participating providers.	C	1/1/2022
21499	UNLISTED MS PROC HEAD	Authorization required for all providers.	Y	1/1/2022
21501	I&D DEEP ABSCESS/HEMATOMA SOFT TISS NECK/THORAX	Authorization required for non-participating providers.	C	1/1/2022
21502	I&D DEEP ABSCESS SOFT TISS NECK; W/PART RIB OSTE	Authorization required for non-participating providers.	C	1/1/2022
21510	INCS DEEP W/OPENING BONE CORTEX THORAX	Authorization required for non-participating providers.	C	1/1/2022
21550	BX SOFT TISS NECK/THORAX	Authorization required for non-participating providers.	C	1/1/2022
21552	EXC NECK LES SC = 3 CM	Authorization required for non-participating providers.	C	1/1/2022
21554	EXC NECK TUM DEEP = 5 CM	Authorization required for non-participating providers.	C	1/1/2022
21555	EXC TUMOR SOFT TISS NECK/THORAX; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
21556	EXC TUMOR SOFT TISS NECK; DEEP/SUBFACIAL/IM	Authorization required for non-participating providers.	C	1/1/2022
21557	RESECT NECK THORAX TUMOR<5CM	Authorization required for non-participating providers.	C	1/1/2022
21558	RESECT NECK TUMOR 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022
21600	EXC RIB PART	Authorization required for non-participating providers.	C	1/1/2022
21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Authorization required for non-participating providers.	C	1/1/2022
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	Authorization required for non-participating providers.	C	1/1/2022
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	Authorization required for non-participating providers.	C	1/1/2022
21610	COSTOTRANSVERSECTOMY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
21615	EXC 1ST &/OR CERV RIB;	Authorization required for non-participating providers.	C	1/1/2022
21616	EXC 1ST &/OR CERV RIB; W/SYMPATHECTOMY	Authorization required for non-participating providers.	C	1/1/2022
21620	OSTECTOMY STERNUM PART	Authorization required for non-participating providers.	C	1/1/2022
21627	STERNAL DEBRID	Authorization required for non-participating providers.	C	1/1/2022

21630	RADICAL RESECT STERNUM;	Authorization required for non-participating providers.	C	1/1/2022
21632	RAD RESECT STERNUM; W/MEDIASTINAL LYMPHADENECTMY	Authorization required for non-participating providers.	C	1/1/2022
21685	HYOID MYOTOMY AND SUSPENSION	Authorization required for non-participating providers.	C	1/1/2022
21700	DIVISION SCALENUS ANTICUS; WO RESECT CERV RIB	Authorization required for non-participating providers.	C	1/1/2022
21705	DIVISION SCALENUS ANTICUS; W/RESECT CERV RIB	Authorization required for non-participating providers.	C	1/1/2022
21720	DIVIS STERNOCLEIDOMASTOID-TORTICOLLIS; WO CAST	Authorization required for non-participating providers.	C	1/1/2022
21725	DIVIS STERNOCLEIDOMASTOID-TORTICOLLIS; W/CAST	Authorization required for non-participating providers.	C	1/1/2022
21740	RECON REP PECTUS EXCAV/CARNATUM;OPN	Authorization required for non-participating providers.	C	1/1/2022
21742	RECON REP PECTUS; W/O THORACSCPY	Authorization required for non-participating providers.	C	1/1/2022
21743	RECON REP PECTUS; W/THORACSCPY	Authorization required for non-participating providers.	C	1/1/2022
21750	CLO STERNOTOMY SEPART W/WO DEBRID (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
21811	OPTX OF RIB FX W/FIXJ SCOPE	Authorization required for non-participating providers.	C	1/1/2022
21812	TREATMENT OF RIB FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
21813	TREATMENT OF RIB FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
21820	CLO TX STERNUM FX	Authorization required for non-participating providers.	C	1/1/2022
21825	OPEN TX STERNUM FX W/WO SKELETAL FIXA	Authorization required for non-participating providers.	C	1/1/2022
21899	UNLISTED PROC NECK/THORAX	Authorization required for all providers.	Y	1/1/2022
21920	BX SOFT TISS BACK/FLANK; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
21925	BX SOFT TISS BACK/FLANK; DEEP	Authorization required for non-participating providers.	C	1/1/2022
21930	EXC TUMOR SOFT TISS BACK/FLANK	Authorization required for non-participating providers.	C	1/1/2022
21931	EXC BACK LES SC = 3 CM	Authorization required for non-participating providers.	C	1/1/2022
21932	EXC BACK TUM DEEP < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
21933	EXC BACK TUM DEEP = 5 CM	Authorization required for non-participating providers.	C	1/1/2022
21935	RESECT BACK TUM < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
21936	RESECT BACK TUM 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022
22010	I&D OPN DP ABCS PST SPI CRV THRC/CERVICOTHR	Authorization required for non-participating providers.	C	1/1/2022
22015	I&D OPN DP ABCS PST SPI LMBR SAC/LUMBOSAC	Authorization required for non-participating providers.	C	1/1/2022
22100	PART EXC POST VERTEB COMPN-1 SEGMT; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22101	PART EXC POST VERTEB COMPN-1 SEGMT; THOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22102	PART EXC POST VERTEB COMPN-1 SEGMT; LUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22103	PART EXC POST VERTEB COMPN; EA ADD SEGMT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22110	PART EXC VERTEB BODY WO DECOMP-1 SEGMT; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22112	PART EXC VERTEB BODY WO DECOMP-1 SEGMT; THOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22114	PART EXC VERTEB BODY WO DECOMP-1 SEGMT; LUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22116	PART EXC VERTEB BODY; EA ADD VERTEB SEGMT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22206	CUT SPINE 3 COL THOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22207	CUT SPINE 3 COL LUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22208	CUT SPINE 3 COL ADDL SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22210	OSTEOT SPINE-POST/POSTLAT APPROACH-1 SEGMT; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22212	OSTEOT SPINE-POST/POSTLAT APPROACH-1 SEGMT; THOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22214	OSTEOT SPINE-POST/POSTLAT APPROACH-1 SEGMT; LUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22216	OSTEOT SPINE-POST/POSTLAT APPROACH; EA ADD SEGMT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22220	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM CRV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22222	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM THRC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22226	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22310	CLO TX VERTEB BODY FX WO MANIP-W/CAST/BRACE	Authorization required for non-participating providers.	C	1/1/2022
22315	TREAT SPINE FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
22318	OPEN TRMT AND/OR REDUCTION OF ADONTOID FRACTURES	Authorization required for non-participating providers.	C	1/1/2022

22319	OPEN TRMT AND/OR REDUCTION OF ODONTOID FRACTURES W/GRAFTING	Authorization required for non-participating providers.	C	1/1/2022
22325	OPEN TX VERT FX/DISLOC-VIA POST-1 SEGMT; LUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22326	OPEN TX VERT FX/DISLOC-VIA POST-1 SEGMT; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22327	OPEN TX VERT FX/DISLOC-VIA POST-1 SEGMT; THOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22328	OPEN TX VERT FX/DISLOC VIA POST; EA ADD VERT/SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22505	MANIP SPINE REQUIRING ANES ANY REGION	Authorization required for non-participating providers.	C	1/1/2022
22510	PERQ CERVICOTHORACIC INJECT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22511	PERQ LUMBOSACRAL INJECTION	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22512	VERTEBROPLASTY ADDL INJECT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22513	PERQ VERTEBRAL AUGMENTATION	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22514	PERQ VERTEBRAL AUGMENTATION	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22515	PERQ VERTEBRAL AUGMENTATION	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22527	ONE OR MORE ADDITIONAL LEVELS	Authorization required for all providers.	Y	1/1/2022
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22548	ARTHROD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22551	ARTHROD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22552	ARTHROD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22554	ARTHROD ANT INTERBODY MIN DSC CRV BELOW C2	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22556	ARTHROD ANT INTERBODY MIN DSC THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22558	ARTHROD ANT INTERBODY MIN DSC LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22585	ARTHROD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22586	ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22600	ARTHROD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22632	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC EA ADDL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22818	KYPHECTOMY, RESECT VERT SEGMT; 1-2 SEGMT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22819	KYPHECTOMY, RESECT VERT SEGMT; 3/MORE SEGMT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22830	EXPLOR SPINAL FUSION	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22848	PELVIC FIXATION OTHER THAN SACRUM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22849	REINSERTION SPINAL FIXA DEVICE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22850	REMOV POST NONSEGMENTAL INSTRUM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22852	REMOV POST SEGMT INSTRUM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22855	REMOV ANT INSTRUM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22856	TOTAL DISC ARTHRP ANT DSC 1 INTERSPACE CERVICAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22857	TOT DISC ARTHRP ANT DSC SINGLE INTERSPACE LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22858	TOTAL DISC ARTHRP ANT DSC 2ND LEVEL CERVICAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22861	REVISE CERV ARTIFIC DISC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22862	REVISE LUMBAR ARTIF DISC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22864	REMOVE CERV ARTIF DISC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22865	REMOVE LUMB ARTIF DISC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22867	INSJ STABLI DEV W/DCMPRN LUMBAR SINGLE LEVEL	Authorization required for all providers.	Y	1/1/2022
22868	INSJ STABLI DEV W/DCMPRN LUMBAR SECOND LEVEL	Authorization required for non-participating providers.	C	1/1/2022
22869	INSJ STABLI DEV W/O DCMPRN LUMBAR SINGLE LEVEL	Authorization required for all providers.	Y	1/1/2022
22870	INSJ STABLI DEV W/O DCMPRN LUMBAR SECOND LEVEL	Authorization required for non-participating providers.	C	1/1/2022
22899	UNLISTED PROC SPINE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
22900	EXC ABDL TUM DEEP < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
22901	EXC ABDL TUM DEEP > 5 CM	Authorization required for non-participating providers.	C	1/1/2022
22902	EXC ABD LES SC < 3 CM	Authorization required for non-participating providers.	C	1/1/2022
22903	EXC ABD LES SC > 3 CM	Authorization required for non-participating providers.	C	1/1/2022
22904	RADICAL RESECT ABD TUMOR<5CM	Authorization required for non-participating providers.	C	1/1/2022
22905	RAD RESECT ABD TUMOR 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022
22999	UNLISTED PROC ABD MS SYST	Authorization required for all providers.	Y	1/1/2022
23000	REMOV SUBDELTOID CALCAREOUS DEPOSITS ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
23020	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROC)	Authorization required for non-participating providers.	C	1/1/2022
23030	I&D SHOULDER AREA; DEEP ABSCESS/HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
23031	I&D SHOULDER AREA; INFEC BURSA	Authorization required for non-participating providers.	C	1/1/2022
23035	INCS BONE CORTEX SHLDR AREA	Authorization required for non-participating providers.	C	1/1/2022
23040	ARTHROT GLENOHUMERAL JT W/EXPLOR-REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
23044	ARTHROT AC/STERNOCLAV JT W/EXPLOR-REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
23065	BX SOFT TISS SHOULDER AREA; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
23066	BX SOFT TISS SHOULDER AREA; DEEP	Authorization required for non-participating providers.	C	1/1/2022
23071	EXC SHOULDER LES SC > 3 CM	Authorization required for non-participating providers.	C	1/1/2022
23073	EXC SHOULDER TUM DEEP > 5 CM	Authorization required for non-participating providers.	C	1/1/2022
23075	EXC SOFT TISS TUMOR SHLDR AREA; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
23076	EXC SOFT TISS TUMOR SHLDR AREA; DEEP	Authorization required for non-participating providers.	C	1/1/2022
23077	RESECT SHOULDER TUMOR < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
23078	RESECT SHOULDER TUMOR 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022
23100	ARTHROT GLENOHUMERAL JT INCL BX	Authorization required for non-participating providers.	C	1/1/2022
23101	ARTHROT AC/SC JT W/BX &/EXC TORN CARTILAGE	Authorization required for non-participating providers.	C	1/1/2022
23105	ARTHROT; GLENOHUMERAL JT W/SYNOVECT W/WO BX	Authorization required for non-participating providers.	C	1/1/2022
23106	ARTHROT; SC JT W/SYNOVECT W/WO BX	Authorization required for non-participating providers.	C	1/1/2022
23107	ARTHROTOMY-GLENOHUMERAL JT W/EXPLOR W/WO REMOV	Authorization required for non-participating providers.	C	1/1/2022

23120	CLAVICULECTOMY; PART	Authorization required for non-participating providers.	C	1/1/2022
23125	CLAVICULECTOMY; TOT	Authorization required for non-participating providers.	C	1/1/2022
23130	ACROMIOPLAS/ACROMIONECT PART W/WO LIGAMNT RELEAS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23140	EXC/CURET BONE CYST/BEN TUMOR CLAV/SCAPULA	Authorization required for non-participating providers.	C	1/1/2022
23145	EXC/CURET BONE CYST/TUMOR CLAV/SCAP; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
23146	EXC/CURET BONE CYST/TUMOR CLAV/SCAP; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
23150	EXC/CURET BONE CYST/BEN TUMOR PROX HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
23155	EXC/CURET BONE CYST/TUMOR PROX HUMERUS; W/AUTOGF	Authorization required for non-participating providers.	C	1/1/2022
23156	EXC/CURET BONE CYST/TUMOR PROX HUMERUS; W/ALLOGF	Authorization required for non-participating providers.	C	1/1/2022
23170	SEQUESTRECTOMY CLAV	Authorization required for non-participating providers.	C	1/1/2022
23172	SEQUESTRECTOMY SCAPULA	Authorization required for non-participating providers.	C	1/1/2022
23174	SEQUESTRECTOMY HUMERAL HEAD TO SURG NECK	Authorization required for non-participating providers.	C	1/1/2022
23180	PART EXC BONE CLAV	Authorization required for non-participating providers.	C	1/1/2022
23182	PART EXC BONE SCAPULA	Authorization required for non-participating providers.	C	1/1/2022
23184	PART EXC BONE PROX HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
23190	OSTECTOMY SCAPULA PART	Authorization required for non-participating providers.	C	1/1/2022
23195	RESECT HUMERAL HEAD	Authorization required for non-participating providers.	C	1/1/2022
23200	RADICAL RESECT TUMOR; CLAV	Authorization required for non-participating providers.	C	1/1/2022
23210	RADICAL RESECT TUMOR; SCAPULA	Authorization required for non-participating providers.	C	1/1/2022
23220	RAD RESECT BONE TUMOR PROX HUMERUS;	Authorization required for non-participating providers.	C	1/1/2022
23330	REMOV FB SHOULDER; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
23333	REMOVE SHOULDER FB DEEP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23334	SHOULDER PROSTHESIS REMOVAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23335	SHOULDER PROSTHESIS REMOVAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23350	INJ PROC SHOULDER ARTHROGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
23395	MUSCL TRANSF ANY TYPE-SHOULDER/UPPER ARM; SNGL	Authorization required for non-participating providers.	C	1/1/2022
23397	MUSCL TRANSF ANY TYPE-SHOULDER/UPPER ARM; MX	Authorization required for non-participating providers.	C	1/1/2022
23400	SCAPULOPEXY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23405	TENOT SHLDR AREA; SNGL TENDON	Authorization required for non-participating providers.	C	1/1/2022
23406	TENOT SHLDR AREA; MX TENDONS-SAME INCS	Authorization required for non-participating providers.	C	1/1/2022
23410	REP RUP MUSCLOTENDINUS CUFF OPN;AC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23412	REP RUP MUSCLOTENDINUS CUFF OPN;CHRN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23415	CORACACROMIAL LIG RELEASE W/WO ACROMIOPLASTY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23420	RECONS COMPLT SHLDR CUFF AVULS CHRONIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23430	TENODESIS LONG TENDON BICEPS	Authorization required for non-participating providers.	C	1/1/2022
23440	RESECT/TRANSPL LONG TENDON BICEPS	Authorization required for non-participating providers.	C	1/1/2022
23450	CAPSULORRHAPHY ANT; PUTTI-PLATT/MAGNUSON TYPE	Authorization required for non-participating providers.	C	1/1/2022
23455	CAPSULORRHAPHY ANT; W/LABRAL REPR	Authorization required for non-participating providers.	C	1/1/2022
23460	CAPSULORRHAPHY ANT ANY TYPE; W/BONE BLOCK	Authorization required for non-participating providers.	C	1/1/2022
23462	CAPSULORRHAPHY ANT ANY TYPE; W/CORACOID TRANSF	Authorization required for non-participating providers.	C	1/1/2022
23465	CAPSULORRHAPHY GH JT POST W/WO BONE BLOCK	Authorization required for non-participating providers.	C	1/1/2022
23466	CAPSULORRHAPHY GH JT ANY MX-DIREC INSTABILITY	Authorization required for non-participating providers.	C	1/1/2022
23470	ARTHROPLASTY GLENOHUMERAL JT; HEMIARTHROPLASTY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23472	ARTHROPLASTY GH JT; TOT SHLDR HUMERAL REPLACE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23473	REVIS RECONST SHOULDER JOINT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23474	REVIS RECONST SHOULDER JOINT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23480	OSTEOTOMY CLAV W/WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
23485	OSTEOTOMY CLAV W/WO INT FIXA; W/GFT-NON/MALUNION	Authorization required for non-participating providers.	C	1/1/2022
23490	PROPHYLACTIC TX W/WO METHYLMETHACRYLATE; CLAV	Authorization required for non-participating providers.	C	1/1/2022

23491	PROPHYLACTIC TX; PROX HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
23500	CLO TX CLAV FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
23505	CLO TX CLAV FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
23515	OPEN TREATMENT CLAVICULAR FRACTURE INTERNAL FIXJ	Authorization required for non-participating providers.	C	1/1/2022
23520	CLO TX STERNOCLAVICULAR DISLOC; W/O MANIP	Authorization required for non-participating providers.	C	1/1/2022
23525	CLO TX STERNOCLAVICULAR DISLOC; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
23530	OPEN TX STERNOCLAVICULAR DISLOC ACUTE/CHRONIC	Authorization required for non-participating providers.	C	1/1/2022
23532	OPEN TX STERNCLAV DISLOC ACUTE/CHRON; W/FASC GFT	Authorization required for non-participating providers.	C	1/1/2022
23540	CLO TX ACROMIOCLAVICULAR DISLOC; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
23545	CLO TX ACROMIOCLAVICULAR DISLOC; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
23550	OPEN TX ACROMIOCLAV DISLOC ACUTE/CHRONIC	Authorization required for non-participating providers.	C	1/1/2022
23552	OPEN TX AC DISLOC ACUTE/CHRONIC; W/FASCIAL GFT	Authorization required for non-participating providers.	C	1/1/2022
23570	CLO TX SCAPULAR FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
23575	CLO TX SCAPULAR FX; W/MANIP W/WO SKELET TRACTION	Authorization required for non-participating providers.	C	1/1/2022
23585	TREAT SCAPULA FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
23600	CLO TX PROX HUMERAL FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
23605	CLO TX PROX HUMERAL FX; W/MANIP W/WO SKELE TRACT	Authorization required for non-participating providers.	C	1/1/2022
23615	OPEN TREATMENT PROX HUMERAL FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
23616	OPEN PROX HUMERAL FRACTURE PROSHETIC REPLACEMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23620	CLO TX GR HUMERAL TUBEROSITY FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
23625	CLO TX GR HUMERAL TUBEROSITY FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
23650	CLO TX SHOULDER DISLOC W/MANIP; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
23655	CLO TX SHOULDER DISLOC W/MANIP; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
23660	OPEN TX ACUTE SHOULDER DISLOC	Authorization required for non-participating providers.	C	1/1/2022
23665	CLO TX SHLDR DISLOC-FX GR HUMERAL TUBER MANIP	Authorization required for non-participating providers.	C	1/1/2022
23670	OPEN TX SHOULDER DISLOCATE HUMERAL FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
23675	CLO TX SHOULDER DISLOC W/SURG NECK FX W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
23680	OPEN TX SHOULDER DISLOCATION W/ NECK FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
23700	MANIP W/ANES SHLDR JT INCL APPLIC FIXA APPARATUS	Authorization required for all providers.	Y	1/1/2022
23800	ARTHRODESIS GLENOHUMERAL JOINT;	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23802	ARTHRODESIS GLENOHUMERAL JOINT; W/AUTOG GFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
23900	INTERTHORACOSCAPULAR AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
23920	DISART SHOULDER	Authorization required for non-participating providers.	C	1/1/2022
23921	DISART SHOULDER; SECNDRY CLO/SCAR REVIS	Authorization required for non-participating providers.	C	1/1/2022
23929	UNLISTED PROC SHOULDER	Authorization required for all providers.	Y	1/1/2022
23930	I&D UPPER ARM/ELBOW AREA; DEEP ABSCESS/HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
23931	I&D UPPER ARM/ELBOW AREA; BURSA	Authorization required for non-participating providers.	C	1/1/2022
23935	INCS DEEP W/OPEN BONE CORTEX HUMERUS/ELBOW	Authorization required for non-participating providers.	C	1/1/2022
24000	ARTHROT ELBOW W/EXPLOR/DRAIN/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
24006	ARTHROTOMY ELBOW W/CAPSULAR EXC (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
24065	BX SOFT TISS UPPER ARM/ELBOW AREA; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
24066	BX SOFT TISS UPPER ARM/ELBOW AREA; DEEP	Authorization required for non-participating providers.	C	1/1/2022
24071	EXC ARM/ELBOW LES SC = 3 CM	Authorization required for non-participating providers.	C	1/1/2022
24073	EX ARM/ELBOW TUM DEEP > 5 CM	Authorization required for non-participating providers.	C	1/1/2022
24075	EXC TUMOR UPPER ARM/ELBOW AREA; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
24076	EXC TUMOR UPPER ARM/ELBOW; DEEP/SUBFACIAL/IM	Authorization required for non-participating providers.	C	1/1/2022
24077	RESECT ARM/ELBOW TUM < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
24079	RESECT ARM/ELBOW TUM 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022

24100	ARTHROTOMY ELBOW; W/SYNOVIAL BX ONLY	Authorization required for non-participating providers.	C	1/1/2022
24101	ARTHROTOMY ELBOW; W/JT EXPLOR W/WO BX-REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
24102	ARTHROTOMY ELBOW; W/SYNOVECTOMY	Authorization required for non-participating providers.	C	1/1/2022
24105	EXC OLECRANON BURSA	Authorization required for non-participating providers.	C	1/1/2022
24110	EXC/CURET BONE CYST/BEN TUMOR HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
24115	EXC/CURET BONE CYST/BEN TUMOR HUMERUS; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
24116	EXC/CURET BONE CYST/BEN TUMOR HUMERUS; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
24120	EXC/CURET BONE CYST/BEN TUMOR-HEAD/NECK RADIUS	Authorization required for non-participating providers.	C	1/1/2022
24125	EXC/CURET BONE CYST-HEAD/NECK RADIUS; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
24126	EXC/CURET BONE CYST-HEAD/NECK RADIUS; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
24130	EXC RADIAL HEAD	Authorization required for non-participating providers.	C	1/1/2022
24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
24136	SEQUESTRECTOMY RADIAL HEAD/NECK	Authorization required for non-participating providers.	C	1/1/2022
24138	SEQUESTRECTOMY OLECRANON PROCESS	Authorization required for non-participating providers.	C	1/1/2022
24140	PART EXC BONE HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
24145	PART EXC BONE RADIAL HEAD/NECK	Authorization required for non-participating providers.	C	1/1/2022
24147	PART EXC BONE OLECRANON PROCESS	Authorization required for non-participating providers.	C	1/1/2022
24149	RAD RESECT CAPSULE-SOFT TISS-BONE ELB (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
24150	RADICAL RESECT TUMOR SHAFT/DISTAL HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
24152	RADICAL RESECT TUMOR RADIAL HEAD/NECK	Authorization required for non-participating providers.	C	1/1/2022
24155	RESECT ELBOW JT	Authorization required for non-participating providers.	C	1/1/2022
24160	REMOVE ELBOW JOINT IMPLANT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24164	REMOVE RADIUS HEAD IMPLANT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24200	REMOV FB UPPER ARM/ELBOW AREA; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
24201	REMOV FB UPPER ARM/ELBOW AREA; DEEP	Authorization required for non-participating providers.	C	1/1/2022
24220	INJ PROC ELBOW ARTHROGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	Authorization required for non-participating providers.	C	1/1/2022
24301	MUSCL/TENDON TRANSF UPPER ARM/ELBOW SNGL	Authorization required for non-participating providers.	C	1/1/2022
24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
24310	TENOT OP ELBOW TO SHLDR EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
24320	TENOPLASTY W/MUSCL TRANSF W/WO GFT ELBO-SHLDR 1	Authorization required for non-participating providers.	C	1/1/2022
24330	FLEXOR-PLASTY ELBOW	Authorization required for non-participating providers.	C	1/1/2022
24331	FLEXOR-PLASTY ELBOW; W/EXTENSOR ADVANCEMENT	Authorization required for non-participating providers.	C	1/1/2022
24332	TENOLYSIS OF TRICEPS	Authorization required for non-participating providers.	C	1/1/2022
24340	TENODESIS BICEPS TENDON @ ELBOW (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
24341	REPR TENDON/MUSC-UP ARM/ELB-EA-PRI/SECNDRY	Authorization required for non-participating providers.	C	1/1/2022
24342	REINSRT RUPT BICEPS/TRICEPS DISTAL-W/WO TEND GFT	Authorization required for non-participating providers.	C	1/1/2022
24343	REPAIR OF ELBOW LIGAMENT	Authorization required for non-participating providers.	C	1/1/2022
24344	REPAIR OF ELBOW LIGAMENT	Authorization required for non-participating providers.	C	1/1/2022
24345	REPAIR OF ELBOW LIGAMENT	Authorization required for non-participating providers.	C	1/1/2022
24346	RECON MED COLLAT LEGAMNT ELBOW W TENDON GRAFT	Authorization required for non-participating providers.	C	1/1/2022
24357	REPAIR ELBOW PERC	Authorization required for non-participating providers.	C	1/1/2022
24358	REPAIR ELBOW W/DEB OPEN	Authorization required for non-participating providers.	C	1/1/2022
24359	REPAIR ELBOW DEB/ATTCH OPEN	Authorization required for non-participating providers.	C	1/1/2022
24360	ARTHROPLASTY ELBOW; W/MEMBRN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24361	ARTHROPLASTY ELBOW; W/DISTAL HUMERAL PROSTH REPL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24362	ARTHROPLASTY ELBOW; W/IMPLNT & LIGMNT RECON	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24363	ARTHROPLASTY ELBOW; (TOT ELBOW)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24365	ARTHROPLASTY RADIAL HEAD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

24366	ARTHROPLASTY RADIAL HEAD; W/IMPLNT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24370	REVISE RECONST ELBOW JOINT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24371	REVISE RECONST ELBOW JOINT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
24400	OSTEOTOMY HUMERUS W/WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
24410	MX OSTEOTOMIES W/REALIGN INTRAMEDUL ROD HUMERAL	Authorization required for non-participating providers.	C	1/1/2022
24420	OSTEOPLASTY HUMERUS	Authorization required for non-participating providers.	C	1/1/2022
24430	REPR NONUNION/MALUNION HUMERUS; WO GFT	Authorization required for non-participating providers.	C	1/1/2022
24435	REPR NON-MALUNION HUMERUS; W/ILIAC/OTHER AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
24470	HEMIEPIPHYSEAL ARREST	Authorization required for non-participating providers.	C	1/1/2022
24495	DECOMPRESS FASCIOTOMY FOREARM W/BRACH ART EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
24498	PROPHYLACTIC TX HUMERAL SHAFT	Authorization required for non-participating providers.	C	1/1/2022
24500	CLO TX HUMERAL SHAFT FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
24505	CLO TX HUMERAL SHAFT FX; W/MANIP W/WO TRACTION	Authorization required for non-participating providers.	C	1/1/2022
24515	OPEN TX HUMERAL FX W/PLATE/SCREWS W/WO CERCLAGE	Authorization required for non-participating providers.	C	1/1/2022
24516	TX HUM SHAFT FX W/INSRT IMPL	Authorization required for non-participating providers.	C	1/1/2022
24530	CLO TX SUPRA TRANCONDYLAR HUMERAL FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
24535	CLO TX SUPRACONDYL HUMERAL FX; W/MANIP W/WO TRAC	Authorization required for non-participating providers.	C	1/1/2022
24538	PERCUT FIXA SUPRACONDYL HUMER FX W/WO INTERCONDY	Authorization required for non-participating providers.	C	1/1/2022
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	Authorization required for non-participating providers.	C	1/1/2022
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W XTN	Authorization required for non-participating providers.	C	1/1/2022
24560	CLO TX HUMERAL EPICONDYLAR FX MED/LAT; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
24565	CLO TX HUMERAL EPICONDYLAR FX MED/LAT; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
24566	PERQ SKELET FIX HUMRL EPICONDYL FX MED/LAT W/MAN	Authorization required for non-participating providers.	C	1/1/2022
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
24576	CLO TX HUMERAL CONDYL FX MED/LAT; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
24577	CLO TX HUMERAL CONDYL FX MED/LAT; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
24579	OPEN TX HUMERAL CONDYLAR FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
24582	PERQ SKELET FIX HUMRL CONDYL FX MED/LAT W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
24586	OPEN TX PERIARTICULAR FX &/OR DISLOC ELBOW	Authorization required for non-participating providers.	C	1/1/2022
24587	OPEN TX PERIARTIC FX/DISLOC ELB; W/IMPLNT ARTHRO	Authorization required for non-participating providers.	C	1/1/2022
24600	TX CLO ELBOW DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
24605	TX CLO ELBOW DISLOC; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOC	Authorization required for non-participating providers.	C	1/1/2022
24620	CLO TX MONTEGGIA TYPE FX DISLOC-ELBOW W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	Authorization required for non-participating providers.	C	1/1/2022
24640	CLO TX RADIAL HEAD SUBLUXATION CHLD W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
24650	CLO TX RADIAL HEAD/NECK FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
24655	CLO TX RADIAL HEAD/NECK FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	Authorization required for non-participating providers.	C	1/1/2022
24670	CLOSED TX ULNAR FRACTURE PROX END W/O MANIPULATE	Authorization required for non-participating providers.	C	1/1/2022
24675	CLOSED TX ULNAR FRACTURE PROX END W MANIPULATION	Authorization required for non-participating providers.	C	1/1/2022
24685	OPEN TX ULNAR FRACTURE PROX END	Authorization required for non-participating providers.	C	1/1/2022
24800	ARTHRODESIS ELBOW JT; LOCAL	Authorization required for non-participating providers.	C	1/1/2022
24802	ARTHRODESIS ELBOW JT; W/AUTOG GFT	Authorization required for non-participating providers.	C	1/1/2022
24900	AMPUTA ARM THRU HUMERUS; W/PRIMARY CLO	Authorization required for non-participating providers.	C	1/1/2022
24920	AMPUTA ARM THRU HUMERUS; OPEN CIRCULAR	Authorization required for non-participating providers.	C	1/1/2022
24925	AMPUTA ARM THRU HUMERUS; SECNDRY CLO/SCAR REVIS	Authorization required for non-participating providers.	C	1/1/2022
24930	AMPUTA ARM THRU HUMERUS; RE-AMPUTA	Authorization required for non-participating providers.	C	1/1/2022

24931	AMPUTA ARM THRU HUMERUS; W/IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
24935	STUMP ELONGATION UPPER EXTREM	Authorization required for non-participating providers.	C	1/1/2022
24940	CINEPLASTY UPPER EXTREM COMPLT PROC	Authorization required for non-participating providers.	C	1/1/2022
24999	UNLISTED PROC HUMERUS/ELBOW	Authorization required for all providers.	Y	1/1/2022
25000	INCIS EXTEN TENDON SHEATH WRIST (DEQUERVAIN'S DZ	Authorization required for non-participating providers.	C	1/1/2022
25001	INCISION OF FLEXOR TENDON SHEATH, WRIST	Authorization required for non-participating providers.	C	1/1/2022
25020	DECOMP FASCIOT FOREARM/WRIST; FLEXOR/EXTENSOR	Authorization required for non-participating providers.	C	1/1/2022
25023	DECOMP FASCIOT FOREARM; W/DEBRID NONVIABLE MUSCL	Authorization required for non-participating providers.	C	1/1/2022
25024	DECOMPRESSION FASCIOTOMY OF FOREARM/WRIST	Authorization required for non-participating providers.	C	1/1/2022
25025	DECOMPRESSION FASCIOTOMY OF FOREARM/WRIST	Authorization required for non-participating providers.	C	1/1/2022
25028	I&D FOREARM/WRIST; DEEP ABSCESS/HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
25031	I&D FOREARM &/OR WRIST; BURSA	Authorization required for non-participating providers.	C	1/1/2022
25035	INCS DEEP BONE CORTEX FOREARM &/OR WRIST	Authorization required for non-participating providers.	C	1/1/2022
25040	ARTHROTOMY RADIO/MIDCARPAL W/EXPLOR/DRAIN/FB REM	Authorization required for non-participating providers.	C	1/1/2022
25065	BX SOFT TISS FOREARM &/OR WRIST; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
25066	BX SOFT TISS FOREARM &/OR WRIST; DEEP	Authorization required for non-participating providers.	C	1/1/2022
25071	EXC FOREARM LES SC > 3 CM	Authorization required for non-participating providers.	C	1/1/2022
25073	EXC FOREARM TUM DEEP = 3 CM	Authorization required for non-participating providers.	C	1/1/2022
25075	EXC TUMOR FOREARM &/OR WRIST AREA; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
25076	EXC TUMOR FOREARM/WRIST AREA; DEEP/SUBFASCIAL/IM	Authorization required for non-participating providers.	C	1/1/2022
25077	RESECT FOREARM/WRIST TUM<3CM	Authorization required for non-participating providers.	C	1/1/2022
25078	RESECT FORARM/WRIST TUM 3CM>	Authorization required for non-participating providers.	C	1/1/2022
25085	CAPSULOTOMY WRIST	Authorization required for non-participating providers.	C	1/1/2022
25100	ARTHROTOMY WRIST JT; W/BX	Authorization required for non-participating providers.	C	1/1/2022
25101	ARTHROTOMY WRIST JT; W/EXPLOR W/WO BX/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
25105	ARTHROTOMY WRIST JT; W/SYNOVECTOMY	Authorization required for non-participating providers.	C	1/1/2022
25107	ARTHROT DIST RADIOULNAR JT REPR TRIANGULAR CART	Authorization required for non-participating providers.	C	1/1/2022
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR	Authorization required for non-participating providers.	C	1/1/2022
25110	EXC LES TENDON SHEATH FOREARM/WRIST	Authorization required for non-participating providers.	C	1/1/2022
25111	EXC GANGLION WRIST; PRIM	Authorization required for non-participating providers.	C	1/1/2022
25112	EXC GANGLION WRIST; RECURRENT	Authorization required for non-participating providers.	C	1/1/2022
25115	RAD EXC BURSA WRIST TENDON SHEATHS; FLEXORS	Authorization required for non-participating providers.	C	1/1/2022
25116	RAD EXC BURSA WRIST; EXTENSORS W/WO TRANSPOSIT	Authorization required for non-participating providers.	C	1/1/2022
25118	SYNOVECTOMY EXTENSOR TENDON SHEATH WRIST SNGL	Authorization required for non-participating providers.	C	1/1/2022
25119	SYNOVECTOMY EXTENSOR WRIST SNGL; RESECT ULNA	Authorization required for non-participating providers.	C	1/1/2022
25120	EXC/CURET BONE CYST/BEN TUMOR RADIUS/ULNA	Authorization required for non-participating providers.	C	1/1/2022
25125	EXC/CURET BONE CYST/TUMOR RADIUS/ULNA; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
25126	EXC/CURET BONE CYST/TUMOR RADIUS/ULNA; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
25130	EXC/CURET BONE CYST/BEN TUMOR CARPAL BONES	Authorization required for non-participating providers.	C	1/1/2022
25135	EXC/CURET BONE CYST/TUMOR CARPAL BONES; W/AUTOGF	Authorization required for non-participating providers.	C	1/1/2022
25136	EXC/CURET BONE CYST/TUMOR CARPAL BONES; W/ALLOGF	Authorization required for non-participating providers.	C	1/1/2022
25145	SEQUESTRECTOMY FOREARM &/OR WRIST	Authorization required for non-participating providers.	C	1/1/2022
25150	PART EXC BONE; ULNA	Authorization required for non-participating providers.	C	1/1/2022
25151	PART EXC BONE; RADIUS	Authorization required for non-participating providers.	C	1/1/2022
25170	RADICAL RESECT TUMOR RADIUS/ULNA	Authorization required for non-participating providers.	C	1/1/2022
25210	CARPECTOMY; 1 BONE	Authorization required for non-participating providers.	C	1/1/2022
25215	CARPECTOMY; ALL BONES PROX ROW	Authorization required for non-participating providers.	C	1/1/2022
25230	RADIAL STYLOIDECTOMY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
25240	EXC DISTAL ULNA PART/COMPLT	Authorization required for non-participating providers.	C	1/1/2022

25246	INJ PROC WRIST ARTHROGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
25248	EXPLOR W/REMOV DEEP FB FOREARM/WRIST	Authorization required for non-participating providers.	C	1/1/2022
25250	REMOV WRIST PROSTH; (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
25251	REMOV WRIST PROSTH; COMPLIC INCL'TOT WRIST'	Authorization required for non-participating providers.	C	1/1/2022
25259	MANIPULATION OF WRIST UNDER ANESTHESIA	Authorization required for non-participating providers.	C	1/1/2022
25260	REPR TENDON/MUSCL-FLEXOR-WRIST; PRIM SNGL EA	Authorization required for non-participating providers.	C	1/1/2022
25263	REPR TENDON/MUSCL-FLEXOR-WRIST; SECNDRY SNGL EA	Authorization required for non-participating providers.	C	1/1/2022
25265	REPR TENDON/MUSCL-FLEXOR-WRIST; 2ND W/FREE GFT	Authorization required for non-participating providers.	C	1/1/2022
25270	REPR TENDON/MUSCL-EXTENSOR-WRIST; PRIM SNGL EA	Authorization required for non-participating providers.	C	1/1/2022
25272	REPR TENDON/MUSCL-EXTENSOR-WRIST; SECNDRY SNGL	Authorization required for non-participating providers.	C	1/1/2022
25274	REPR TENDON/MUSCL EXTENSOR SECNDRY W/GFT WRIST	Authorization required for non-participating providers.	C	1/1/2022
25275	REPAIR OF TENDON SHEATH, FOREARM/WRIST	Authorization required for non-participating providers.	C	1/1/2022
25280	LENGTHEN/SHORTEN FLEX/EXTEN WRIST SNGL EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
25290	TENOTOMY OPEN FLEX/EXTEN TENDON WRIST SNGL EA	Authorization required for non-participating providers.	C	1/1/2022
25295	TENOLYSIS FLEX/EXTEN-FOREARM/WRIST SNGL EA TENDN	Authorization required for non-participating providers.	C	1/1/2022
25300	TENODESIS @ WRIST; FLEXORS FINGERS	Authorization required for non-participating providers.	C	1/1/2022
25301	TENODESIS @ WRIST; EXTENSORS FINGERS	Authorization required for non-participating providers.	C	1/1/2022
25310	TENDON TRANSPL/TRANSF FLEX/EXTEN WRIST SNGL; EA	Authorization required for non-participating providers.	C	1/1/2022
25312	TENDON TRANSPL/TRANSF WRIST SNGL; W/TENDON GFT	Authorization required for non-participating providers.	C	1/1/2022
25315	FLEXOR ORIGIN SLIDE FOREARM &/OR WRIST;	Authorization required for non-participating providers.	C	1/1/2022
25316	FLEXOR ORIGIN SLIDE WRIST; W/TENDON(S) TRANSF	Authorization required for non-participating providers.	C	1/1/2022
25320	CPSLORR/RECINSTR WRST OPN CARPAL	Authorization required for non-participating providers.	C	1/1/2022
25332	ARTHROPLASTY WRIST; W/WO INTERPOSITION-W/WO FIXA	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25335	CENTRALIZATION WRIST ULNA	Authorization required for non-participating providers.	C	1/1/2022
25337	RECON WRIST-SECNDRY-W/WO OPEN REDUC RADULNAR JT	Authorization required for non-participating providers.	C	1/1/2022
25350	OSTEOTOMY RADIUS; DISTAL THIRD	Authorization required for non-participating providers.	C	1/1/2022
25355	OSTEOTOMY RADIUS; MID/PROX THIRD	Authorization required for non-participating providers.	C	1/1/2022
25360	OSTEOTOMY; ULNA	Authorization required for non-participating providers.	C	1/1/2022
25365	OSTEOTOMY; RADIUS & ULNA	Authorization required for non-participating providers.	C	1/1/2022
25370	MX OSTEOTOMIES W/REALIGN ON ROD; RADIUS/ULNA	Authorization required for non-participating providers.	C	1/1/2022
25375	MX OSTEOTOMIES W/REALIGN ON ROD; RADIUS & ULNA	Authorization required for non-participating providers.	C	1/1/2022
25390	OSTEOPLASTY RADIUS/ULNA; SHORTENING	Authorization required for non-participating providers.	C	1/1/2022
25391	OSTEOPLASTY RADIUS/ULNA; LENGTHENING W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
25392	OSTEOPLASTY RADIUS & ULNA; SHORTENING	Authorization required for non-participating providers.	C	1/1/2022
25393	OSTEOPLASTY RADIUS & ULNA; LENGTHENING W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
25394	OSTEOPLASTY OF CARPAL BONE	Authorization required for non-participating providers.	C	1/1/2022
25400	REPR NON/MALUNION RADIUS/ULNA; WO GFT	Authorization required for non-participating providers.	C	1/1/2022
25405	REPR NON/MALUNION RAD/ULNA; W/LIAC/OTHER AUTOGF	Authorization required for non-participating providers.	C	1/1/2022
25415	REPR NONUNION/MALUNION RADIUS & ULNA; WO GFT	Authorization required for non-participating providers.	C	1/1/2022
25420	REPR NON/MALUNION RADIUS & ULNA; W/LIAC/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
25425	REPR DEFECT W/AUTOGFT; RADIUS/ULNA	Authorization required for non-participating providers.	C	1/1/2022
25426	REPR DEFECT W/AUTOGFT; RADIUS & ULNA	Authorization required for non-participating providers.	C	1/1/2022
25430	INSRTION VASC PEDICLE IN CARPAL BN	Authorization required for non-participating providers.	C	1/1/2022
25431	REPAIR OF NONUNION CARPAL BONE	Authorization required for non-participating providers.	C	1/1/2022
25440	REPR NONUNION SCAPHOID W/WO RADIAL STYLOIDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
25441	ARTHROPLASTY W/PROSTH REPLAC; DISTAL RADIUS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25442	ARTHROPLASTY W/PROSTH REPLAC; DISTAL ULNA	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25443	ARTHROPLASTY W/PROSTH REPLAC; SCAPHOID	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25444	ARTHROPLASTY W/PROSTH REPLAC; LUNATE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

25445	ARTHROPLASTY W/PROSTH REPLAC; TRAPEZIUM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25446	ARTHROPLASTY W/PROS REPLAC; DIST RAD/PART CARPUS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25447	ARTHROPLAS INTERPOSIT- INTERCARP/CARPOMETACARP JT	Authorization required for non-participating providers.	C	1/1/2022
25449	REVIS ARTHROPLASTY INCL REMOV IMPLNT WRIST JT	Authorization required for non-participating providers.	C	1/1/2022
25450	EPIPHYSEAL ARREST-STAPLING; DISTAL RADIUS/ULNA	Authorization required for non-participating providers.	C	1/1/2022
25455	EPIPHYSEAL ARREST-STAPLING; DIST RADIUS & ULNA	Authorization required for non-participating providers.	C	1/1/2022
25490	PROPHYLACTIC TX W/WO METHYLMETHACRYLATE; RADIUS	Authorization required for non-participating providers.	C	1/1/2022
25491	PROPHYLACTIC TX W/WO METHYLMETHACRYLATE; ULNA	Authorization required for non-participating providers.	C	1/1/2022
25492	PROPHYLACTIC TX W/WO METHYLMETHA; RADIUS & ULNA	Authorization required for non-participating providers.	C	1/1/2022
25500	CLO TX RADIAL SHAFT FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
25505	CLO TX RADIAL SHAFT FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25520	CLO TX RADIAL SHAFT FX W/DISLOC DIST RAD-ULNA JT	Authorization required for non-participating providers.	C	1/1/2022
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	Authorization required for non-participating providers.	C	1/1/2022
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	Authorization required for non-participating providers.	C	1/1/2022
25530	CLO TX ULNAR SHAFT FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
25535	CLO TX ULNAR SHAFT FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25560	CLO TX RADIAL & ULNAR SHAFT FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
25565	CLO TX RADIAL & ULNAR SHAFT FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25574	OPEN TX RADIAL & ULNAR SHAFT FX FIXJ RADIUS/ULNA	Authorization required for non-participating providers.	C	1/1/2022
25575	OPEN TX RDL& ULNAR SHAFT FX FIXJ RADIUS &ULNA	Authorization required for non-participating providers.	C	1/1/2022
25600	CLOSED DISTAL RAD FRACT OR EPIPHYSEAL SEP, INCL CLOSED FRACT ULNAR	Authorization required for non-participating providers.	C	1/1/2022
25605	CLO TX DIST RAD FX W/WO FX ULNA STYLOID; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25609	WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS	Authorization required for non-participating providers.	C	1/1/2022
25622	CLO TX CARPAL SCAPHOID FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
25624	CLO TX CARPAL SCAPHOID FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25630	CLO TX CARPAL BONE FX; WO MANIP EA BONE	Authorization required for non-participating providers.	C	1/1/2022
25635	CLO TX CARPAL BONE FX; W/MANIP EA BONE	Authorization required for non-participating providers.	C	1/1/2022
25645	OPEN TX CARPAL BONE FX EA BONE	Authorization required for non-participating providers.	C	1/1/2022
25650	CLO TX ULNAR STYLOID FX	Authorization required for non-participating providers.	C	1/1/2022
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
25660	CLO TX RADIO-/INTERCARPAL DISLOC 1/MORE W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25670	OPEN TX RADIOCARPAL/INTERCARP DISLOC 1/MORE BONE	Authorization required for non-participating providers.	C	1/1/2022
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
25675	CLO TX DISTAL RADIOULNAR DISLOC W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25676	OPEN TX DISTAL RADIOULNAR DISLOC ACUTE/CHRONIC	Authorization required for non-participating providers.	C	1/1/2022
25680	CLO TX TRANS-SCAPHOPERILUNAR FX DISLOC W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25685	OPEN TX TRANS-SCAPHOPERILUNAR TYPE FX DISLOC	Authorization required for non-participating providers.	C	1/1/2022
25690	CLO TX LUNATE DISLOC W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
25695	OPEN TX LUNATE DISLOC	Authorization required for non-participating providers.	C	1/1/2022
25800	ARTHRODESIS WRIST; COMPLT WO BONE GFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25805	ARTHRODESIS WRIST;W/SLIDING GFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25810	ARTHRODESIS WRIST JT; W/ILIAC/OTHER AUTOGFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

25820	ARTHRODESIS WRIST; LIMITED WO BONE GFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25825	ARTHRODESIS WRIST; W/AUTOGFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
25830	ARTHRODESIS DIST RADIOULNAR JT SEG RESECT ULNA	Authorization required for non-participating providers.	C	1/1/2022
25900	AMPUTA FOREARM THRU RADIUS & ULNA	Authorization required for non-participating providers.	C	1/1/2022
25905	AMPUTA FOREARM THRU RADIUS & ULNA; OPEN CIRCULAR	Authorization required for non-participating providers.	C	1/1/2022
25907	AMPUTA FOREARM; SECNDRY CLO/SCAR REVIS	Authorization required for non-participating providers.	C	1/1/2022
25909	AMPUTA FOREARM THRU RADIUS & ULNA; RE-AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
25915	KRUKENBERG PROC	Authorization required for non-participating providers.	C	1/1/2022
25920	DISART THRU WRIST	Authorization required for non-participating providers.	C	1/1/2022
25922	DISART THRU WRIST; SECNDRY CLO/SCAR REVIS	Authorization required for non-participating providers.	C	1/1/2022
25924	DISART THRU WRIST; RE-AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
25927	TRANSMETACARPAL AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
25929	TRANSMETACARPAL AMPUTA; SECNDRY CLO/SCAR REVIS	Authorization required for non-participating providers.	C	1/1/2022
25931	TRANSMETACARPAL AMPUTA; RE-AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
25999	UNLISTED PROC FOREARM/WRIST	Authorization required for all providers.	Y	1/1/2022
26010	DRAINAGE FINGER ABSCESS; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
26011	DRAINAGE FINGER ABSCESS; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
26020	DRAIN TENDON SHEATH/DIGIT &/OR PALM EA	Authorization required for non-participating providers.	C	1/1/2022
26025	DRAIN PALMAR BURSA; SNGL BURSA	Authorization required for non-participating providers.	C	1/1/2022
26030	DRAIN PALMAR BURSA; MX BURSA	Authorization required for non-participating providers.	C	1/1/2022
26034	INCS BONE CORTEX HAND/FINGR	Authorization required for non-participating providers.	C	1/1/2022
26035	DECOMP FINGERS &/OR HAND INJ INJURY	Authorization required for non-participating providers.	C	1/1/2022
26037	DECOMP FASCIOTOMY HAND	Authorization required for non-participating providers.	C	1/1/2022
26040	FASCIOT PALMAR (DUPUYTREN'S CONTRACT); PERCUT	Authorization required for non-participating providers.	C	1/1/2022
26045	FASCIOT PALMAR (DUPUYTREN'S CONTRACT); OP PART	Authorization required for non-participating providers.	C	1/1/2022
26055	TENDON SHEATH INCS	Authorization required for non-participating providers.	C	1/1/2022
26060	TENOTOMY PERCUT SNGL EA DIGIT	Authorization required for non-participating providers.	C	1/1/2022
26070	ARTHROT-EXPLOR/DRAIN/REMOV FB; CARPOMETACARP JT	Authorization required for non-participating providers.	C	1/1/2022
26075	ARTHROT W/EXPLOR/DRAIN/REMOV FB; MCP JT EA	Authorization required for non-participating providers.	C	1/1/2022
26080	ARTHROT W/EXPLOR/DRAIN/REMOV FB; IP JT EA	Authorization required for non-participating providers.	C	1/1/2022
26100	ARTHROT W/BX; CARPOMETACARPAL JT EA	Authorization required for non-participating providers.	C	1/1/2022
26105	ARTHROT W/BX; METACARPOPHALANG JT EA	Authorization required for non-participating providers.	C	1/1/2022
26110	ARTHROT W/BX; INTERPHALANGEAL JT EA	Authorization required for non-participating providers.	C	1/1/2022
26111	EXC HAND LES SC > 1.5 CM	Authorization required for non-participating providers.	C	1/1/2022
26113	EXC HAND TUM DEEP > 1.5 CM	Authorization required for non-participating providers.	C	1/1/2022
26115	EXC TUMOR/VASCUL MALFORM HAND/FINGER; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
26116	EXC TUMOR/VASCULAR MALFORM HAND/FINGER; DEEP/IM	Authorization required for non-participating providers.	C	1/1/2022
26117	RAD RESECT HAND TUMOR < 3 CM	Authorization required for non-participating providers.	C	1/1/2022
26118	RAD RESECT HAND TUMOR 3 CM/>	Authorization required for non-participating providers.	C	1/1/2022
26121	FASCIECT PALM ONLY W/WO Z-PLASTY/SKIN GFT (INCL)	Authorization required for non-participating providers.	C	1/1/2022
26123	FASCIECT PART PALMAR W/REL 1 DIGT W/WO Z-PLASTY;	Authorization required for non-participating providers.	C	1/1/2022
26125	FASCIECT PART PALM W/REL 1 DIGIT; EA ADD DIGIT	Authorization required for non-participating providers.	C	1/1/2022
26130	SYNOVECTOMY CARPOMETACARPAL JT	Authorization required for non-participating providers.	C	1/1/2022
26135	SYNOVECTOMY MCP JT INCL RELEAS & RECON EA DIGIT	Authorization required for non-participating providers.	C	1/1/2022
26140	SYNOVECTOMY PROX IP JT INCL RECON EA IP JT	Authorization required for non-participating providers.	C	1/1/2022
26145	SYNOVECT SHEATH/RAD FLEX TENDON PALM/FINGR EA	Authorization required for non-participating providers.	C	1/1/2022
26160	EXC LES TENDON SHEATH/CAPSULE HAND/FINGER	Authorization required for non-participating providers.	C	1/1/2022
26170	EXCISION TENDOR PALM FLEXOR OR EXTENSOR, SINGLE EACH TENDON	Authorization required for non-participating providers.	C	1/1/2022
26180	EXCISION OF TENDOR FINGER FLEXOR OR EXTENSOR, EACH TENDON	Authorization required for non-participating providers.	C	1/1/2022

26185	SESAMOIDECTOMY THUMB/FINGER (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
26200	EXC/CURET BONE CYST/BEN TUMOR METACARPAL	Authorization required for non-participating providers.	C	1/1/2022
26205	EXC/CURET BONE CYST/TUMOR METACARPAL; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
26210	EXC/CURET BONE/TUMOR PROX/MID/DIST PHALANX FINGR	Authorization required for non-participating providers.	C	1/1/2022
26215	EXC BONE CYST PROX/MID/DIST PHALANX; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
26230	PART EXC BONE; METACARPAL	Authorization required for non-participating providers.	C	1/1/2022
26235	PART EXC BONE; PROX/MID PHALANX-FINGR	Authorization required for non-participating providers.	C	1/1/2022
26236	PART EXC BONE; DIST PHALANX-FINGR	Authorization required for non-participating providers.	C	1/1/2022
26250	RAD RESECT METACARPAL; (TUMOR)	Authorization required for non-participating providers.	C	1/1/2022
26260	RAD RESECT PROX/MID PHALANX FINGR (TUMOR);	Authorization required for non-participating providers.	C	1/1/2022
26262	RAD RESECT DISTAL PHALANX FINGR (TUMOR)	Authorization required for non-participating providers.	C	1/1/2022
26320	REMOV IMPLNT FROM FINGER/HAND	Authorization required for non-participating providers.	C	1/1/2022
26340	MANIPULATION OF FINGER JOINT UNDER ANESTHESIA	Authorization required for non-participating providers.	C	1/1/2022
26341	MANIPULAT PALM CORD POST INJ	Authorization required for non-participating providers.	C	1/1/2022
26350	REPR FLEX TENDON; PRIM/SECNDRY WO GFT-EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26352	REPR FLEX TENDON; SECNDRY W/GFT-EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26356	REP FLX TEND ZONE 2 DIGTL W/O GFT	Authorization required for non-participating providers.	C	1/1/2022
26357	REP FLX TEND ZONE 2 DIGT SEC NO GFT	Authorization required for non-participating providers.	C	1/1/2022
26358	REPR FLEX TENDON; SECND W/FREE GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26370	REPR PROFUNDUS TENDON; PRIMARY EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26372	REPR PROFUND TENDON; SECND W/FREE GFT EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26373	REPR PROFUNDUS TENDON; SECND WO GFT EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26390	EXC FLEX TEND W/ROD DELAY GFT-HAND/FINGR EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26392	REMOV ROD-INSRT FLEX TEND GFT HAND/FINGR EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26410	REPR EXTEN TENDON HAND PRIM/SEC; WO GFT EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26412	REPR EXTEN TENDON HAND PRIM/SEC; W/FREE GFT EA	Authorization required for non-participating providers.	C	1/1/2022
26415	EXC EXTEN TENDON W/ROD DELAYED GFT HAND/FINGR	Authorization required for non-participating providers.	C	1/1/2022
26416	REMOV ROD-INSRT EXTEN TEND GFT HAND/FINGR EA ROD	Authorization required for non-participating providers.	C	1/1/2022
26418	REPR EXTEN TENDON FINGR; WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26420	REPR EXTEN TENDON FINGR; W/FREE GFT EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26426	REPR EXTEN TEND-CENTRAL SLIP-SECND; EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26428	REPR EXTEN TEND-CENTRAL-SECND; FREE GFT EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26432	CLO TX DIST EXTEN TENDON INSRT-W/O PINNING	Authorization required for non-participating providers.	C	1/1/2022
26433	REPR EXTEN TEND-DIST INSRT PRIM/SECND; WO GFT	Authorization required for non-participating providers.	C	1/1/2022
26434	REPR EXTEN TEND-DIST INSRT PRIM/SECND; FREE GFT	Authorization required for non-participating providers.	C	1/1/2022
26437	REALIGNMENT EXTEN TENDON HAND EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26440	TENOLYS FLX TEND; PALM/FNGR EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26442	TENOLYSIS FLEX TENDON; PALM & FINGR EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26445	TENOLYSIS EXTEN TENDON HAND/FINGR EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26449	TENOLYSIS COMPLX-EXTEN-FINGR-FORARM EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26450	TENOT FLEX PALM OP EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26455	TENOT FLEX FINGR OP EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26460	TENOT EXTEN HAND/FINGR OP EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26471	TENODESIS; PROX IP JT EA JT	Authorization required for non-participating providers.	C	1/1/2022
26474	TENODESIS; DIST JT EA JT	Authorization required for non-participating providers.	C	1/1/2022
26476	LENGTHENING TENDON EXTEN HAND/FINGR EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26477	SHORTENING TENDON EXTEN HAND/FINGR EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26478	LENGTHENING TENDON FLEX HAND/FINGR EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26479	SHORTENING TENDON FLEX HAND/FINGR EA TENDON	Authorization required for non-participating providers.	C	1/1/2022

26480	TRANSF/TENDON DORSUM HAND; WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26483	TRANSF TENDON DORSUM HAND; FREE GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26485	TRANSF/TRANSPL TENDON PALMAR; WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26489	TRANSF/TRANSPL TENDON PALMAR; W/GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26490	OPPONENSPLAS; SUPERFICIALS TEND TRANSF EA TEND	Authorization required for non-participating providers.	C	1/1/2022
26492	OPPONENSPLASTY; TENDON TRANSF W/GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
26494	OPPONENSPLASTY; HYPOTHENAR MUSCL TRANSF	Authorization required for non-participating providers.	C	1/1/2022
26496	OPPONENSPLASTY; OTHER METHD	Authorization required for non-participating providers.	C	1/1/2022
26497	TRANSF TENDON -RESTORE FUNCT; RING & SM FINGR	Authorization required for non-participating providers.	C	1/1/2022
26498	TRANSF TENDON -RESTORE FUNCT; ALL 4 FINGRS	Authorization required for non-participating providers.	C	1/1/2022
26499	CORRECT CLAW FINGER OTHER METHD	Authorization required for non-participating providers.	C	1/1/2022
26500	RECONS TENDON PULLEY EA TENDON; LOC TISS (SP)	Authorization required for non-participating providers.	C	1/1/2022
26502	RECONS TENDON PULLEY EA TENDON; W/GFT (SP)	Authorization required for non-participating providers.	C	1/1/2022
26508	RELEASE THENAR MUSCL (THUMB CONTRACTURE)	Authorization required for non-participating providers.	C	1/1/2022
26510	CROSS INTRINSIC TRANSF	Authorization required for non-participating providers.	C	1/1/2022
26516	CAPSULODESIS METACARPOPHALANGEAL JT; SNGL	Authorization required for non-participating providers.	C	1/1/2022
26517	CAPSULODESIS METACARPOPHALANGEAL JT; 2 DIGITS	Authorization required for non-participating providers.	C	1/1/2022
26518	CAPSULODESIS METACARPOPHALANGEAL JT; 3 OR 4	Authorization required for non-participating providers.	C	1/1/2022
26520	CAPSULECT/CAPSULOT; MCP JT EA JT	Authorization required for non-participating providers.	C	1/1/2022
26525	CAPSULECT/CAPSULOT; IP JT EA JT	Authorization required for non-participating providers.	C	1/1/2022
26530	ARTHROPLASTY MCP JT; EA JT	Authorization required for non-participating providers.	C	1/1/2022
26531	ARTHROPLASTY MCP JT; W/PROSTH IMPLNT EA JT	Authorization required for non-participating providers.	C	1/1/2022
26535	ARTHROPLASTY IP JT; EA JT	Authorization required for non-participating providers.	C	1/1/2022
26536	ARTHROPLASTY IP JT; W/PROSTH IMPLNT EA JT	Authorization required for non-participating providers.	C	1/1/2022
26540	REPR COLLATERAL LIGAMNT MCP/INTERPHALAN JT	Authorization required for non-participating providers.	C	1/1/2022
26541	RECON COLLATERAL LIGAMNT MCP JT-SING; W/TEND GFT	Authorization required for non-participating providers.	C	1/1/2022
26542	RECON COLLATERAL LIGAMNT MCP JT-SING; W/LOC TISS	Authorization required for non-participating providers.	C	1/1/2022
26545	RECON COLLATERAL LIG IP JT SNGL INCL GFT EA JT	Authorization required for non-participating providers.	C	1/1/2022
26546	REPR NON-UNION METACARP/PHALYNX (INCL BONE GFT)	Authorization required for non-participating providers.	C	1/1/2022
26548	REPR & RECON FINGER VOLAR PLATE IP JT	Authorization required for non-participating providers.	C	1/1/2022
26550	POLLICIZATION A DIGIT	Authorization required for non-participating providers.	C	1/1/2022
26551	TRANSF TOE-TO-HAND-MICROVASC ANASTOM; GR TOE	Authorization required for non-participating providers.	C	1/1/2022
26553	TRANSF TOE-TO-HAND-MICROVASC ANAST; NOT GR TOE-1	Authorization required for non-participating providers.	C	1/1/2022
26554	TRANSF TOE-TO-HAND-MICROVASC ANAST; NOT GR TOE-2	Authorization required for non-participating providers.	C	1/1/2022
26555	TRANSF FINGR OTH POSIT WO MICROVASC ANAS	Authorization required for non-participating providers.	C	1/1/2022
26556	TRANSF FREE TOE JT W/MICROVASC ANAS	Authorization required for non-participating providers.	C	1/1/2022
26560	REPR SYNDACTYLY EA WEB SPACE; W/SKIN FLAPS	Authorization required for non-participating providers.	C	1/1/2022
26561	REPR SYNDACTYLY EA WEB SPACE; W/SKIN FLAPS & GFT	Authorization required for non-participating providers.	C	1/1/2022
26562	REPR SYNDACTYLY EA WEB SPACE; COMPLX	Authorization required for non-participating providers.	C	1/1/2022
26565	OSTEOT; METACARPAL EA	Authorization required for non-participating providers.	C	1/1/2022
26567	OSTEOT; PHALANX FINGR EA	Authorization required for non-participating providers.	C	1/1/2022
26568	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	Authorization required for non-participating providers.	C	1/1/2022
26580	REPR CLEFT HAND	Authorization required for non-participating providers.	C	1/1/2022
26587	RECON SUPERNUMERARY DIGIT SOFT TISS & BONE	Authorization required for non-participating providers.	C	1/1/2022
26590	REPR MACRODACTYLIA	Authorization required for non-participating providers.	C	1/1/2022
26591	REPR INTRINSIC MUSCL HAND EA MUSCL	Authorization required for non-participating providers.	C	1/1/2022
26593	RELEASE INTRINSIC MUSCL HAND EA MUSCL	Authorization required for non-participating providers.	C	1/1/2022
26596	EXC CONSTRICTING RING OF FINGER W/MX Z-PLASTIES	Authorization required for non-participating providers.	C	1/1/2022
26600	CLO TX METACARPAL FX SNGL; WO MANIP EA BONE	Authorization required for non-participating providers.	C	1/1/2022

26605	CLO TX METACARPAL FX SNGL; W/MANIP EA BONE	Authorization required for non-participating providers.	C	1/1/2022
26607	CLO TX METACARPAL FX W/MANIP W/FIXA EA BONE	Authorization required for non-participating providers.	C	1/1/2022
26608	PERCUT SKELETAL FIXA METACARPAL FX EA BONE	Authorization required for non-participating providers.	C	1/1/2022
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	Authorization required for non-participating providers.	C	1/1/2022
26641	CLO TX CARPOMETACARPAL DISLOC THUMB W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
26645	CLO TX CARPOMETACARPAL FX DISLOC THUMB W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
26650	PRQ SKEL FIXATION CARP/MTCRPL FX DISLOCATE THUMB	Authorization required for non-participating providers.	C	1/1/2022
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	Authorization required for non-participating providers.	C	1/1/2022
26670	CLO TX DISLOC-NOT THUMB-SNGL W/MANIP; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
26675	CLO TX DISLOC-NOT THUMB-SNGL W/MANIP; REQ ANES	Authorization required for non-participating providers.	C	1/1/2022
26676	PERCUT SKELET FIX DISLOC-NOT THUMB-SNGL; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	Authorization required for non-participating providers.	C	1/1/2022
26686	OPEN TX DISLOC-NOT THUMB; COMPLX/MX/DELAY REDUCT	Authorization required for non-participating providers.	C	1/1/2022
26700	CLO TX MCP DISLOC SNGL W/MANIP; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
26705	CLO TX MCP DISLOC SNGL W/MANIP; REQ ANES	Authorization required for non-participating providers.	C	1/1/2022
26706	PERCUT SKELETAL FIXA MCP DISLOC SNGL W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION 1	Authorization required for non-participating providers.	C	1/1/2022
26720	CLO TX PHALANGEAL SHAFT FX PROX/MID; WO MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
26725	CLO TX PHALANGEALFX PROX/MID; W/MANIP W/WO TRACT	Authorization required for non-participating providers.	C	1/1/2022
26727	PERCUT FIXA UNSTABLE FX PROX/MID W/MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	Authorization required for non-participating providers.	C	1/1/2022
26740	CLO TX ARTICULR FX INVOLV MCP/IP JT; WO MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
26742	CLO TX ARTICULAR FX INVOLV MCP/IP JT; W/MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	Authorization required for non-participating providers.	C	1/1/2022
26750	CLO TX DIST PHALANGEAL FX FINGER/THUMB; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
26755	CLO TX DIST PHALANGEAL FX FINGER/THUMB; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
26756	PERCUT SKELETAL FIXA DISTAL PHALANGEAL FX EA	Authorization required for non-participating providers.	C	1/1/2022
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	Authorization required for non-participating providers.	C	1/1/2022
26770	CLO TX IP JT DISLOC SNGL W/MANIP; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
26775	CLO TX IP JT DISLOC SNGL W/MANIP; REQ ANES	Authorization required for non-participating providers.	C	1/1/2022
26776	PERCUT SKELETAL FIXA IP JT DISLOC SNGL W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION 1	Authorization required for non-participating providers.	C	1/1/2022
26820	ANASTOMOSIS, FOREARM VEIN TRANSPOSTION	Authorization required for non-participating providers.	C	1/1/2022
26841	ARTHRODESIS CARPOMETACARPAL JT THUMB W/WO FIXA	Authorization required for non-participating providers.	C	1/1/2022
26842	ARTHRODESIS JT THUMB W/WO INT FIXA; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
26843	ARTHRODESIS CARPOMETACARPAL JT DIGITS NOT THUMB	Authorization required for non-participating providers.	C	1/1/2022
26844	ARTHRODESIS JT DIGITS NOT THUMB; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
26850	ARTHRODESIS MCP JT W/WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
26852	ARTHRODESIS MCP JT W/WO INT FIXA; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
26860	ARTHRODESIS IP JT W/WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
26861	ARTHRODESIS IP JT W/WO INT FIXA; EA ADD IP JT	Authorization required for non-participating providers.	C	1/1/2022
26862	ARTHRODESIS IP JT W/WO INT FIXA; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
26863	ARTHRODESIS IP JT W/WO FIX; W/AUTOGFT EA ADD JT	Authorization required for non-participating providers.	C	1/1/2022
26910	AMPUTA METACARPAL W/FINGER/THUMB 1 W/WO TRANSF	Authorization required for non-participating providers.	C	1/1/2022
26951	AMPUTA FINGER ANY JT INCL NEURECT; W/DIRECT CLO	Authorization required for non-participating providers.	C	1/1/2022
26952	AMPUTA FINGER ANY JT; W/LOCAL ADVANCEMENT FLAPS	Authorization required for non-participating providers.	C	1/1/2022
26989	UNLISTED PROC HANDS/FINGERS	Authorization required for all providers.	Y	1/1/2022
26990	I&D PELVIS/HIP JT AREA; DEEP ABSCESS/HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
26991	I&D PELVIS/HIP JT AREA; INFEK BURSA	Authorization required for non-participating providers.	C	1/1/2022

26992	INCIS BONE CORTEX PELVIS &/OR HIP JT	Authorization required for non-participating providers.	C	1/1/2022
27000	TENOT ADDUCTOR HIP PERCUT (SEPARAT PROC)	Authorization required for non-participating providers.	C	1/1/2022
27001	TENOT ADDUCTOR HIP OP	Authorization required for non-participating providers.	C	1/1/2022
27003	TENOTOMY ADDUCT SUBQ OPEN W/OBTURATOR NEURECTOMY	Authorization required for non-participating providers.	C	1/1/2022
27005	TENOT HIP FLEX OP (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
27006	TENOT ABDUCT &/OR EXTEN HIP OP (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
27025	FASCIOTOMY HIP/THIGH ANY TYPE	Authorization required for non-participating providers.	C	1/1/2022
27027	BUTTOCK FASCIOTOMY	Authorization required for non-participating providers.	C	1/1/2022
27030	ARTHROT HIP W/DRAINAGE	Authorization required for non-participating providers.	C	1/1/2022
27033	ARTHROT HIP-EXPLOR/REMOV LOOSE BODY/FB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27035	DENERVAT HIP JT SCIATIC-FEM/OBTURATOR NERV	Authorization required for non-participating providers.	C	1/1/2022
27036	CAPSULECT/CAPSULOT HIP W/RELEASE FLEX MUSCL	Authorization required for non-participating providers.	C	1/1/2022
27040	BX SOFT TISS PELVIS & HIP AREA; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
27041	BX SOFT TISS PELVIS & HIP; DEEP	Authorization required for non-participating providers.	C	1/1/2022
27043	EXC HIP PELVIS LES SC > 3 CM	Authorization required for non-participating providers.	C	1/1/2022
27045	EXC HIP/PELV TUM DEEP > 5 CM	Authorization required for non-participating providers.	C	1/1/2022
27047	EXC TUMOR PELVIS & HIP AREA; SUBQ TISS	Authorization required for non-participating providers.	C	1/1/2022
27048	EXC TUMOR PELVIS & HIP AREA; DEEP/SUBFASCIAL/IM	Authorization required for non-participating providers.	C	1/1/2022
27049	RESECT HIP/PELV TUM < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
27050	ARTHROTOMY W/BX; SACROILIAC JT	Authorization required for non-participating providers.	C	1/1/2022
27052	ARTHROTOMY W/BX; HIP JT	Authorization required for non-participating providers.	C	1/1/2022
27054	ARTHROTOMY W/SYNOVECTOMY HIP JT	Authorization required for non-participating providers.	C	1/1/2022
27057	BUTTOCK FASCIOTOMY W/DBRDMT	Authorization required for non-participating providers.	C	1/1/2022
27059	RESECT HIP/PELV TUM 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022
27060	EXC; ISCHIAL BURSA	Authorization required for non-participating providers.	C	1/1/2022
27062	EXC; TROCH BURSA/CALCIFICATION	Authorization required for non-participating providers.	C	1/1/2022
27065	REMOVE HIP BONE LES SUPER	Authorization required for non-participating providers.	C	1/1/2022
27066	REMOVE HIP BONE LES DEEP	Authorization required for non-participating providers.	C	1/1/2022
27067	REMOVE/GRAFT HIP BONE LESIO	Authorization required for non-participating providers.	C	1/1/2022
27070	PART EXC; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
27071	PART EXC; DEEP	Authorization required for non-participating providers.	C	1/1/2022
27075	RAD RESECT TUMOR/INFEC; WING ILIUM 1 RAMUS/PUBIS	Authorization required for non-participating providers.	C	1/1/2022
27076	RAD RESECT TUMOR; ILIUM W/ACETABULUM BOTH RAMI	Authorization required for non-participating providers.	C	1/1/2022
27077	RADICAL RESECT TUMOR/INFEC; INNOMINATE BONE TOT	Authorization required for non-participating providers.	C	1/1/2022
27078	RAD RESECT TUMOR; ISCHIAL TUBER GRTR TROCHANTER	Authorization required for non-participating providers.	C	1/1/2022
27080	COCCYGECTOMY PRIM	Authorization required for non-participating providers.	C	1/1/2022
27086	REMOV FB PELVIS/HIP; SUBQ TISS	Authorization required for non-participating providers.	C	1/1/2022
27087	REMOV FB PELVIS/HIP; DEEP	Authorization required for non-participating providers.	C	1/1/2022
27090	REMOV HIP PROSTH; (SEPART PROC)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27091	REMOV HIP PROSTH; COMPLIC TOT HIP METHYLMETH	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27093	INJ PROC HIP ARTHROGRAPHY; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
27095	INJ PROC HIP ARTHROGRAPHY; W/ANES	Authorization required for non-participating providers.	C	1/1/2022
27096	INJECT SACROILIAC JOINT	Services are administered by NIA.	C	1/1/2022
27097	RELEASE/RECESSION HAMSTRING PROX	Authorization required for non-participating providers.	C	1/1/2022
27098	TRANSF ADDUCTOR TO ISCHIUM	Authorization required for non-participating providers.	C	1/1/2022
27100	TRANSF EXT OBLIQ MUSCL-GR TROCH INCL TENDN EXTEN	Authorization required for non-participating providers.	C	1/1/2022
27105	TRANSF PARASPINAL MUSCL TO HIP	Authorization required for non-participating providers.	C	1/1/2022
27110	TRANSF ILIOPSOAS; TO GREATER TROCH	Authorization required for non-participating providers.	C	1/1/2022
27111	TRANSF ILIOPSOAS; TO FEMORAL NECK	Authorization required for non-participating providers.	C	1/1/2022
27120	ACETABULOPLASTY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

27122	ACETABULOPLASTY; RESECT FEM HEAD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27125	HEMIARTHROPLASTY HIP PART	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27130	ARTHROPLASTY ACETABULAR & PROX FEM PROSTH REPLAC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27132	CONVERSION PREV HIP TO TOTAL HIP REPLAC W/WO GFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27134	REVIS TOT HIP ARTHROPLASTY; BOTH COMPON W/WO GFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27137	REVIS TOT HIP ARTHROPLASTY; ACETABULAR ONLY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27138	REVIS TOT HIP ARTHROPLASTY; FEMORAL ONLY W/WO GF	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27140	OSTEOTOMY & TRANSF GREATER TROCH (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
27146	OSTEOTOMY ILIAC/ACETABULAR/INNOMINATE BONE	Authorization required for all providers.	Y	1/1/2022
27147	OSTEOTOMY ILIAC/ACETAB/INNOMIN; W/OPEN REDUC HIP	Authorization required for all providers.	Y	1/1/2022
27151	OSTEOTOMY ILIAC/ACETAB/INNOMIN; W/FEM OSTEOTOMY	Authorization required for all providers.	Y	1/1/2022
27156	OSTEOTOMY ILIAC; W/FEM OSTEOT & W/OPEN REDUC HIP	Authorization required for all providers.	Y	1/1/2022
27158	OSTEOT PELVIS BILAT	Authorization required for all providers.	Y	1/1/2022
27161	OSTEOTOMY FEMORAL NECK (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
27165	OSTEOTOMY INTER-/SUBTROCH INCL INT/EXT FIX/CAST	Authorization required for all providers.	Y	1/1/2022
27170	BONE GFT FEM HEAD/NECK/INTER-SUBTROCH AREA	Authorization required for all providers.	Y	1/1/2022
27175	TX SLIPPED FEMORAL EPIPHYSIS; BY TRACT WO REDUCT	Authorization required for all providers.	Y	1/1/2022
27176	TX SLIPPED FEMORAL EPIPHYSIS; BY SNGL/MX PINNING	Authorization required for all providers.	Y	1/1/2022
27177	OPEN TX SLIP'D FEM EPIPHYS; SNGL/MX PIN/BONE GFT	Authorization required for all providers.	Y	1/1/2022
27178	OPEN TX SLIP'D FEM EPIPHYS; CLO MANIP W/PINNING	Authorization required for all providers.	Y	1/1/2022
27179	OPEN TX SLIP'D FEM EPIPHYS; OSTEOPLASTY FEM NECK	Authorization required for all providers.	Y	1/1/2022
27181	OPEN TX SLIP'D FEM EPIPHYS; OSTEOTOMY & INT FIXA	Authorization required for all providers.	Y	1/1/2022
27185	EPIPHYSEAL ARREST-EPIPHYSIODESIS/STAPL GRT TROCH	Authorization required for all providers.	Y	1/1/2022
27187	PROPHYLACTIC TX FEMORAL NECK & PROX FEMUR	Authorization required for non-participating providers.	C	1/1/2022
27197	CLSD TX PELVIC RING FX W/O MANIPULATION	Authorization required for non-participating providers.	C	1/1/2022
27198	CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	Authorization required for non-participating providers.	C	1/1/2022
27200	CLO TX COCCYGEAL FX	Authorization required for non-participating providers.	C	1/1/2022
27202	OPEN TX COCCYGEAL FX	Authorization required for non-participating providers.	C	1/1/2022
27215	TREAT PELVIC FRACTURE(S)	Authorization required for non-participating providers.	C	1/1/2022
27216	TREAT PELVIC RING FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
27217	TREAT PELVIC RING FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
27218	TREAT PELVIC RING FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
27220	CLO TX ACETABULUM FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27222	CLO TX ACETAB FX; W/MANIP W/WO SKELETAL TRACT	Authorization required for non-participating providers.	C	1/1/2022
27226	OPEN TX POST/ANT ACETABULAR WALL FX W/INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
27227	OPEN TX ACETAB FX INVOL ANT/POST COLUM W/INT FIX	Authorization required for non-participating providers.	C	1/1/2022
27228	OPEN TX ACETAB FX W/T-FX W/INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
27230	CLO TX FEMORAL FX PROX END NECK; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27232	CLO TX FEM FX PROX END NECK; W/MANIP W/WO TRACT	Authorization required for non-participating providers.	C	1/1/2022
27235	PERCUT SKEL FIX FEM FX PROX END NCK	Authorization required for non-participating providers.	C	1/1/2022
27236	OPEN TX FEM FX PROX END NECK INT FIX/PROS REPLAC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27238	CLO TX INTER-/PER-/SUBTROCH FEM FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27240	CLO TX INTER/PER/SUB-TROCHANTER FEM FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
27244	TX INTERTROCH FEM FX;PLAT/SCRW IMPL	Authorization required for non-participating providers.	C	1/1/2022
27245	TX INTERTROCH FEM FX;IMPL W/WO SCRWB	Authorization required for non-participating providers.	C	1/1/2022
27246	CLO TX GREATER TROCH FX WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
27250	CLO TX HIP DISLOC TRAUMATIC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
27252	CLO TX HIP DISLOC TRAUMATIC; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022

27253	OPEN TX HIP DISLOC TRAUMATIC WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
27254	OPEN TX HIP DISLOC TRAUMA W/ACETAB & FEM HEAD FX	Authorization required for non-participating providers.	C	1/1/2022
27256	TX SPONTAN HIP DISLOC-ABDUCTION; WO ANES/MANIP	Authorization required for non-participating providers.	C	1/1/2022
27257	TX SPONTAN HIP DISLOC-ABDUCT; W/MANIP REQ ANES	Authorization required for non-participating providers.	C	1/1/2022
27258	OPEN TX SPONTAN HIP DISLOC REPLA FEM HEAD ACETAB	Authorization required for non-participating providers.	C	1/1/2022
27259	OPEN TX SPONTAN HIP DISLOC; W/FEM SHAFT SHORTEN	Authorization required for non-participating providers.	C	1/1/2022
27265	CLO TX POST HIP ARTHROPLASTY DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
27266	CLO TX HIP ARTHROPLSTY DISLOC; W/REGION/GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
27267	CLTX THIGH FX	Authorization required for non-participating providers.	C	1/1/2022
27268	CLTX THIGH FX W/MNPJ	Authorization required for non-participating providers.	C	1/1/2022
27269	OPTX THIGH FX	Authorization required for non-participating providers.	C	1/1/2022
27275	MANIP HIP JT REQUIRING GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
27279	ARTHRODESIS SACROILIAC JOINT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27280	FUSION OF SACROILIAC JOINT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27282	ARTHRODESIS SYMPHYSIS PUBIS	Authorization required for non-participating providers.	C	1/1/2022
27284	ARTHRODESIS HIP JT;	Authorization required for non-participating providers.	C	1/1/2022
27286	ARTHRODESIS HIP JT; W/SUBTROCHANTERIC OSTEOT	Authorization required for non-participating providers.	C	1/1/2022
27290	INTERPELVIA ABDOMINAL AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
27295	DIASART HIP	Authorization required for non-participating providers.	C	1/1/2022
27299	UNLISTED PROC PELVIS/HIP JT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27301	I&D DEEP ABSCESS BURSA/HEMATOMA THIGH/KNEE	Authorization required for non-participating providers.	C	1/1/2022
27303	INCS DEEP W/OP BONE CORTEX/FEM/KNEE	Authorization required for non-participating providers.	C	1/1/2022
27305	FASCIOTOMY ILIOTIBIAL OPEN	Authorization required for non-participating providers.	C	1/1/2022
27306	TENOT PERCUT ADDUCT/HAMSTRING; SNGL TENDON (SP)	Authorization required for non-participating providers.	C	1/1/2022
27307	TENOT PERCUT ADDUCT/HAMSTRING; MX TENDONS	Authorization required for non-participating providers.	C	1/1/2022
27310	ARTHROT KNEE EXPLOR/DRAIN/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
27323	BX SOFT TISS THIGH/KNEE AREA; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
27324	BX SOFT TISS THIGH/KNEE AREA; DEEP	Authorization required for non-participating providers.	C	1/1/2022
27325	NEURECTOMY, HAMSTRING MUSCLE	Authorization required for non-participating providers.	C	1/1/2022
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	Authorization required for non-participating providers.	C	1/1/2022
27327	EXC TUMOR THIGH/KNEE AREA; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
27328	EXC TUMOR THIGH/KNEE; DEEP/SUBFASCIAL/IM	Authorization required for non-participating providers.	C	1/1/2022
27329	RESECT THIGH/KNEE TUM < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
27330	ARTHROTOMY KNEE; W/SYNOVIAL BX ONLY	Authorization required for non-participating providers.	C	1/1/2022
27331	ARTHROT KNEE; JT EXPLOR BX/REMOV LOOSE/FB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27332	ARTHROT EXCIS SEMILUNAR CARTIL KNEE; MEDIAL/LAT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27333	ARTHROT EXCIS SEMILUNAR CARTIL KNEE; MEDIAL-LAT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27334	ARTHROT W/SYNOVECT KNEE; ANT/POST	Authorization required for non-participating providers.	C	1/1/2022
27335	ARTHROT W/SYNOVECT KNEE; ANT & POST W/POPLITEAL	Authorization required for non-participating providers.	C	1/1/2022
27337	EXC THIGH/KNEE LES SC > 3 CM	Authorization required for non-participating providers.	C	1/1/2022
27339	EXC THIGH/KNEE TUM DEEP >SCM	Authorization required for non-participating providers.	C	1/1/2022
27340	EXC PREPATELLAR BURSA	Authorization required for non-participating providers.	C	1/1/2022
27345	EXC SYNOVIAL CYST POPLITEAL SPACE	Authorization required for non-participating providers.	C	1/1/2022
27347	EXC LES MENISCUS/CAPSULE KNEE	Authorization required for non-participating providers.	C	1/1/2022
27350	PATELLECTOMY/HEMIPATELLECTOMY	Authorization required for non-participating providers.	C	1/1/2022
27355	EXC/CURET BONE CYST/BEN TUMOR FEMUR	Authorization required for non-participating providers.	C	1/1/2022
27356	EXC/CURET BONE CYST/BEN TUMOR FEMUR; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
27357	EXC/CURET BONE CYST/BEN TUMOR FEMUR; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
27358	EXC/CURET CYST/BEN TUMOR FEM; W/INT FIXA	Authorization required for non-participating providers.	C	1/1/2022

27360	PART EXC BONE FEM/PROX TIBIA &/OR FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27364	RESECT THIGH/KNEE TUM 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022
27365	RADICAL RESECT TUMOR BONE FEMUR/KNEE	Authorization required for non-participating providers.	C	1/1/2022
27369	NIX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	Authorization required for all providers.	Y	1/1/2022
27372	REMOV FB DEEP THIGH REGION/KNEE AREA	Authorization required for non-participating providers.	C	1/1/2022
27380	SUTURE INFRAPATELLAR TENDON; PRIM	Authorization required for non-participating providers.	C	1/1/2022
27381	SUTURE INFRAPATELLAR TENDON; 2ND RECON INCL GFT	Authorization required for non-participating providers.	C	1/1/2022
27385	SUTURE QUADRICEPS/HAMSTRING MUSCL RUPT; PRIM	Authorization required for non-participating providers.	C	1/1/2022
27386	SUTURE QUADRICEPS MUSCL RUPT; 2ND RECON INCL GFT	Authorization required for non-participating providers.	C	1/1/2022
27390	TENOT OP HAMSTRING KNEE TO HIP; SNGL TENDON	Authorization required for non-participating providers.	C	1/1/2022
27391	TENOT OP HAMSTRING KNEE TO HIP; MX TENDON 1 LEG	Authorization required for non-participating providers.	C	1/1/2022
27392	TENOT OP HAMSTRING KNEE TO HIP; MX TENDON BILAT	Authorization required for non-participating providers.	C	1/1/2022
27393	LENGTHENING HAMSTRING TENDON; SNGL TENDON	Authorization required for non-participating providers.	C	1/1/2022
27394	LENGTHENING HAMSTRING TENDON; MX TENDON 1 LEG	Authorization required for non-participating providers.	C	1/1/2022
27395	LENGTHENING HAMSTRING TENDON; MX TENDON BILAT	Authorization required for non-participating providers.	C	1/1/2022
27396	TRANSPLANT OF THIGH TENDON	Authorization required for non-participating providers.	C	1/1/2022
27397	TRANSPLANTS OF THIGH TENDONS	Authorization required for non-participating providers.	C	1/1/2022
27400	TRANSF TENDON/MUSCL HAMSTRINGS TO FEM	Authorization required for non-participating providers.	C	1/1/2022
27403	ARTHROT W/MENISCUS REPR KNEE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27405	REPR PRIM TORN LIGAMNT/CAPSULE KNEE; COLLATERAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27407	REPR PRIM TORN LIGAMNT/CAPSULE KNEE; CRUCIATE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27409	REPR PRIM TORN LIGAM KNEE; COLLATERAL & CRUCIATE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27418	ANT TIBIAL TUBERCLEPLASTY	Authorization required for all providers.	Y	1/1/2022
27420	RECON DISLOC PATELLA;	Authorization required for non-participating providers.	C	1/1/2022
27422	RECON DISLOC PATELLA; EXTEN REALIGNMENT	Authorization required for non-participating providers.	C	1/1/2022
27424	RECON RECURRENT DISLOC PATELLA; W/PATELLECTOMY	Authorization required for non-participating providers.	C	1/1/2022
27425	LATERAL RETINACULAR RELEASE OPEN	Authorization required for non-participating providers.	C	1/1/2022
27427	LIGAMNT RECON KNEE; EXTRA-ARTICULAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27428	LIGAMNT RECON KNEE; INTRA-ARTICULAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27429	LIGAMNT RECON KNEE; INTRA & EXTRA-ARTICULAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27430	QUADRICEPSPLASTY	Authorization required for non-participating providers.	C	1/1/2022
27435	CAPSULOT POST CAPSULAR RELEASE KNEE	Authorization required for non-participating providers.	C	1/1/2022
27437	ARTHROPLASTY PATELLA; WO PROSTH	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27438	ARTHROPLASTY PATELLA; W/PROSTH	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27441	ARTHROPLASTY KNEE TIB PLATEAU; W/DEBRID/SYNOVECT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27442	ARTHROPLASTY FEM CONDYLE/TIB PLATEAU KNEES;	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27443	ARTHROPLASTY CONDYLE KNEE; DEBRID PART SYNOVECT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27445	ARTHROPLASTY KNEE HINGE PROSTH	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27446	ARTHROPLASTY KNEE CONDYLE & PLATEAU; MEDIAL/LAT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27447	ARTHROPLASTY KNEE CONDYLE & PLATEAU; MED & LAT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR; WO FIXA	Authorization required for all providers.	Y	1/1/2022
27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR; W/FIXA	Authorization required for all providers.	Y	1/1/2022
27454	OSTEOT MX REALIGN INTRAMEDUL ROD FEM SHAFT	Authorization required for non-participating providers.	C	1/1/2022
27455	OSTEOTOMY PROX TIBIA; BEFORE EPIPHYSEAL CLO	Authorization required for non-participating providers.	C	1/1/2022
27457	OSTEOTOMY PROX TIBIA; AFTER EPIPHYSEAL CLO	Authorization required for non-participating providers.	C	1/1/2022

27465	OSTEOPLASTY FEMUR; SHORTENING	Authorization required for non-participating providers.	C	1/1/2022
27466	OSTEOPLASTY FEMUR; LENGTHENING	Authorization required for non-participating providers.	C	1/1/2022
27468	OSTEOPLASTY FEMUR; COMBO LENGTHEN & SHORTEN	Authorization required for non-participating providers.	C	1/1/2022
27470	REPR NON-MALUNION FEMUR DISTAL; WO GFT	Authorization required for non-participating providers.	C	1/1/2022
27472	REPR NON-/MALUNION FEMUR; W/ILIAC/AUTOGEN GFT	Authorization required for non-participating providers.	C	1/1/2022
27475	ARREST EPIPHYSEAL ANY METHD; DIST FEM	Authorization required for non-participating providers.	C	1/1/2022
27477	ARREST EPIPHYSEAL ANY METHD; TIBIA & FIBULA PROX	Authorization required for non-participating providers.	C	1/1/2022
27479	ARREST EPIPHYSEAL; COMBO DIST FEM PROX TIB-FIB	Authorization required for non-participating providers.	C	1/1/2022
27485	ARREST HEMIEPIPHYSEAL DIST FEM/PROX TIBIA/FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27486	REVIS TOT KNEE ARTHROPL W/WO ALLOGFT; 1 COMPON	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27487	REVIS TOT KNEE ARTHROPLAS; FEM & WHOLE TIB COMP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27488	REMOV TOTAL KNEE PROSTH METHYLMETH W/WO SPACER	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27495	PROPHYLACTIC TX W/WO METHYLMETHACRYLATE FEMUR	Authorization required for non-participating providers.	C	1/1/2022
27496	DECOMP FASCIOTOMY THIGH &/OR KNEE 1 COMPART	Authorization required for non-participating providers.	C	1/1/2022
27497	DECOMP FASCIOT THIGH/KNEE 1 COMPART; W/DEBRID	Authorization required for non-participating providers.	C	1/1/2022
27498	DECOMP FASCIOTOMY THIGH &/OR KNEE MX COMPART	Authorization required for non-participating providers.	C	1/1/2022
27499	DECOMP FASCIOT THIGH/KNEE MX COMPART; W/DEBRID	Authorization required for non-participating providers.	C	1/1/2022
27500	CLO TX FEMORAL SHAFT FX WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27501	CLO TX SUPRA-/TRANSCONDYLAR FEMORAL FX WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27502	CLO TX FEMORAL SHAFT FX W/MANIP W/WO TRACTION	Authorization required for non-participating providers.	C	1/1/2022
27503	CLO TX SUPRA-/TRANSCONDYLAR FEM FX W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
27506	OPEN TX FEM SHFT FX W/WO FIX W/IMPLNT W/WO SCREW	Authorization required for non-participating providers.	C	1/1/2022
27507	OPEN TX FEM SHAFT FX W/PLATE/SCREWS W/WO CERCLAG	Authorization required for non-participating providers.	C	1/1/2022
27508	CLO TX FEM FX DIST END MED/LAT CONYLE WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27509	PERCUT SKELET FIX FEM FX DISTAL/FEM EPIPHYSL SEP	Authorization required for non-participating providers.	C	1/1/2022
27510	CLO TX FEM FX DIST END MED/LAT CONDYLE W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	Authorization required for non-participating providers.	C	1/1/2022
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W XTN	Authorization required for non-participating providers.	C	1/1/2022
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	Authorization required for non-participating providers.	C	1/1/2022
27516	CLO TX DIST FEMORAL EPIPHYSEAL SEPART; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27517	CLO TX FEM EPIPHYSEAL SEPART; W/MANIP W/WO TRACT	Authorization required for non-participating providers.	C	1/1/2022
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	Authorization required for non-participating providers.	C	1/1/2022
27520	CLO TX PATELLAR FX WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27524	OPEN TX PATELLA FX W/FIX PART/COMPLT PATELLECTMY	Authorization required for non-participating providers.	C	1/1/2022
27530	CLO TX TIBIAL FX PROX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27532	CLO TX TIB FX PROX; W/WO MANIP W/SKELETAL TRACT	Authorization required for non-participating providers.	C	1/1/2022
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Authorization required for non-participating providers.	C	1/1/2022
27536	OPEN TX TIBIAL FX PROX; BICONDYLAR W/WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
27538	CLO TX INTERCOND SPINE/TUBEROS FX KNEE W/WO MANI	Authorization required for non-participating providers.	C	1/1/2022
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	Authorization required for non-participating providers.	C	1/1/2022
27550	CLO TX KNEE DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
27552	CLO TX KNEE DISLOC; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENOUS REPAIR	Authorization required for non-participating providers.	C	1/1/2022
27557	OPEN TX KNEE DISLOCATION W LIGAMENOUS REPAIR	Authorization required for non-participating providers.	C	1/1/2022
27558	OPEN TX KNEE DISLOCATION W REPAIR/RECONSTRUCTION	Authorization required for non-participating providers.	C	1/1/2022
27560	CLO TX PATELLAR DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
27562	CLO TX PATELLAR DISLOC; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
27566	OPEN TX PATELLA DISLOC W/WO PART/TOT PATELLECTMY	Authorization required for non-participating providers.	C	1/1/2022
27570	MANIP KNEE JT UNDER GEN ANES	Authorization required for non-participating providers.	C	1/1/2022

27580	ARTHRODESIS KNEE ANY TECH	Authorization required for non-participating providers.	C	1/1/2022
27590	AMPUTA THIGH THRU FEMUR ANY LEVEL	Authorization required for non-participating providers.	C	1/1/2022
27591	AMPUTA THIGH THRU FEMUR; IMMED FIT INCL 1ST CAST	Authorization required for non-participating providers.	C	1/1/2022
27592	AMPUTA THIGH THRU FEMUR ANY LEVEL; OPEN CIRCULAR	Authorization required for non-participating providers.	C	1/1/2022
27594	AMPUTA THIGH FEMUR; SECNDRY CLO/SCAR REVIS	Authorization required for non-participating providers.	C	1/1/2022
27596	AMPUTA THIGH THRU FEMUR ANY LEVEL; RE-AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
27598	DIASART AT KNEE	Authorization required for non-participating providers.	C	1/1/2022
27599	UNLISTED PROC FEMUR/KNEE	Authorization required for all providers.	Y	1/1/2022
27600	DECOMP FASCIOTOMY LEG; ANT &/OR LAT COMPART ONLY	Authorization required for non-participating providers.	C	1/1/2022
27601	DECOMP FASCIOTOMY LEG; POST COMPART ONLY	Authorization required for non-participating providers.	C	1/1/2022
27602	DECOMP FASCIOT LEG; ANT &/ LAT & POST COMPART	Authorization required for non-participating providers.	C	1/1/2022
27603	I&D LEG/ANK; DEEP ABSCESS/HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
27604	I&D LEG/ANK; INFEC BURSA	Authorization required for non-participating providers.	C	1/1/2022
27605	TENOT PERCUT ACHILLES (SP); LOCAL ANES	Authorization required for non-participating providers.	C	1/1/2022
27606	TENOT PERCUT ACHILLES (SP); GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
27607	INCIS LEG/ANK	Authorization required for non-participating providers.	C	1/1/2022
27610	ARTHROT ANK-/EXPLOR/DRAIN/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
27612	ARTHROT POST CAPSULAR RELEASE ANK W/WO LENGTHEN	Authorization required for non-participating providers.	C	1/1/2022
27613	BX SOFT TISS LEG/ANK AREA; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
27614	BX SOFT TISS LEG/ANK AREA; DEEP	Authorization required for non-participating providers.	C	1/1/2022
27615	RESECT LEG/ANKLE TUM < 5 CM	Authorization required for non-participating providers.	C	1/1/2022
27616	RESECT LEG/ANKLE TUM 5 CM/>	Authorization required for non-participating providers.	C	1/1/2022
27618	EXC TUMOR LEG/ANK AREA; SUBQ TISS	Authorization required for non-participating providers.	C	1/1/2022
27619	EXC TUMOR LEG/ANK AREA; DEEP	Authorization required for non-participating providers.	C	1/1/2022
27620	ARTHROTOMY ANK W/JT EXPLOR W/WO BX-REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
27625	ARTHROTOMY W/SYNOVECTOMY ANK;	Authorization required for non-participating providers.	C	1/1/2022
27626	ARTHROTOMY W/SYNOVECTOMY ANK; INCL TENOSYNOVECT	Authorization required for non-participating providers.	C	1/1/2022
27630	EXC LES TENDON SHEATH/CAPSULE LEG &/OR ANK	Authorization required for non-participating providers.	C	1/1/2022
27632	EXC LEG/ANKLE LES SC > 3 CM	Authorization required for non-participating providers.	C	1/1/2022
27634	EXC LEG/ANKLE TUM DEEP >5 CM	Authorization required for non-participating providers.	C	1/1/2022
27635	EXC/CURET BONE CYST/BEN TUMOR TIBIA/FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27637	EXC/CURET BONE CYST/BEN TUMOR TIB/FIB; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
27638	EXC/CURET BONE CYST/BEN TUMOR TIB/FIB; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
27640	PART EXC BONE; TIBIA	Authorization required for non-participating providers.	C	1/1/2022
27641	PART EXC BONE; FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27645	RADICAL RESECT BONE TUMOR; TIBIA	Authorization required for non-participating providers.	C	1/1/2022
27646	RADICAL RESECT BONE TUMOR; FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27647	RADICAL RESECT BONE TUMOR; TALUS/CALCAN	Authorization required for non-participating providers.	C	1/1/2022
27648	INJ PROC ANK ARTHROGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
27650	REPR PRIM OP/PERCUT RUPT ACHILLES TENDON	Authorization required for non-participating providers.	C	1/1/2022
27652	REPR PRIM OP/PERCUT RUPT ACHILLES TENDON; W/GFT	Authorization required for non-participating providers.	C	1/1/2022
27654	REPR SECNDRY ACHILLES TENDON W/WO GFT	Authorization required for non-participating providers.	C	1/1/2022
27656	REPR FASCIAL DEFECT LEG	Authorization required for non-participating providers.	C	1/1/2022
27658	REPR FLEX TENDON LEG; PRIM WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
27659	REPR FLEX TENDON LEG; SECND W/WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
27664	REPR EXTEN TENDON LEG; PRIM WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
27665	REPR EXTEN TENDON LEG; SECND W/WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
27675	REPR DISLOC PERONEAL TENDONS; WO FIB OSTEOT	Authorization required for non-participating providers.	C	1/1/2022
27676	REPR DISLOC PERONEAL TENDONS; W/FIB OSTEOT	Authorization required for non-participating providers.	C	1/1/2022

27680	TENOLYSIS FLEX/EXTEN-LEG &/OR ANK; 1 EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
27681	TENOLYSIS FLEX/EXTEN-LEG &/OR ANK; MX TENDON	Authorization required for non-participating providers.	C	1/1/2022
27685	LENGTHEN/SHORTEN TENDON LEG/ANK; SINGL TENDON	Authorization required for non-participating providers.	C	1/1/2022
27686	LENGTHEN/SHORTEN TENDON LEG/ANK; MX TENDON	Authorization required for non-participating providers.	C	1/1/2022
27687	GASTROCNEMIUS RESECTION	Authorization required for non-participating providers.	C	1/1/2022
27690	TRANSF/TRANSPL SNGL TENDON; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
27691	TRANSF/TRANSPL SNGL TENDON; DEEP	Authorization required for non-participating providers.	C	1/1/2022
27692	TRANSF/TRANSPL SNGL TENDON; EA ADD TENDON	Authorization required for non-participating providers.	C	1/1/2022
27695	REPR PRIM DISRUPTED LIGAMNT ANK; COLLATERAL	Authorization required for non-participating providers.	C	1/1/2022
27696	REPR PRIM DISRUPTED LIG ANK; BOTH COLLATERAL	Authorization required for non-participating providers.	C	1/1/2022
27698	REPR SECNDRY DISRUPTED LIG ANK COLLATERAL	Authorization required for non-participating providers.	C	1/1/2022
27700	ARTHROPLASTY ANK	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27702	ARTHROPLASTY ANK; W/IMPLNT (TOT ANK)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27703	ARTHROPLASTY ANK; REVIS TOT ANK	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27704	REMOV ANK IMPLNT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27705	OSTEOTOMY; TIBIA	Authorization required for non-participating providers.	C	1/1/2022
27707	OSTEOTOMY; FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27709	OSTEOTOMY; TIBIA & FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27712	OSTEOTOMY; MX W/REALIGNMENT INTRAMEDULLARY ROD	Authorization required for non-participating providers.	C	1/1/2022
27715	OSTEOPLASTY TIBIA & FIBULA LENGTHEN/SHORTEN	Authorization required for all providers.	Y	1/1/2022
27720	REPR NONUNION/MALUNION TIBIA; WO GFT	Authorization required for non-participating providers.	C	1/1/2022
27722	REPR NONUNION/MALUNION TIBIA; W/SLIDING GFT	Authorization required for non-participating providers.	C	1/1/2022
27724	REPR NON/MALUNION TIBIA; W/LIAC-OTHER AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
27725	REPR NON/MALUNION TIBIA; BY SYNOSTOSIS W/FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27726	REPAIR FIBULA NONUNION	Authorization required for non-participating providers.	C	1/1/2022
27727	REPR CONGEN PSEUDARTHROSIS TIBIA	Authorization required for non-participating providers.	C	1/1/2022
27730	ARREST EPIPHYSEAL OPEN; DIST TIBIA	Authorization required for non-participating providers.	C	1/1/2022
27732	ARREST EPIPHYSEAL OPEN; DIST FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27734	ARREST EPIPHYSL OPEN; DIST TIB&FIB	Authorization required for non-participating providers.	C	1/1/2022
27740	ARREST EPIPHYSEAL PROX & DIST TIBIA & FIBULA;	Authorization required for non-participating providers.	C	1/1/2022
27742	ARREST EPIPHYS PROX-DIST TIBIA-FIBULA; DIST FEM	Authorization required for non-participating providers.	C	1/1/2022
27745	PROPHYLACTIC TX W/WO METHYLMETHACRYLATE TIBIA	Authorization required for non-participating providers.	C	1/1/2022
27750	CLO TX TIBIAL SHAFT FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27752	CLO TX TIB SHAFT FX; W/MANIP W/WO SKELETAL TRACT	Authorization required for non-participating providers.	C	1/1/2022
27756	PERCUT SKELETAL FIXA TIBIAL SHAFT FX	Authorization required for non-participating providers.	C	1/1/2022
27758	OPEN TX TIB SHAFT FX W/PLATE/SCREWS W/WO CERCLAG	Authorization required for non-participating providers.	C	1/1/2022
27759	TX TIBL SHAFT FX INTRMEDLLRY IMPL	Authorization required for non-participating providers.	C	1/1/2022
27760	CLO TX MEDIAL MALLEOLUS FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27762	CLO TX MED MALLEOLUS FX; W/MANIP W/WO TRACTION	Authorization required for non-participating providers.	C	1/1/2022
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
27767	CLTX POST ANKLE FX	Authorization required for non-participating providers.	C	1/1/2022
27768	CLTX POST ANKLE FX W/MNPJ	Authorization required for non-participating providers.	C	1/1/2022
27769	OPTX POST ANKLE FX	Authorization required for non-participating providers.	C	1/1/2022
27780	CLO TX PROX FIBULA/SHAFT FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27781	CLO TX PROX FIBULA/SHAFT FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
27786	CLO TX DISTAL FIBULAR FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27788	CLO TX DISTAL FIBULAR FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	Authorization required for non-participating providers.	C	1/1/2022

27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MNPJ	Authorization required for non-participating providers.	C	1/1/2022
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W MNPJ	Authorization required for non-participating providers.	C	1/1/2022
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
27816	CLO TX TRIMALLEOLAR ANK FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27818	CLO TX TRIMALLEOLAR ANK FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXI PST LIP	Authorization required for non-participating providers.	C	1/1/2022
27823	OPEN TX TRIMALLEOLAR ANKLE FX W FIXI PST LIP	Authorization required for non-participating providers.	C	1/1/2022
27824	CLO TX FX WT BEARING ARTICUL-DIST TIB; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
27825	CLO TX FX ARTICUL-DIST TIB; W/TRACT/REQ MANIP	Authorization required for non-participating providers.	C	1/1/2022
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	Authorization required for non-participating providers.	C	1/1/2022
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	Authorization required for non-participating providers.	C	1/1/2022
27830	CLO TX PROX TIBIOFIBULAR JT DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
27831	CLO TX PROX TIBIOFIBULAR JT DISLOC; REQ ANES	Authorization required for non-participating providers.	C	1/1/2022
27832	OPEN TX PROX TIBIFIB JOINT DISLOCATE EXC PROX FIB	Authorization required for non-participating providers.	C	1/1/2022
27840	CLO TX ANK DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
27842	CLO TX ANK DISLOC; REQ ANES W/WO PERCUT SKEL FIX	Authorization required for non-participating providers.	C	1/1/2022
27846	OPEN TX ANK DISLOC W/WO PERCUT SKEL FIX; WO REPR	Authorization required for non-participating providers.	C	1/1/2022
27848	OPEN TX ANK DISLOC W/WO FIX; W/REPR/INT/EXT FIX	Authorization required for non-participating providers.	C	1/1/2022
27860	MANIP ANK UNDER GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
27870	ARTHRODESIS, ANKLE, OPEN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
27871	ARTHRODESIS TIBIOFIBULAR JT PROX/DISTAL	Authorization required for non-participating providers.	C	1/1/2022
27880	AMPUTA LEG THRU TIBIA & FIBULA	Authorization required for non-participating providers.	C	1/1/2022
27881	AMPUTA LEG THRU TIB & FIB; W/IMMED FIT INCL CAST	Authorization required for non-participating providers.	C	1/1/2022
27882	AMPUTA LEG THRU TIBIA & FIBULA; OPEN CIRCULAR	Authorization required for non-participating providers.	C	1/1/2022
27884	AMPUTA LEG-TIB & FIB; SECNDRY CLO/SCAR REVIS	Authorization required for non-participating providers.	C	1/1/2022
27886	AMPUTA LEG THRU TIBIA & FIBULA; RE-AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
27888	AMPUT ANK-MALLEOLI TIBIA/FIBULA PLASTC CLO	Authorization required for non-participating providers.	C	1/1/2022
27889	ANK DIASART	Authorization required for non-participating providers.	C	1/1/2022
27892	DECOMP FASCIOT LEG; ANT/LAT COMPRT-ONLY W/DEBRID	Authorization required for non-participating providers.	C	1/1/2022
27893	DECOMP FASCIOT LEG; POST COMPRT ONLY W/DEBRID	Authorization required for non-participating providers.	C	1/1/2022
27894	DECOMP FASCIOT LEG; ANT/LAT/POST COMPRT W/DEBRID	Authorization required for non-participating providers.	C	1/1/2022
27899	UNLISTED PROC LEG/ANK	Authorization required for all providers.	Y	1/1/2022
28001	I&D BURSA FT	Authorization required for non-participating providers.	C	1/1/2022
28002	I&D BELOW FASCIA W/WO TENDON FT; 1 BURSAL SPACE	Authorization required for non-participating providers.	C	1/1/2022
28003	I&D BELOW FASCIA FT W/WO TENDON; MX AREAS	Authorization required for non-participating providers.	C	1/1/2022
28005	INCIS BONE CORTEX FT	Authorization required for non-participating providers.	C	1/1/2022
28008	FASCIOTOMY FT &/OR TOE	Authorization required for non-participating providers.	C	1/1/2022
28010	TENOT PERCUT TOE; SINGL TENDON	Authorization required for non-participating providers.	C	1/1/2022
28011	TENOT PERCUT TOE; MX TENDON	Authorization required for non-participating providers.	C	1/1/2022
28020	ARTHROT EXPLOR/DRAIN; INTERTARS/TARSOMETATARS JT	Authorization required for non-participating providers.	C	1/1/2022
28022	ARTHROT EXPLOR/DRAIN; METATARSOPHALANGAL JT	Authorization required for non-participating providers.	C	1/1/2022
28024	ARTHROT EXPLOR/DRAIN; IP JT	Authorization required for non-participating providers.	C	1/1/2022
28035	RELEASE TARSAL TUNNEL	Authorization required for non-participating providers.	C	1/1/2022
28039	EXC FOOT/TOE TUM SC > 1.5 CM	Authorization required for non-participating providers.	C	1/1/2022
28041	EXC FOOT/TOE TUM DEEP >1.5CM	Authorization required for non-participating providers.	C	1/1/2022
28043	EXC TUMOR FT; SUBQ TISS	Authorization required for non-participating providers.	C	1/1/2022
28045	EXC TUMOR FT; DEEP/SUBFASCIAL/IM	Authorization required for non-participating providers.	C	1/1/2022

28046	RESECT FOOT/TOE TUMOR < 3 CM	Authorization required for non-participating providers.	C	1/1/2022
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Authorization required for non-participating providers.	C	1/1/2022
28050	ARTHROT W/BX; INTERTARSAL/TARSOMETATARSAL JT	Authorization required for non-participating providers.	C	1/1/2022
28052	ARTHROT W/BX; METATARSOPHALANGEAL JT	Authorization required for non-participating providers.	C	1/1/2022
28054	ARTHROT W/BX; INTERPHALANGEAL JT	Authorization required for non-participating providers.	C	1/1/2022
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	Authorization required for non-participating providers.	C	1/1/2022
28060	FASCIECTOMY PLANTAR FASCIA; PART (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
28062	FASCIECTOMY PLANTAR FASCIA; RAD (SEPARAT PRO)	Authorization required for non-participating providers.	C	1/1/2022
28070	SYNOVECTOMY; INTERTARSAL/TARSOMETATARSAL JT EA	Authorization required for non-participating providers.	C	1/1/2022
28072	SYNOVECTOMY; METATARSOPHALANGEAL JT EA	Authorization required for non-participating providers.	C	1/1/2022
28080	EXC INTERDIGITAL NEUROMA SNGL EA	Authorization required for non-participating providers.	C	1/1/2022
28086	SYNOVECTOMY TENDON SHEATH FT; FLEXOR	Authorization required for non-participating providers.	C	1/1/2022
28088	SYNOVECTOMY TENDON SHEATH FT; EXTENSOR	Authorization required for non-participating providers.	C	1/1/2022
28090	EXC LES TENDON/TENDON SHEATH/CAPSULE; FT	Authorization required for non-participating providers.	C	1/1/2022
28092	EXC LES TENDON/TENDON SHEATH/CAPSULE; TOE EA	Authorization required for non-participating providers.	C	1/1/2022
28100	EXC/CURET BONE CYST/BEN TUMOR TALUS/CALCAN	Authorization required for non-participating providers.	C	1/1/2022
28102	EXC/CURET BONE CYST TALUS/CALCAC; W/ILIAC/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
28103	EXC/CURET BONE CYST TALUS/CALCAN; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
28104	EXC/CURET BONE CYST TARSAL/METATARS EX TALUS	Authorization required for non-participating providers.	C	1/1/2022
28106	EXC/CURET BONE CYST TARSAL EX TALUS; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
28107	EXC/CURET BONE CYST TARSAL EX TALUS; W/ALLOGFT	Authorization required for non-participating providers.	C	1/1/2022
28108	EXC/CURET BONE CYST/BEN TUMOR PHALANGES FT	Authorization required for non-participating providers.	C	1/1/2022
28110	OSTEOTOMY PART EXC 5TH METATARSAL HEAD (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
28111	OSTECTOMY COMPLT EXC; FIRST METATARSAL HEAD	Authorization required for non-participating providers.	C	1/1/2022
28112	OSTECTOMY COMPLT EXC; OTHER METATARSAL HEAD	Authorization required for non-participating providers.	C	1/1/2022
28113	OSTECTOMY COMPLT EXC; FIFTH METATARSAL HEAD	Authorization required for non-participating providers.	C	1/1/2022
28114	OSTEC-COMPLT; ALL METATARS HEADS EXCLD 1ST	Authorization required for non-participating providers.	C	1/1/2022
28116	OSTECTOMY EXC TARSAL COALITION	Authorization required for non-participating providers.	C	1/1/2022
28118	OSTECTOMY CALCAN	Authorization required for non-participating providers.	C	1/1/2022
28119	OSTECTOMY CALCAN; SPUR W/WO PLANTAR FASC RELEASE	Authorization required for non-participating providers.	C	1/1/2022
28120	PART EXC BONE; TALUS/CALCAN	Authorization required for non-participating providers.	C	1/1/2022
28122	PART EXC BONE; TARSAL/METATARS EX TALUS/CALCAN	Authorization required for non-participating providers.	C	1/1/2022
28124	PART EXC BONE; PHALANX TOE	Authorization required for non-participating providers.	C	1/1/2022
28126	RESECT PART/COMPLT PHALAN BASE EA TOE	Authorization required for non-participating providers.	C	1/1/2022
28130	TALECTOMY	Authorization required for non-participating providers.	C	1/1/2022
28140	METATARSECTOMY	Authorization required for non-participating providers.	C	1/1/2022
28150	PHALANGECTOMY TOE EA TOE	Authorization required for non-participating providers.	C	1/1/2022
28153	RESECT CONDYLE DIST END PHALANX EA TOE	Authorization required for non-participating providers.	C	1/1/2022
28160	HEMIPHALANGECT/JP JT EXC TOE PROX PHALANX EA	Authorization required for non-participating providers.	C	1/1/2022
28171	RADICAL RESECT BONE TUMOR; TARSAL NOT TALUS/CALC	Authorization required for non-participating providers.	C	1/1/2022
28173	RADICAL RESECT BONE TUMOR; METATARSAL	Authorization required for non-participating providers.	C	1/1/2022
28175	RADICAL RESECT BONE TUMOR; PHALANX TOE	Authorization required for non-participating providers.	C	1/1/2022
28190	REMOV FB FT; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
28192	REMOV FB FT; DEEP	Authorization required for non-participating providers.	C	1/1/2022
28193	REMOV FB FT; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
28200	REPR TENDON FLEX FT; PRIM/2ND WO GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
28202	REPR TENDON FLEX FT; SECND FREE GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
28208	REPR TENDON EXTEN FT; PRIM/SECNDRY EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
28210	REPR TENDON EXTEN FT; SECND W/GFT EA TENDON	Authorization required for non-participating providers.	C	1/1/2022

28220	TENOLYSIS FLEX FT; SINGL TENDON	Authorization required for non-participating providers.	C	1/1/2022
28222	TENOLYSIS FLEX FT; MX TENDON	Authorization required for non-participating providers.	C	1/1/2022
28225	TENOLYSIS EXTEN FT; SINGL TENDON	Authorization required for non-participating providers.	C	1/1/2022
28226	TENOLYSIS EXTEN FT; MX TENDON	Authorization required for non-participating providers.	C	1/1/2022
28230	TENOT OP TENDON FLEX; FT SINGL/MX TENDON (SP)	Authorization required for non-participating providers.	C	1/1/2022
28232	TENOT OP TENDON FLEX; TOE SINGL TENDON (SP)	Authorization required for non-participating providers.	C	1/1/2022
28234	TENOT OP EXTEN FT/TOE EA TENDON	Authorization required for non-participating providers.	C	1/1/2022
28238	RECON POST TIBIAL TENDON EXCIS ACCESS NAVICULAR	Authorization required for non-participating providers.	C	1/1/2022
28240	TENOTOMY LENGTHEN/RELEASE ABDUCTOR HALLUCIS MUSL	Authorization required for non-participating providers.	C	1/1/2022
28250	DIVIS PLANTAR FASCIA & MUSCL (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
28260	CAPSULOT MIDFT; MEDIAL RELEASE ONLY (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
28261	CAPSULOT MIDFOOT; W/TENDON LENGTHENING	Authorization required for non-participating providers.	C	1/1/2022
28262	CAPSULOT MIDFT; EXTEN W/POST TALOTIBIAL CAPSUL	Authorization required for all providers.	Y	1/1/2022
28264	CAPSULOT MIDTARSAL	Authorization required for non-participating providers.	C	1/1/2022
28270	CAPSULOT; MTP JT W/WO TENORRHAPY EA JT (SP)	Authorization required for non-participating providers.	C	1/1/2022
28272	CAPSULOT; INTERPHALANGEAL JT-EA JT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
28280	SYNDACTYLIZATION TOES	Authorization required for non-participating providers.	C	1/1/2022
28285	CORRECT HAMMERTOES	Authorization required for all providers.	Y	1/1/2022
28286	CORRECT COCK-UP 5TH TOE W/PLSTC SKIN CLO	Authorization required for non-participating providers.	C	1/1/2022
28288	OSTECT PART EXOSTECT/CONDYLECT METATARS HEAD-EA	Authorization required for non-participating providers.	C	1/1/2022
28289	CORRJ HALLUX RIGDUS W/O IMPLT	Authorization required for all providers.	Y	1/1/2022
28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	Authorization required for non-participating providers.	C	1/1/2022
28292	CORRECTION HALLUX VALGUS	Authorization required for all providers.	Y	1/1/2022
28295	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT	Authorization required for non-participating providers.	C	1/1/2022
28296	CORRECTION HALLUX VALGUS	Authorization required for all providers.	Y	1/1/2022
28297	CORRECTION HALLUX VALGUS	Authorization required for all providers.	Y	1/1/2022
28298	CORRECTION HALLUX VALGUS	Authorization required for non-participating providers.	C	1/1/2022
28299	CORRECTION HALLUX VALGUS	Authorization required for non-participating providers.	C	1/1/2022
28300	OSTEOT; CALCAN W/WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
28302	OSTEOTOMY; TALUS	Authorization required for non-participating providers.	C	1/1/2022
28304	OSTEOT TARSAL BONES NOT CALCAN/TALUS;	Authorization required for non-participating providers.	C	1/1/2022
28305	OSTEOT TARSAL BONES NOT CALCAN/TALUS; W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
28306	OSTEOT W/WO CORRECT METATARSAL; 1ST METATARSAL	Authorization required for non-participating providers.	C	1/1/2022
28307	OSTEOT METATARSAL; 1ST METATARSAL W/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
28308	OSTEOT W/WO CORRECT METATARSAL; NOT 1ST-EA	Authorization required for non-participating providers.	C	1/1/2022
28309	OSTEOT W/WO CORRECT METATARSAL; MX	Authorization required for non-participating providers.	C	1/1/2022
28310	OSTEOT-SHORTEN-CORRECT; PROX PHALNX 1ST TOE (SP)	Authorization required for non-participating providers.	C	1/1/2022
28312	OSTEOT SHORTEN-CORRECT; OTH PHALANGES-ANY TOE	Authorization required for non-participating providers.	C	1/1/2022
28313	RECON ANGULAR DEFORM TOE SOFT TISS PROC ONLY	Authorization required for non-participating providers.	C	1/1/2022
28315	SESAMOIDECTOMY FIRST TOE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
28320	REPR NONUNION/MALUNION; TARSAL BONES	Authorization required for non-participating providers.	C	1/1/2022
28322	REPR NON/MALUNION; METATARSAL W/WO BONE GFT	Authorization required for all providers.	Y	1/1/2022
28340	RECON TOE MACRODACTYLY; SOFT TISS RESECT	Authorization required for non-participating providers.	C	1/1/2022
28341	RECON TOE MACRODACTYLY; REQUIRING BONE RESECT	Authorization required for non-participating providers.	C	1/1/2022
28344	RECON TOE; POLYDACTYLY	Authorization required for all providers.	Y	1/1/2022
28345	RECON TOE; SYNDACTYLY W/WO SKIN GFT EA WEB	Authorization required for non-participating providers.	C	1/1/2022
28360	RECON CLEFT FT	Authorization required for non-participating providers.	C	1/1/2022
28400	CLO TX CALCAN FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
28405	CLO TX CALCAN FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022

28406	PERCUT SKELETAL FIXA CALCAN FX W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28415	OPEN TREATMENT CALCANEAL FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	Authorization required for non-participating providers.	C	1/1/2022
28430	CLO TX TALUS FX; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
28435	CLO TX TALUS FX; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28436	PERCUT SKELETAL FIXA TALUS FX W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28445	OPEN TREATMENT TALUS FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
28450	TX TARSAL BONE FX; WO MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
28455	TX TARSAL BONE FX; W/MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
28456	PERCUT SKELETAL FIX TARSAL BONE FX W/MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	Authorization required for non-participating providers.	C	1/1/2022
28470	CLO TX METATARSAL FX; WO MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
28475	CLO TX METATARSAL FX; W/MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
28476	PERCUT SKELETAL FIXA METATARSAL FX W/MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	Authorization required for non-participating providers.	C	1/1/2022
28490	CLO TX FX GREAT TOE PHALANX/PHALANGES; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
28495	CLO TX FX GRT TOE PHALANX/PHALANGES; W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28496	PERCUT SKELETAL FIX FX GREAT TOE-PHALANX-W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	Authorization required for non-participating providers.	C	1/1/2022
28510	CLO TX FX PHALANX OTHER THAN GREAT TOE; WO MANIP	Authorization required for non-participating providers.	C	1/1/2022
28515	CLO TX FX PHALANX NOT GREAT TOE; W/MANIP EA	Authorization required for non-participating providers.	C	1/1/2022
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	Authorization required for non-participating providers.	C	1/1/2022
28530	CLO TX SESAMOID FX	Authorization required for non-participating providers.	C	1/1/2022
28531	OPEN TX SESAMOID FX W/WO INT FIXA	Authorization required for non-participating providers.	C	1/1/2022
28540	CLO TX TARSAL BONE DISLOC-NOT TALOTARS; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
28545	CLO TX TARSAL BONE DISLOC NOT TALOTARS; W/ANES	Authorization required for non-participating providers.	C	1/1/2022
28546	PERCUT FIX TARSAL DISLOC-NOT TALOTARS W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
28570	CLO TX TALOTARSAL JT DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
28575	CLO TX TALOTARSAL JT DISLOC; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
28576	PERCUT SKELETAL FIX TALOTARSAL JT DISLOC W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
28600	CLO TX TARSOMETATARSAL JT DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
28605	CLO TX TARSOMETATARSAL JT DISLOC; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
28606	PERCUT SKELETAL FIX TARSOMETAT JT DISLOC W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
28630	CLO TX METATARSOPHALANGEAL JT DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
28635	CLO TX METATARSOPHALANGEAL JT DISLOC; REQ ANES	Authorization required for non-participating providers.	C	1/1/2022
28636	PERCUT SKELETAL FIX METATARSOPHAL JT DISL W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
28660	CLO TX IP JT DISLOC; WO ANES	Authorization required for non-participating providers.	C	1/1/2022
28665	CLO TX IP JT DISLOC; REQUIRING ANES	Authorization required for non-participating providers.	C	1/1/2022
28666	PERCUT SKELETAL FIXA IP JT DISLOC W/MANIP	Authorization required for non-participating providers.	C	1/1/2022
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
28705	ARTHRODESIS; PANTALAR	Authorization required for non-participating providers.	C	1/1/2022
28715	ARTHRODESIS; TRIPLE	Authorization required for non-participating providers.	C	1/1/2022
28725	ARTHRODESIS; SUBTALAR	Authorization required for non-participating providers.	C	1/1/2022
28730	ARTHRODESIS MIDTARS/TARSOMETAT MX/TRANSVERSE	Authorization required for non-participating providers.	C	1/1/2022

28735	ARTHRODESIS MIDTARS/TARSOMETAT MX; W/OSTEOT	Authorization required for non-participating providers.	C	1/1/2022
28737	ARTHRODESIS TENDON LENGTHEN/ADVANCE MIDTARSAL	Authorization required for non-participating providers.	C	1/1/2022
28740	ARTHRODESIS MIDTARSAL/TARSOMETATARSAL SNGL	Authorization required for non-participating providers.	C	1/1/2022
28750	ARTHRODESIS GREAT TOE; METATARSOPHALANGEAL JT	Authorization required for non-participating providers.	C	1/1/2022
28755	ARTHRODESIS GREAT TOE; IP JT	Authorization required for non-participating providers.	C	1/1/2022
28760	ARTHRODESIS EXTEN HALLUCIS TRANSF-GR TOE IP JT	Authorization required for non-participating providers.	C	1/1/2022
28800	AMPUTA FT; MIDTARSAL	Authorization required for non-participating providers.	C	1/1/2022
28805	AMPUTA FT; TRANSMETATARSAL	Authorization required for non-participating providers.	C	1/1/2022
28810	AMPUTA METATARSAL W/TOE SNGL	Authorization required for non-participating providers.	C	1/1/2022
28820	AMPUTA TOE; METATARSOPHALANGEAL JT	Authorization required for non-participating providers.	C	1/1/2022
28825	AMPUTA TOE; IP JT	Authorization required for non-participating providers.	C	1/1/2022
28890	HI ENRGY ESWT PLANTAR FASCIA	Authorization required for non-participating providers.	C	1/1/2022
28899	UNLISTED PROC FT/TOES	Authorization required for all providers.	Y	1/1/2022
29000	APPLIC HALO TYPE BODY CAST	Authorization required for non-participating providers.	C	1/1/2022
29010	APPLIC RISSER JACKET LOCALIZ BODY; ONLY	Authorization required for non-participating providers.	C	1/1/2022
29015	APPLIC RISSER JACKET LOCALIZ BODY; INCL HEAD	Authorization required for non-participating providers.	C	1/1/2022
29035	APPLIC BODY CAST SHOULDER TO HIPS	Authorization required for non-participating providers.	C	1/1/2022
29040	APPLIC BODY CAST SHOULDR-HIPS; INCL HEAD-MINERVA	Authorization required for non-participating providers.	C	1/1/2022
29044	APPLIC BODY CAST SHOULDER TO HIPS; INCL 1 THIGH	Authorization required for non-participating providers.	C	1/1/2022
29046	APPLIC BODY CAST SHOULDER-HIPS; INCL BOTH THIGHS	Authorization required for non-participating providers.	C	1/1/2022
29049	APPLIC; PLASTER FIGURE-8	Authorization required for non-participating providers.	C	1/1/2022
29055	APPLIC; SHOULDER SPICA	Authorization required for non-participating providers.	C	1/1/2022
29058	APPLIC; PLASTER VELPEAU	Authorization required for non-participating providers.	C	1/1/2022
29065	APPLIC; SHOULDER TO HAND	Authorization required for non-participating providers.	C	1/1/2022
29075	APPLIC; ELBOW TO FINGER	Authorization required for non-participating providers.	C	1/1/2022
29085	APPLIC; HAND & LOWER FOREARM	Authorization required for non-participating providers.	C	1/1/2022
29086	APPLICATION OF FINGER CAST	Authorization required for non-participating providers.	C	1/1/2022
29105	APPLIC LONG ARM SPLINT	Authorization required for non-participating providers.	C	1/1/2022
29125	APPLIC SHORT ARM SPLINT; STATIC	Authorization required for non-participating providers.	C	1/1/2022
29126	APPLIC SHORT ARM SPLINT; DYNAMIC	Authorization required for non-participating providers.	C	1/1/2022
29130	APPLIC FINGER SPLINT; STATIC	Authorization required for non-participating providers.	C	1/1/2022
29131	APPLIC FINGER SPLINT; DYNAMIC	Authorization required for non-participating providers.	C	1/1/2022
29200	STRAPPING; THORAX	Authorization required for non-participating providers.	C	1/1/2022
29240	STRAPPING; SHOULDER	Authorization required for non-participating providers.	C	1/1/2022
29260	STRAPPING; ELBOW/WRIST	Authorization required for non-participating providers.	C	1/1/2022
29280	STRAPPING; HAND/FINGER	Authorization required for non-participating providers.	C	1/1/2022
29305	APPLIC HIP SPICA CAST; 1 LEG	Authorization required for non-participating providers.	C	1/1/2022
29325	APPLIC HIP SPICA CAST; 1-1/2 SPICA/BOTH LEGS	Authorization required for non-participating providers.	C	1/1/2022
29345	APPLIC LONG LEG CAST	Authorization required for non-participating providers.	C	1/1/2022
29355	APPLIC LONG LEG CAST; WALKER/AMBULATORY TYPE	Authorization required for non-participating providers.	C	1/1/2022
29358	APPLIC LONG LEG CAST BRACE	Authorization required for non-participating providers.	C	1/1/2022
29365	APPLIC CYLINDER CAST	Authorization required for non-participating providers.	C	1/1/2022
29405	APPLIC SHORT LEG CAST	Authorization required for non-participating providers.	C	1/1/2022
29425	APPLIC SHORT LEG CAST; WALKING/AMB TYPE	Authorization required for non-participating providers.	C	1/1/2022
29435	APPLIC PATELLAR TENDON BEARING CAST	Authorization required for non-participating providers.	C	1/1/2022
29440	ADD WALKER TO PREV APPLIC CAST	Authorization required for non-participating providers.	C	1/1/2022
29445	APPLIC RIGID TOT CONTACT LEG CAST	Authorization required for non-participating providers.	C	1/1/2022
29450	APPLIC CLUBFT CAST W/MOLDING/MANIP LONG/SHORT	Authorization required for non-participating providers.	C	1/1/2022
29505	APPLIC LONG LEG SPLINT	Authorization required for non-participating providers.	C	1/1/2022

29515	APPLIC SHORT LEG SPLINT	Authorization required for non-participating providers.	C	1/1/2022
29520	STRAPPING; HIP	Authorization required for non-participating providers.	C	1/1/2022
29530	STRAPPING; KNEE	Authorization required for non-participating providers.	C	1/1/2022
29540	STRAPPING; ANKLE AND/OR FOOT	Authorization required for non-participating providers.	C	1/1/2022
29550	STRAPPING; TOES	Authorization required for non-participating providers.	C	1/1/2022
29580	STRAPPING; UNNA BOOT	Authorization required for non-participating providers.	C	1/1/2022
29581	APPLY MULTLAY COMPR LWR LEG	Authorization required for non-participating providers.	C	1/1/2022
29584	APPL MULTLAY COMPR ARM/HAND	Authorization required for non-participating providers.	C	1/1/2022
29590	DENIS-BROWNE SPLINT STRAPPING	Authorization required for non-participating providers.	C	1/1/2022
29700	REMOV/BIVALVING; GAUNTLET BOOT BODY CAST	Authorization required for non-participating providers.	C	1/1/2022
29705	REMOV/BIVALVING; FULL ARM FULL LEG CAST	Authorization required for non-participating providers.	C	1/1/2022
29710	REMOV/BIVALV; SHOULDR/HIP SPICA MINERVA/RISSE	Authorization required for non-participating providers.	C	1/1/2022
29720	REPR SPICA BODY CAST/JACKET	Authorization required for non-participating providers.	C	1/1/2022
29730	WINDOWING CAST	Authorization required for non-participating providers.	C	1/1/2022
29740	WEDGING CAST	Authorization required for non-participating providers.	C	1/1/2022
29750	WEDGING CLUBFT CAST	Authorization required for non-participating providers.	C	1/1/2022
29799	UNLISTED PROC CASTING/STRAPPING	Authorization required for all providers.	Y	1/1/2022
29800	ARTHROSCOPY-TMJ-DX W/WO SYNOVIAL BX (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
29804	ARTHROSCOPY TEMPOROMANDIBULAR JT SURG	Authorization required for non-participating providers.	C	1/1/2022
29805	DIAGNOSTIC ARTHROSCOPY SHOULDER +- SYNOVIAL BX	Authorization required for non-participating providers.	C	1/1/2022
29806	SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	Authorization required for non-participating providers.	C	1/1/2022
29807	SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	Authorization required for non-participating providers.	C	1/1/2022
29819	SURGICAL ARTHROSCOPY SHOULDER REMOVAL LOOSE/FB	Authorization required for non-participating providers.	C	1/1/2022
29820	SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY	Authorization required for non-participating providers.	C	1/1/2022
29821	SURGICAL ARTHROSCOPY SHOULDER COMPL SYNOVECTOMY	Authorization required for non-participating providers.	C	1/1/2022
29822	SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	Authorization required for non-participating providers.	C	1/1/2022
29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	Authorization required for non-participating providers.	C	1/1/2022
29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	Authorization required for non-participating providers.	C	1/1/2022
29825	SURGICAL ARTHROSCOPY SHOULDER W/LSS AND RESCJ ADS	Authorization required for non-participating providers.	C	1/1/2022
29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	Authorization required for non-participating providers.	C	1/1/2022
29830	ARTHROSCOPY ELBOW DX W/WO SYNOVIAL BX (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
29834	ARTHROSCOPY ELBOW SURG; W/REMOV LOOSE/FB	Authorization required for non-participating providers.	C	1/1/2022
29835	ARTHROSCOPY ELBOW SURG; SYNOVECTOMY PART	Authorization required for non-participating providers.	C	1/1/2022
29836	ARTHROSCOPY ELBOW SURG; SYNOVECTOMY COMPLT	Authorization required for non-participating providers.	C	1/1/2022
29837	ARTHROSCOPY ELBOW SURG; DEBRID LTD	Authorization required for non-participating providers.	C	1/1/2022
29838	ARTHROSCOPY ELBOW SURG; DEBRID EXTEN	Authorization required for non-participating providers.	C	1/1/2022
29840	ARTHROSCOPY WRIST DX W/WO SYNOVIAL BX (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
29843	ARTHROSCOPY WRIST SURG; INFEC/LAVAGE & DRAINAGE	Authorization required for non-participating providers.	C	1/1/2022
29844	ARTHROSCOPY WRIST SURG; SYNOVECTOMY PART	Authorization required for non-participating providers.	C	1/1/2022
29845	ARTHROSCOPY WRIST SURG; SYNOVECTOMY COMPLT	Authorization required for non-participating providers.	C	1/1/2022
29846	ARTHROSCOPY WRIST SURG; EXC/REPR TRIANG FIBROCAR	Authorization required for non-participating providers.	C	1/1/2022
29847	ARTHROSCOPY WRIST SURG; INT FIX-FX/INSTABILITY	Authorization required for non-participating providers.	C	1/1/2022
29848	ENDO WRIST SURG-RELEAS TRANSVERSE CARPAL LIGAMNT	Authorization required for non-participating providers.	C	1/1/2022
29850	ARTHROSCOPICALLY AIDED TX FX KNEE; WO FIX	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29851	ARTHROSCOPICALLY AIDED TX FX KNEE; W/FIX	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29856	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

29860	ARTHROSCOPY HIP DX W/WO SYNOVIAL BX (SEP PROC)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29861	ARTHROSCOPY HIP SURG; W/REMOV LOOSE/FB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29862	ARTHROSCOPY HIP SURG; DEBRID/SHAV ARTIC CARTIL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29863	ARTHROSCOPY HIP SURG; W/SYNOVECTOMY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29867	ARTHROSCOPY KNEE SURG; OSTEOCHONDRAL ALLOGRAFT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29868	ARTHROSCOPY KNEE SURG; MENISCAL TPLNT MED/LAT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29870	ARTHROSCOPY KNEE DX W/WO SYNOVIAL BX (SEP PRO)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29871	ARTHROSCOPY KNEE SURG; INFECTION/LAVAGE & DRAINAGE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29873	SCOPE KNEE SURGICAL; W/LAT RELEASE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29874	ARTHROSCOPY KNEE SURG; REMOV LOOSE/FB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29875	ARTHROSCOPY KNEE SURG; SYNOVECTOMY LTD (SEP PRO)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29876	ARTHROSCOPY KNEE SURG; SYNOVECTOMY MAJOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29877	ARTHROSCOPY KNEE SURG; DEBRID/SHAV ARTIC CARTIL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29879	ARTHROSCOPY KNEE SURG; ABRASION ARTHROPLASTY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29880	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29881	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29882	ARTHROSCOPY KNEE SURG; W/MENISCUS REPR (MED/LAT)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29883	ARTHROSCOPY KNEE SURG; W/MENISCUS REPR (MED & LAT)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29884	ARTHROSCOPY KNEE SURG; W/LYSIS ADHES (SEP PRO)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29885	ARTHROSCOPY KNEE SURG; DRILLING W/GFT W/WO FIX	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29886	ARTHROSCOPY KNEE SURG; DRILL-OSTEOCHOND LES	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29887	ARTHROSCOPY KNEE; DRILL-OSTEOCHOND LES W/FIXA	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29888	ARTHROSCOPICALLY AIDED ACL REPAIR/AUGMENT/RECON	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29889	ARTHROSCOPICALLY AIDED PCL REPAIR/AUGMENT/RECON	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29891	ARTHROSCOPY ANK SURG; EXC DEFECT TALUS & TIBIA	Authorization required for non-participating providers.	C	1/1/2022
29892	ARTHROSCOPICALLY AIDED REPR OSTEO LES-TAL/TIB FX	Authorization required for non-participating providers.	C	1/1/2022
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Authorization required for non-participating providers.	C	1/1/2022
29894	ARTHROSCOPY ANK SURG; W/REMOV LOOSE/FB	Authorization required for non-participating providers.	C	1/1/2022
29895	ARTHROSCOPY ANK SURG; SYNOVECTOMY PART	Authorization required for non-participating providers.	C	1/1/2022
29897	ARTHROSCOPY ANK SURG; DEBRID LTD	Authorization required for non-participating providers.	C	1/1/2022
29898	ARTHROSCOPY ANK SURG; DEBRID EXTEN	Authorization required for non-participating providers.	C	1/1/2022
29899	SCOPE ANKLE SURG; W/ANK ARTHRODESIS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29900	METACARPOPHALENGEAL JOINT ARTHROSCOPY	Authorization required for non-participating providers.	C	1/1/2022
29901	METACARPOPHALENGEAL JOINT ARTHROSCOPY	Authorization required for non-participating providers.	C	1/1/2022
29902	METACARPOPHALENGEAL JOINT ARTHROSCOPY	Authorization required for non-participating providers.	C	1/1/2022
29904	SUBTALAR ARTHRO W/FB RMVL	Authorization required for non-participating providers.	C	1/1/2022
29905	SUBTALAR ARTHRO W/EXC	Authorization required for non-participating providers.	C	1/1/2022
29906	SUBTALAR ARTHRO W/DEB	Authorization required for non-participating providers.	C	1/1/2022
29907	SUBTALAR ARTHRO W/FUSION	Authorization required for non-participating providers.	C	1/1/2022
29914	HIP ARTHRO W/FEMOROPLASTY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29915	HIP ARTHRO ACETABULOPLASTY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29916	HIP ARTHRO W/LABRAL REPAIR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
29999	UNLISTED ARTHROSCOPY PROCEDURE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
30000	DRAINAGE ABSCESS/HEMATOMA-NASAL-INT APPROACH	Authorization required for non-participating providers.	C	1/1/2022
30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	Authorization required for non-participating providers.	C	1/1/2022
30100	BX INTRANASAL	Authorization required for non-participating providers.	C	1/1/2022
30110	EXC NASAL POLYP SIMPL	Authorization required for non-participating providers.	C	1/1/2022
30115	EXC NASAL POLYP EXTEN	Authorization required for non-participating providers.	C	1/1/2022

30117	EXC/DESTRUCT INTRANASAL LES; INT APPROACH	Authorization required for non-participating providers.	C	1/1/2022
30118	EXC/DESTRUCT INTRANASAL LES; EXT APPROACH	Authorization required for non-participating providers.	C	1/1/2022
30120	EXC/SURG PLANING SKIN NOSE RHINOPHYMA	Authorization required for all providers.	Y	1/1/2022
30124	EXC DERMOID CYST NOSE; SIMPL SKIN SUBQ	Authorization required for non-participating providers.	C	1/1/2022
30125	EXC DERMOID CYST NOSE; COMPLX UNDER BONE/CARTIL	Authorization required for non-participating providers.	C	1/1/2022
30130	EXC TURBINATE PART/COMPLT ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
30140	SUBMUCOUS RESECT TURBINATE PART/COMPLT ANY METHD	Authorization required for all providers.	Y	1/1/2022
30150	RHINECTOMY; PART	Authorization required for non-participating providers.	C	1/1/2022
30160	RHINECTOMY; TOT	Authorization required for non-participating providers.	C	1/1/2022
30200	INJ INTO TURBINATE THERAP	Authorization required for non-participating providers.	C	1/1/2022
30210	DISPLACEMENT THERAP	Authorization required for non-participating providers.	C	1/1/2022
30220	INSRT NASAL SEPTAL PROSTH	Authorization required for non-participating providers.	C	1/1/2022
30300	REMOV FB INTRANASAL; OFFIC TYPE PROC	Authorization required for non-participating providers.	C	1/1/2022
30310	REMOV FB INTRANASAL; REQUIRING GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
30320	REMOV FB INTRANASAL; BY LAT RHINOTOMY	Authorization required for non-participating providers.	C	1/1/2022
30400	RHINOPLASTY PRIM; LAT & ALAR CARTIL/ELEVAT TIP	Authorization required for all providers.	Y	1/1/2022
30410	RHINOPLASTY PRIM; COMPLT-EXT PARTS-ELEVAT TIP	Authorization required for all providers.	Y	1/1/2022
30420	RHINOPLASTY PRIMARY; INCL MAJOR SEPTAL REPR	Authorization required for all providers.	Y	1/1/2022
30430	RHINOPLASTY SECNDRY; MINOR REVIS	Authorization required for all providers.	Y	1/1/2022
30435	RHINOPLASTY SECNDRY; INTERMED REVIS	Authorization required for all providers.	Y	1/1/2022
30450	RHINOPLASTY SECNDRY; MAJOR REVIS	Authorization required for all providers.	Y	1/1/2022
30460	RHINOPLASTY-DEFORM CLEFT LIP; TIP ONLY	Authorization required for all providers.	Y	1/1/2022
30462	RHINOPLASTY-DEFORM CLEFT LIP; TIP/SEPTUM/OSTEOT	Authorization required for all providers.	Y	1/1/2022
30465	REPR NASAL VESTIBULAR STENOSIS	Authorization required for all providers.	Y	1/1/2022
30468	RPR NSL VLV COLLAPSE SUBQ/SBMC SL LAT WALL IMPLT	Authorization required for all providers.	Y	1/1/2022
30520	SEPTOPLASTY/SMR W/WO CARTIL SCORING/REPLAC W/GFT	Authorization required for all providers.	Y	1/1/2022
30540	REPR CHOANAL ATRESIA; INTRANASAL	Authorization required for all providers.	Y	1/1/2022
30545	REPR CHOANAL ATRESIA; TRANSPALATINE	Authorization required for all providers.	Y	1/1/2022
30560	LYSIS INTRANASAL SYNECHIA	Authorization required for all providers.	Y	1/1/2022
30580	REPR FISTULA; OROMAXILLARY	Authorization required for all providers.	Y	1/1/2022
30600	REPR FISTULA; ORONASAL	Authorization required for all providers.	Y	1/1/2022
30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	Authorization required for all providers.	Y	1/1/2022
30630	REPR NASAL SEPTAL PERFORATIONS	Authorization required for all providers.	Y	1/1/2022
30801	CAUT MUCOSA TURBIN UNI-/BILAT (SEP PRO); SUPERF	Authorization required for non-participating providers.	C	1/1/2022
30802	CAUT MUCOS TURBIN UNI-/BILAT (SEP PRO); INTRAMUR	Authorization required for non-participating providers.	C	1/1/2022
30901	CONTRL NASAL HEMORR-ANT-SIMPL ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
30903	CONTRL NASAL HEMORR-ANT-COMPLX ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
30905	CONTRL NASAL HEMORR-POST-W/PACKS-CAUT; INIT	Authorization required for non-participating providers.	C	1/1/2022
30906	CONTRL NASAL HEMORR-POST-W/PACKS-CAUT; SUBSQT	Authorization required for non-participating providers.	C	1/1/2022
30915	LIG ART; ETHMO	Authorization required for non-participating providers.	C	1/1/2022
30920	LIG ART; INT MAXIL ART TRANSANTRAL	Authorization required for non-participating providers.	C	1/1/2022
30930	FX NASAL TURBINATE THERAP	Authorization required for non-participating providers.	C	1/1/2022
30999	UNLISTED PROC NOSE	Authorization required for all providers.	Y	1/1/2022
31000	LAVAGE BY CANNULATION; MAXIL SINUS	Authorization required for non-participating providers.	C	1/1/2022
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	Authorization required for non-participating providers.	C	1/1/2022
31020	SINUSOTOMY MAXIL; INTRANASAL	Authorization required for non-participating providers.	C	1/1/2022
31030	SINUSOTMY MAXIL; RAD WO REMOV ANTROCHOANAL POLYP	Authorization required for non-participating providers.	C	1/1/2022
31032	SINUSOTMY MAXIL; RAD W/REMOV ANTROCHOANAL POLYPS	Authorization required for non-participating providers.	C	1/1/2022
31040	PTERYGOMAXILLARY FOSSA SURG ANY APPROACH	Authorization required for non-participating providers.	C	1/1/2022

31050	SINUSOTOMY SPHENOID W/WO BX	Authorization required for non-participating providers.	C	1/1/2022
31051	SINUSOTOMY SPHENOID W/WO BX; W/MUCOS STRIPPING	Authorization required for non-participating providers.	C	1/1/2022
31070	SINUSOTOMY FRONTAL; EXT SIMPL	Authorization required for non-participating providers.	C	1/1/2022
31075	SINUSOTOMY FRONTAL; TRANSORBITAL UNILAT	Authorization required for non-participating providers.	C	1/1/2022
31080	SINUSOTOMY FRONTAL; OBLIT-W/O FLAP-BROW INCS	Authorization required for non-participating providers.	C	1/1/2022
31081	SINUSOTOMY FRONTAL; OBLIT WO FLAP CORONAL INCS	Authorization required for non-participating providers.	C	1/1/2022
31084	SINUSOTOMY FRONTAL; OBLIT-W/FLAP-BROW INCS	Authorization required for non-participating providers.	C	1/1/2022
31085	SINUSOTOMY FRONTAL; OBLIT-W/FLAP-CORONAL INCS	Authorization required for non-participating providers.	C	1/1/2022
31086	SINUSOTOMY FRONT; NONOBLIT W/FLAP-BROW INCS	Authorization required for non-participating providers.	C	1/1/2022
31087	SINUSOTOMY FRONT; NONOBLIT W/FLAP-CORONAL INCS	Authorization required for non-participating providers.	C	1/1/2022
31090	SINUSOTOMY UNILAT 3/MORE PARANASAL SINUSES	Authorization required for non-participating providers.	C	1/1/2022
31200	ETHMO; INTRANASAL ANT	Authorization required for non-participating providers.	C	1/1/2022
31201	ETHMO; INTRANASAL TOT	Authorization required for non-participating providers.	C	1/1/2022
31205	ETHMO; EXTRANASAL TOT	Authorization required for non-participating providers.	C	1/1/2022
31225	MAXILLECTOMY; WO ORBITAL EXENTERATION	Authorization required for non-participating providers.	C	1/1/2022
31230	MAXILLECTOMY; W/ORBITAL EXENTERATION	Authorization required for non-participating providers.	C	1/1/2022
31231	NASAL ENDO DX UNILAT/BILAT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
31233	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
31235	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
31237	NASAL/SINUS ENDO SURG; W/BX/POLYPECT (SEP PROC)	Authorization required for all providers.	Y	1/1/2022
31238	NASAL/SINUS ENDO SURG; W/CONTRL EPISTAXIS	Authorization required for non-participating providers.	C	1/1/2022
31239	NASAL/SINUS ENDO SURG; W/DACRYOCYSTORHINOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
31240	NASAL/SINUS ENDO SURG; W/CONCHA BULLOSA RESECT	Authorization required for non-participating providers.	C	1/1/2022
31241	NSL/SINS NDSC W/ARTERY LIG	Authorization required for non-participating providers.	C	1/1/2022
31253	NSL/SINS NDSC TOTAL	Authorization required for all providers.	Y	1/1/2022
31254	NSL/SINS NDSC W/PRTL ETHMDCT	Authorization required for all providers.	Y	1/1/2022
31255	NSL/SINS NDSC W/TOT ETHMDCT	Authorization required for all providers.	Y	1/1/2022
31256	NASAL/SINUS ENDO-OR-W/MAXIL ANTROSTOMY;	Authorization required for all providers.	Y	1/1/2022
31257	NSL/SINS NDSC TOT W/SPHENDT	Authorization required for all providers.	Y	1/1/2022
31259	NSL/SINS NDSC SPHN TISS RMVL	Authorization required for all providers.	Y	1/1/2022
31267	NASAL/SINUS ENDO-OR-W/MAXIL ANTROS; W/TISS REMOV	Authorization required for all providers.	Y	1/1/2022
31276	NSL/SINS NDSC FRNT TISS RMVL	Authorization required for all providers.	Y	1/1/2022
31287	NASAL/SINUS ENDO SURG W/SPHENOIDOTOMY	Authorization required for non-participating providers.	C	1/1/2022
31288	NASAL/SINUS ENDO W/SPHENOIDOT; REMOV TISS-SINUS	Authorization required for non-participating providers.	C	1/1/2022
31290	NASAL ENDO SURG REPR CSF LEAK; ETHMOID REGION	Authorization required for non-participating providers.	C	1/1/2022
31291	NASAL ENDO SURG REPR CSF LEAK; SPHENOID REGION	Authorization required for non-participating providers.	C	1/1/2022
31292	NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	Authorization required for non-participating providers.	C	1/1/2022
31293	NASAL/SINUS NDSC SURG MEDIAL AND INF ORB WALL DCMPRN	Authorization required for non-participating providers.	C	1/1/2022
31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	Authorization required for non-participating providers.	C	1/1/2022
31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	Authorization required for all providers.	Y	1/1/2022
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	Authorization required for all providers.	Y	1/1/2022
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	Authorization required for all providers.	Y	1/1/2022
31298	NASAL/SINUS NDSC SURG W/DILATION FRNT AND SPHN SINUS	Authorization required for all providers.	Y	1/1/2022
31299	UNLISTED PROC ACCES SINUSES	Authorization required for all providers.	Y	1/1/2022
31300	REMOVAL OF LARYNX LESION	Authorization required for non-participating providers.	C	1/1/2022
31360	LARYNGECTOMY; TOT WO RADICAL NECK DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
31365	LARYNGECTOMY; TOT W/RADICAL NECK DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
31367	LARYNGECTOMY; SUBTL SUPRAGLOTTIC WO RAD NECK	Authorization required for non-participating providers.	C	1/1/2022
31368	LARYNGECTOMY; SUBTL SUPRAGLOTTIC W/RAD NECK	Authorization required for non-participating providers.	C	1/1/2022

31370	PART LARYNGECTOMY; HORIZONTAL	Authorization required for non-participating providers.	C	1/1/2022
31375	PART LARYNGECTOMY; LATEROVERTICAL	Authorization required for non-participating providers.	C	1/1/2022
31380	PART LARYNGECTOMY; ANTEROVERTICAL	Authorization required for non-participating providers.	C	1/1/2022
31382	PART LARYNGECTOMY; ANTERO-LATERO-VERTICAL	Authorization required for non-participating providers.	C	1/1/2022
31390	PHARYNGOLARYNGECTOMY W/RAD NECK WO RECON	Authorization required for non-participating providers.	C	1/1/2022
31395	PHARYNGOLARYNGECTOMY W/RAD NECK; W/RECON	Authorization required for non-participating providers.	C	1/1/2022
31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY EXT APPROACH	Authorization required for non-participating providers.	C	1/1/2022
31420	EPIGLOTTIDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
31500	INTUBATION ENDOTRACHEAL EMER PROC	Authorization required for non-participating providers.	C	1/1/2022
31502	TRACHEOTOMY TUBE CHANGE BEFOR ESTAB FISTULA TRAC	Authorization required for non-participating providers.	C	1/1/2022
31505	LARYNGOSCOPY INDIRECT (SEPART PROC); DX	Authorization required for non-participating providers.	C	1/1/2022
31510	LARYNGOSCOPY INDIRECT (SEPART PROC); W/BX	Authorization required for non-participating providers.	C	1/1/2022
31511	LARYNGOSCOPY INDIRECT (SEPART PROC); W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
31512	LARYNGOSCOPY INDIRECT (SEPART PROC); W/REMOV LES	Authorization required for non-participating providers.	C	1/1/2022
31513	LARYNGOSCOPY INDIREC (SEP PRO); W/VOCAL CORD INJ	Authorization required for non-participating providers.	C	1/1/2022
31515	LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; ASPIRAT	Authorization required for non-participating providers.	C	1/1/2022
31520	LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; DX NB	Authorization required for non-participating providers.	C	1/1/2022
31525	LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; DX EX NB	Authorization required for non-participating providers.	C	1/1/2022
31526	LARYNGOSCOPY DIR W/WO TRACHEOSCPY; DX W/OR MICRO	Authorization required for non-participating providers.	C	1/1/2022
31527	LARYNGOSCOPY DIRECT; W/INSRT OBTURATOR	Authorization required for non-participating providers.	C	1/1/2022
31528	LARYNGOSCOPY DIR W/WO TRACHEOSCOPY; W/DILAT INIT	Authorization required for non-participating providers.	C	1/1/2022
31529	LARYNGOSCOPY DIR W/WO TRACHEOSCP; W/DILAT SUBSQT	Authorization required for non-participating providers.	C	1/1/2022
31530	LARYNGOSCOPY DIRECT OR W/FB REMOV	Authorization required for non-participating providers.	C	1/1/2022
31531	LARYNGOSCOPY DIRECT OR W/FB REMOV; W/OR MICRO	Authorization required for non-participating providers.	C	1/1/2022
31535	LARYNGOSCOPY DIRECT OR W/BX	Authorization required for non-participating providers.	C	1/1/2022
31536	LARYNGOSCOPY DIRECT OR W/BX; W/OPERATING MICRO	Authorization required for non-participating providers.	C	1/1/2022
31540	LARYNGOSCOPY DIR OR W/EXC TUMOR/STRIP VOCAL CORD	Authorization required for non-participating providers.	C	1/1/2022
31541	LARYNGOSCOPY DIR OR W/EXC TUMOR; W/OR MICRO	Authorization required for non-participating providers.	C	1/1/2022
31545	LARYN OP MIC REMV LES VC; RECNSTR W/LOC TISS FLP	Authorization required for non-participating providers.	C	1/1/2022
31546	LARYN OP MIC REMV LES VOCAL CORD; RECNSTR W/GFT	Authorization required for non-participating providers.	C	1/1/2022
31551	LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	Authorization required for non-participating providers.	C	1/1/2022
31552	LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	Authorization required for non-participating providers.	C	1/1/2022
31553	LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	Authorization required for non-participating providers.	C	1/1/2022
31554	LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	Authorization required for non-participating providers.	C	1/1/2022
31560	LARYNGOSCOPY DIRECT OR W/ARYTENOIDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
31561	LARYNGOSCOPY DIR OR W/ARYTENOIDECT; W/OR MICRO	Authorization required for non-participating providers.	C	1/1/2022
31570	LARYNGOSCOPY DIR W/INJ INTO VOCAL CORDS; THERAP	Authorization required for non-participating providers.	C	1/1/2022
31571	LARYNGOSCP DIR W/INJ VOCAL CORDS THERAP; W/MICRO	Authorization required for non-participating providers.	C	1/1/2022
31572	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	Authorization required for non-participating providers.	C	1/1/2022
31573	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	Authorization required for non-participating providers.	C	1/1/2022
31574	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	Authorization required for non-participating providers.	C	1/1/2022
31575	DIAGNOSTIC LARYNGOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
31576	LARYNGOSCOPY WITH BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
31577	LARGSC W/RMVL FOREIGN BDY(S)	Authorization required for non-participating providers.	C	1/1/2022
31578	LARGSC W/REMOVAL LESION	Authorization required for non-participating providers.	C	1/1/2022
31579	LARYNGOSCOPY TELESCOPIC	Authorization required for non-participating providers.	C	1/1/2022
31580	LARYNGOPLASTY LARYNGEAL WEB	Authorization required for non-participating providers.	C	1/1/2022
31584	LARYNGOPLASTY FX RDCTJ FIXJ	Authorization required for non-participating providers.	C	1/1/2022
31587	LARYNGOPLASTY CRICOID SPLIT	Authorization required for non-participating providers.	C	1/1/2022

31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	Authorization required for non-participating providers.	C	1/1/2022
31591	LARYNGOPLASTY MEDIALIZATION UNILATERAL	Authorization required for non-participating providers.	C	1/1/2022
31592	CRICOTRACHEAL RESECTION	Authorization required for non-participating providers.	C	1/1/2022
31599	UNLISTED PROC LARYNX	Authorization required for all providers.	Y	1/1/2022
31600	TRACHEOSTOMY PLANNED (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
31601	TRACHEOSTOMY PLANNED (SEPART PROC); UNDER 2 YR	Authorization required for non-participating providers.	C	1/1/2022
31603	TRACHEOSTOMY EMER PROC; TRANSTRACHEAL	Authorization required for non-participating providers.	C	1/1/2022
31605	TRACHEOSTOMY EMER PROC; CRICOTHYROID MEMBRN	Authorization required for non-participating providers.	C	1/1/2022
31610	TRACHEOSTOMY FENESTRATION PROC W/SKIN FLAPS	Authorization required for non-participating providers.	C	1/1/2022
31611	SURGERY/SPEECH PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
31612	TRACHEAL PUNCT-PERCU-T-W/TRANSTRACH ASPIRAT/INJ	Authorization required for non-participating providers.	C	1/1/2022
31613	TRACHEOSTOMA REVIS; SIMPL WO FLAP ROTATION	Authorization required for non-participating providers.	C	1/1/2022
31614	TRACHEOSTOMA REVIS; COMPLX W/FLAP ROTATION	Authorization required for non-participating providers.	C	1/1/2022
31615	TRACHEOBRONCHOSCOPY THRU ESTAB TRACHEOSTOMY INCS	Authorization required for non-participating providers.	C	1/1/2022
31622	BRNCHSCPY DX W/WO CELL WASH SP PROC	Authorization required for non-participating providers.	C	1/1/2022
31623	BRNCHOSCPY W/WO FLOURO W/BRUSHING	Authorization required for non-participating providers.	C	1/1/2022
31624	BRNCHSCPY W/BRONCH ALVEOL LAVAGE	Authorization required for non-participating providers.	C	1/1/2022
31625	BRNCHOSCPY BRONCHIAL/ENDOBONCHIAL	Authorization required for non-participating providers.	C	1/1/2022
31626	BRNCHOSCPY W/MARKERS	Authorization required for non-participating providers.	C	1/1/2022
31627	NAVIGATIONAL BRNCHOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
31628	BRNCHSCPY TRNSBRNCH LUNG BX 1 LOBE	Authorization required for non-participating providers.	C	1/1/2022
31629	BRNCHSCPY NABX TRACH STEM&/BRNCH	Authorization required for non-participating providers.	C	1/1/2022
31630	BRNCHOSCPY W/TRACH/BRONCH DILAT	Authorization required for non-participating providers.	C	1/1/2022
31631	BRNCHOSCPY W/TRACH DILAT & STENT	Authorization required for non-participating providers.	C	1/1/2022
31632	BRNCHSCPY, W/TBLB EA ADD LOBE	Authorization required for non-participating providers.	C	1/1/2022
31633	BRNCHSCPY, W/TBNA BX EA ADD LOBE	Authorization required for non-participating providers.	C	1/1/2022
31634	BRONCH W/BALLOON OCCLUSION	Authorization required for non-participating providers.	C	1/1/2022
31635	BRNCHSCPY W/WO FLOURO W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
31636	BRNCHSCPY RIGD/FLX;PLCMT BRNCH STNT INIT BRNCHUS	Authorization required for non-participating providers.	C	1/1/2022
31637	BRNCHSCPY RIGD/FLX; EA ADD MAJ BRNCHUS STNTD	Authorization required for non-participating providers.	C	1/1/2022
31638	BRNCHSCPY; REV TRACH/BRNCH STNT INSRV PREV SESS	Authorization required for non-participating providers.	C	1/1/2022
31640	BRNCHOSCPY W/EXCISION OF TUMOR	Authorization required for non-participating providers.	C	1/1/2022
31641	BRNCHOSCPY; W/DESTRUCT TUMOR/RELIEF STENOSIS	Authorization required for non-participating providers.	C	1/1/2022
31643	BRNCHOSCPY; W/CATH PLCMT-INTRACAV RAD APPLIC	Authorization required for non-participating providers.	C	1/1/2022
31645	BRNCHSC W/THER ASPIR 1ST	Authorization required for non-participating providers.	C	1/1/2022
31646	BRNCHSC W/THER ASPIR SBSQ	Authorization required for non-participating providers.	C	1/1/2022
31647	BRONCHIAL VALVE INIT INSERT	Authorization required for non-participating providers.	C	1/1/2022
31648	BRONCHIAL VALVE ADDL INSERT	Authorization required for non-participating providers.	C	1/1/2022
31649	BRONCHIAL VALVE REMOV INIT	Authorization required for non-participating providers.	C	1/1/2022
31651	BRONCHIAL VALVE REMOV ADDL	Authorization required for non-participating providers.	C	1/1/2022
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Authorization required for non-participating providers.	C	1/1/2022
31653	BRONCH EBUS SAMPLNG 3/> NODE	Authorization required for non-participating providers.	C	1/1/2022
31654	BRONCH EBUS IVNTJ PERPH LES	Authorization required for non-participating providers.	C	1/1/2022
31656	BRNCHOSCP; W/INJ CONTRAST MAT-SEGMENT BRNCHOGRAP	Authorization required for non-participating providers.	C	1/1/2022
31660	BRONCH THERMOPLSTY 1 LOBE	Authorization required for non-participating providers.	C	1/1/2022
31661	BRONCH THERMOPLSTY 2/> LOBES	Authorization required for non-participating providers.	C	1/1/2022
31715	TRANSTRACHEAL INJ BRNCHOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
31717	CATH W/BRONCHIAL BRUSH BX	Authorization required for non-participating providers.	C	1/1/2022
31720	CATH ASPIRAT (SEPART PROC); NASOTRACHEAL	Authorization required for non-participating providers.	C	1/1/2022

31725	CATH ASPIRAT (SEP PRO); TRACHEOBRONCH W/FIBERSC	Authorization required for non-participating providers.	C	1/1/2022
31730	TRANSTRACH INTRO INDWELLING TUBE-O2 THERAP	Authorization required for non-participating providers.	C	1/1/2022
31750	TRACHEOPLASTY; CERV	Authorization required for non-participating providers.	C	1/1/2022
31755	TRACHEOPLASTY; TRACHEOPHARYNG FISTULIZATION	Authorization required for non-participating providers.	C	1/1/2022
31760	TRACHEOPLASTY; INTRATHORACIC	Authorization required for non-participating providers.	C	1/1/2022
31766	CARINAL RECON	Authorization required for non-participating providers.	C	1/1/2022
31770	BRONCHOPLASTY; GFT REPR	Authorization required for non-participating providers.	C	1/1/2022
31775	BRONCHOPLASTY; EXC STENOSIS & ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
31780	EXC TRACHEAL STENOSIS & ANASTOM; CERV	Authorization required for non-participating providers.	C	1/1/2022
31781	EXC TRACHEAL STENOSIS & ANASTOM; CERVICOTHORACIC	Authorization required for non-participating providers.	C	1/1/2022
31785	EXC TRACHEAL TUMOR/CARCINOMA; CERV	Authorization required for non-participating providers.	C	1/1/2022
31786	EXC TRACHEAL TUMOR/CARCINOMA; THORACIC	Authorization required for non-participating providers.	C	1/1/2022
31800	SUTURE TRACHEAL WOUND/INJURY; CERV	Authorization required for non-participating providers.	C	1/1/2022
31805	SUTURE TRACHEAL WOUND/INJURY; INTRATHORACIC	Authorization required for non-participating providers.	C	1/1/2022
31820	SURG CLO TRACHEOSTOMY/FISTULA; WO PLASTIC REPR	Authorization required for non-participating providers.	C	1/1/2022
31825	SURG CLO TRACHEOSTOMY/FISTULA; W/PLASTIC REPR	Authorization required for non-participating providers.	C	1/1/2022
31830	REVIS TRACHEOSTOMY SCAR	Authorization required for non-participating providers.	C	1/1/2022
31899	UNLISTED PROC TRACHEA BRONCHI	Authorization required for all providers.	Y	1/1/2022
32035	THORACOSTOMY; W/RIB RESECT EMPYEMA	Authorization required for non-participating providers.	C	1/1/2022
32036	THORACOSTOMY; W/OPEN FLAP-DRAINAGE EMPYEMA	Authorization required for non-participating providers.	C	1/1/2022
32095	THORACOTOMY LTD BX LUNG/PLEURA	Authorization required for non-participating providers.	C	1/1/2022
32096	OPEN WEDGE/BX LUNG INFILTR	Authorization required for non-participating providers.	C	1/1/2022
32097	OPEN WEDGE/BX LUNG NODULE	Authorization required for non-participating providers.	C	1/1/2022
32098	OPEN BIOPSY OF LUNG PLEURA	Authorization required for non-participating providers.	C	1/1/2022
32100	EXPLORATION OF CHEST	Authorization required for non-participating providers.	C	1/1/2022
32110	EXPLORE/REPAIR CHEST	Authorization required for non-participating providers.	C	1/1/2022
32120	RE-EXPLORATION OF CHEST	Authorization required for non-participating providers.	C	1/1/2022
32124	EXPLORE CHEST FREE ADHESIONS	Authorization required for non-participating providers.	C	1/1/2022
32140	REMOVAL OF LUNG LESION(S)	Authorization required for non-participating providers.	C	1/1/2022
32141	REMOVE/TREAT LUNG LESIONS	Authorization required for non-participating providers.	C	1/1/2022
32150	REMOVAL OF LUNG LESION(S)	Authorization required for non-participating providers.	C	1/1/2022
32151	REMOVE LUNG FOREIGN BODY	Authorization required for non-participating providers.	C	1/1/2022
32160	OPEN CHEST HEART MASSAGE	Authorization required for non-participating providers.	C	1/1/2022
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	Authorization required for non-participating providers.	C	1/1/2022
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	Authorization required for non-participating providers.	C	1/1/2022
32220	DECORTIC PULM (SEPART PROC); TOT	Authorization required for non-participating providers.	C	1/1/2022
32225	DECORTIC PULM (SEPART PROC); PART	Authorization required for non-participating providers.	C	1/1/2022
32310	PLEURECTOMY, PARIETAL (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
32320	DECORTIC & PARIETAL PLEURECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32400	BX PLEURA; PERCUT NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
32402	BX PLEURA; OPEN	Authorization required for non-participating providers.	C	1/1/2022
32408	CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	Authorization required for non-participating providers.	C	1/1/2022
32420	PNEUMOCENTESIS-PUNCT LUNG ASPIRAT	Authorization required for non-participating providers.	C	1/1/2022
32421	THORACENTESIS FOR ASPIRATION	Authorization required for non-participating providers.	C	1/1/2022
32422	THORACENTESIS W/TUBE INSERT	Authorization required for non-participating providers.	C	1/1/2022
32440	REMOVE LUNG PNEUMONECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32442	SLEEVE PNEUMONECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32445	REMOVAL OF LUNG EXTRAPLEURAL	Authorization required for non-participating providers.	C	1/1/2022
32480	PARTIAL REMOVAL OF LUNG	Authorization required for non-participating providers.	C	1/1/2022

32482	BILOBECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32484	SEGMENTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32486	SLEEVE LOBECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32488	COMPLETION PNEUMONECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32491	LUNG VOLUME REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
32500	REMOV LUNG NOT TOT PNEUMONECT; WEDGE RESECT 1/MX	Authorization required for non-participating providers.	C	1/1/2022
32501	RESECT & REPR BRONCH @ TIME LOBEC/SEGMENTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32503	RESCJ APICAL LNG TUM W/O CH WALL RCNSTJ	Authorization required for non-participating providers.	C	1/1/2022
32504	RESCJ APICAL LNG TUM W/CH WALL RCNSTJ	Authorization required for non-participating providers.	C	1/1/2022
32505	WEDGE RESECT OF LUNG INITIAL	Authorization required for non-participating providers.	C	1/1/2022
32506	WEDGE RESECT OF LUNG ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
32507	WEDGE RESECT OF LUNG DIAG	Authorization required for non-participating providers.	C	1/1/2022
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA	Authorization required for non-participating providers.	C	1/1/2022
32550	INSERT PLEURAL CATH	Authorization required for non-participating providers.	C	1/1/2022
32551	INSERTION OF CHEST TUBE	Authorization required for non-participating providers.	C	1/1/2022
32552	REMOVE LUNG CATHETER	Authorization required for non-participating providers.	C	1/1/2022
32553	INS MARK THOR FOR RT PERQ	Authorization required for non-participating providers.	C	1/1/2022
32554	ASPIRATE PLEURA W/O IMAGING	Authorization required for non-participating providers.	C	1/1/2022
32555	ASPIRATE PLEURA W/ IMAGING	Authorization required for non-participating providers.	C	1/1/2022
32556	INSERT CATH PLEURA W/O IMAGE	Authorization required for non-participating providers.	C	1/1/2022
32557	INSERT CATH PLEURA W/ IMAGE	Authorization required for non-participating providers.	C	1/1/2022
32560	TREAT LUNG LINING CHEMICALLY	Authorization required for non-participating providers.	C	1/1/2022
32561	LYSE CHEST FIBRIN INIT DAY	Authorization required for non-participating providers.	C	1/1/2022
32562	LYSE CHEST FIBRIN SUBQ DAY	Authorization required for non-participating providers.	C	1/1/2022
32601	THORACOSCOPY DIAGNOSTIC	Authorization required for non-participating providers.	C	1/1/2022
32602	THORACOSCOPY DX (SEP PRO); LUNGS & PLEURAL W/BX	Authorization required for non-participating providers.	C	1/1/2022
32603	THORACOSCOPY DX (SEP PRO); PERICARDIAL SAC WO BX	Authorization required for non-participating providers.	C	1/1/2022
32604	THORACOSCOPY DX (SEP PRO); PERICARDIAL SAC W/BX	Authorization required for non-participating providers.	C	1/1/2022
32605	THORACOSCOPY DX (SEP PRO); MEDIASTIN SPACE WO BX	Authorization required for non-participating providers.	C	1/1/2022
32606	THORACOSCOPY DX (SEP PRO); MEDIASTIN SPACE W/BX	Authorization required for non-participating providers.	C	1/1/2022
32607	THORACOSCOPY W/BX INFILTRATE	Authorization required for non-participating providers.	C	1/1/2022
32608	THORACOSCOPY W/BX NODULE	Authorization required for non-participating providers.	C	1/1/2022
32609	THORACOSCOPY W/BX PLEURA	Authorization required for non-participating providers.	C	1/1/2022
32650	THORACOSCOPY SURG; W/PLEURODESIS ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
32651	THORACOSCOPY SURG; W/PART PULM DECORTIC	Authorization required for non-participating providers.	C	1/1/2022
32652	THORACOSCOPY SURG; W/TOT PULM DECORTIC/PNEUMOLYS	Authorization required for non-participating providers.	C	1/1/2022
32653	THORACOSCOPY SURG; W/REMOV INTRAPLEURAL FB	Authorization required for non-participating providers.	C	1/1/2022
32654	THORACOSCOPY SURG; W/CONTRL TRAUMATIC HEMORR	Authorization required for non-participating providers.	C	1/1/2022
32655	THORACOSCOPY RESECT BULLAE	Authorization required for non-participating providers.	C	1/1/2022
32656	THORACOSCOPY SURG; W/PARIETAL PLEURECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32657	THORACOSCOPY SURG; W/WEDGE RESECT LUNG 1/MX	Authorization required for non-participating providers.	C	1/1/2022
32658	THORACOSCOPY SURG; W/REMOV CLOT/FB-PERICARD SAC	Authorization required for non-participating providers.	C	1/1/2022
32659	THORACOSCOPY SURG; W/CREAT PERICARD WINDOW	Authorization required for non-participating providers.	C	1/1/2022
32660	THORACOSCOPY SURG; W/TOT PERICARDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32661	THORACOSCOPY SURG; W/EXC PERICARD CYST/TUMOR/MAS	Authorization required for non-participating providers.	C	1/1/2022
32662	THORACOSCOPY SURG; W/EXC MEDIASTIN CYST/TUMOR	Authorization required for non-participating providers.	C	1/1/2022
32663	THORACOSCOPY W/LOBECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32664	THORACOSCOPY SURG; W/THORACIC SYMPATHECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32665	THORACOSCOPY SURG; W/ESOPHAGOMYOTOMY	Authorization required for non-participating providers.	C	1/1/2022

32666	THORACOSCOPY W/WEDGE RESECT	Authorization required for non-participating providers.	C	1/1/2022
32667	THORACOSCOPY W/W RESECT ADDL	Authorization required for non-participating providers.	C	1/1/2022
32668	THORACOSCOPY W/W RESECT DIAG	Authorization required for non-participating providers.	C	1/1/2022
32669	THORACOSCOPY REMOVE SEGMENT	Authorization required for non-participating providers.	C	1/1/2022
32670	THORACOSCOPY BILOBECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32671	THORACOSCOPY PNEUMONECTOMY	Authorization required for non-participating providers.	C	1/1/2022
32672	THORACOSCOPY FOR LVRS	Authorization required for non-participating providers.	C	1/1/2022
32673	THORACOSCOPY W/THYMUS RESECT	Authorization required for non-participating providers.	C	1/1/2022
32674	THORACOSCOPY LYMPH NODE EXC	Authorization required for non-participating providers.	C	1/1/2022
32800	REPR LUNG HERNIA THRU CHEST WALL	Authorization required for non-participating providers.	C	1/1/2022
32810	CLO CHEST WALL FOLLOWING OPEN FLAP DRAIN EMPYEMA	Authorization required for non-participating providers.	C	1/1/2022
32815	OPEN CLO MAJOR BRONCHIAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
32820	MAJOR RECON CHEST WALL	Authorization required for non-participating providers.	C	1/1/2022
32850	DONOR PNEUMONECTOMY W/PREP & MAINTENANCE ALLOGFT	Authorization required for all providers.	Y	1/1/2022
32851	LUNG TRANSPL SNGL; WO CARDIOPULM BYPASS	Authorization required for all providers.	Y	1/1/2022
32852	LUNG TRANSPL SNGL; W/CARDIOPULM BYPASS	Authorization required for all providers.	Y	1/1/2022
32853	LUNG TRANSPL DBL; WO CARDIOPULM BYPASS	Authorization required for all providers.	Y	1/1/2022
32854	LUNG TRANSPL DBL; W/CARDIOPULM BYPASS	Authorization required for all providers.	Y	1/1/2022
32900	RESECT RIBS EXTRAPLEURAL ALL STAGES	Authorization required for non-participating providers.	C	1/1/2022
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	Authorization required for non-participating providers.	C	1/1/2022
32906	THORACOPLASTY; W/CLO BRONCHOPLEURAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
32940	PNEUMOLYSIS EXTRAPERIOSTEAL INCL FILL/PACK PROC	Authorization required for non-participating providers.	C	1/1/2022
32960	PNEUMOTHORAX THERAP-INTRAPLEURAL INJ AIR	Authorization required for non-participating providers.	C	1/1/2022
32994	ABLATE PULM TUMOR PERQ CRYBL	Authorization required for all providers.	Y	1/1/2022
32997	TOTAL LUNG LAVAGE UNILATERAL	Authorization required for non-participating providers.	C	1/1/2022
32998	ABLATE PULM TUMOR PERQ RF	Authorization required for non-participating providers.	C	1/1/2022
32999	UNLISTED PROC LUNGS & PLEURA	Authorization required for all providers.	Y	1/1/2022
33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	Authorization required for non-participating providers.	C	1/1/2022
33017	PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	Authorization required for non-participating providers.	C	1/1/2022
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/GEN CAR ANOMALY	Authorization required for non-participating providers.	C	1/1/2022
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	Authorization required for non-participating providers.	C	1/1/2022
33020	PERICARDIOTOMY REMOV CLOT/FB	Authorization required for non-participating providers.	C	1/1/2022
33025	CREATION PERICARDIAL WINDOW/PART RESECT DRAIN	Authorization required for non-participating providers.	C	1/1/2022
33030	PERICARDIECTOMY SUBTL/COMPLT; WO CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33031	PERICARDIECTOMY SUBTL/COMPLT; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33050	RESECT HEART SAC LESION	Authorization required for non-participating providers.	C	1/1/2022
33120	EXC INTRACARDIAC TUMOR RESECT W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33130	RESECT EXT CARDIAC TUMOR	Authorization required for non-participating providers.	C	1/1/2022
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION BY THORACOTOMY	Authorization required for non-participating providers.	C	1/1/2022
33141	TMR-THORACOTOMY DUR OP CARD PROC	Authorization required for non-participating providers.	C	1/1/2022
33202	INSERTION OF EPICARDIAL ELECTRODE(S)	Authorization required for non-participating providers.	C	1/1/2022
33203	ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PERICARDIOSCOPY)	Authorization required for non-participating providers.	C	1/1/2022
33206	INSERT HEART PM ATRIAL	Authorization required for non-participating providers.	C	1/1/2022
33207	INSERT HEART PM VENTRICULAR	Authorization required for non-participating providers.	C	1/1/2022
33208	INSRT HEART PM ATRIAL & VENT	Authorization required for all providers.	Y	1/1/2022
33210	INSRT/REPLAC TEMP ONE CHMBR ELECT/CATH (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
33211	INSRT/REPLAC TEMP DUAL CHAMB ELECTROD (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
33212	INSERT PULSE GEN SNGL LEAD	Authorization required for non-participating providers.	C	1/1/2022
33213	INSERT PULSE GEN DUAL LEADS	Authorization required for non-participating providers.	C	1/1/2022

33214	UPGRADE IMPLNT PACEMAKER SYST SNGL TO DUAL	Authorization required for non-participating providers.	C	1/1/2022
33215	REPOSITION PACING-DEFIB LEAD	Authorization required for non-participating providers.	C	1/1/2022
33216	INSERT 1 ELECTRODE PM-DEFIB	Authorization required for non-participating providers.	C	1/1/2022
33217	INSERT 2 ELECTRODE PM-DEFIB	Authorization required for non-participating providers.	C	1/1/2022
33218	REPAIR LEAD PACE-DEFIB ONE	Authorization required for non-participating providers.	C	1/1/2022
33220	REPAIR LEAD PACE-DEFIB DUAL	Authorization required for non-participating providers.	C	1/1/2022
33221	INSERT PULSE GEN MULT LEADS	Authorization required for non-participating providers.	C	1/1/2022
33222	RELOCATION POCKET PACEMAKER	Authorization required for non-participating providers.	C	1/1/2022
33223	RELOCATE POCKET FOR DEFIB	Authorization required for non-participating providers.	C	1/1/2022
33224	INSERT PACING LEAD & CONNECT	Authorization required for non-participating providers.	C	1/1/2022
33225	L VENTRIC PACING LEAD ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
33226	REPOSITION L VENTRIC LEAD	Authorization required for non-participating providers.	C	1/1/2022
33227	REMOVE&REPLACE PM GEN SNGL	Authorization required for non-participating providers.	C	1/1/2022
33228	REMOV&REPLC PM GEN DUAL LEAD	Authorization required for non-participating providers.	C	1/1/2022
33229	REMOV&REPLC PM GEN MULT LEADS	Authorization required for non-participating providers.	C	1/1/2022
33230	INSRT PULSE GEN W/DUAL LEADS	Authorization required for non-participating providers.	C	1/1/2022
33231	INSRT PULSE GEN W/MULT LEADS	Authorization required for non-participating providers.	C	1/1/2022
33233	REMOVAL OF PM GENERATOR	Authorization required for non-participating providers.	C	1/1/2022
33234	REMOV TRANSVEN PACEMKR ELECTRODE(S); 1 LEAD SYST	Authorization required for non-participating providers.	C	1/1/2022
33235	REMOV TRANSVEN PACEMKR ELECTRODE(S); DUAL LEAD	Authorization required for non-participating providers.	C	1/1/2022
33236	REMOV PERM EPICARD PACEMKR-THORACOT; 1 LEAD SYST	Authorization required for non-participating providers.	C	1/1/2022
33237	REMOV PERM EPICARD PACEMKR-THORACOT; DUAL LEAD	Authorization required for non-participating providers.	C	1/1/2022
33238	REMOV PERM TRANSVENOUS ELECTRODE-THORACOTOMY	Authorization required for non-participating providers.	C	1/1/2022
33240	INSRT PULSE GEN W/SINGL LEAD	Authorization required for non-participating providers.	C	1/1/2022
33241	REMOVE PULSE GENERATOR	Authorization required for non-participating providers.	C	1/1/2022
33243	REMOVE ELTRD/THORACOTOMY	Authorization required for non-participating providers.	C	1/1/2022
33244	REMOVE ELCTRD TRANSVENOUSLY	Authorization required for non-participating providers.	C	1/1/2022
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Authorization required for non-participating providers.	C	1/1/2022
33250	OR ABLAT SUPRAVENT ARRHYTH FOCUS; WO CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33251	OR ABLATION SUPRAVENT ARRHYTH FOCUS; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA	Authorization required for non-participating providers.	C	1/1/2022
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA	Authorization required for non-participating providers.	C	1/1/2022
33256	WITH CARDIOPULMONARY BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33257	ABLATE ATRIA LMTD ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
33258	ABLATE ATRIA X10SV ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
33259	ABLATE ATRIA W/BYPASS ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
33261	OPER ABLATION VENT ARRHYTH FOCUS W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33262	RMVL& REPLC PULSE GEN 1 LEAD	Authorization required for non-participating providers.	C	1/1/2022
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Authorization required for non-participating providers.	C	1/1/2022
33264	RMVL & RPLCMT DFB GEN MLT LD	Authorization required for all providers.	Y	1/1/2022
33265	ENDOSCOPY, SURGICAL OPERATIVE TISSUE ABLATION	Authorization required for non-participating providers.	C	1/1/2022
33266	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA	Authorization required for non-participating providers.	C	1/1/2022
33270	INS/REP SUBQ DEFIBRILLATOR	Authorization required for non-participating providers.	C	1/1/2022
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Authorization required for non-participating providers.	C	1/1/2022
33272	RMVL OF SUBQ DEFIBRILLATOR	Authorization required for non-participating providers.	C	1/1/2022
33273	REPOS PREV IMPLTBL SUBQ DFB	Authorization required for non-participating providers.	C	1/1/2022
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	Authorization required for all providers.	Y	1/1/2022
33275	TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	Authorization required for all providers.	Y	1/1/2022
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Authorization required for all providers.	Y	1/1/2022

33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	Authorization required for all providers.	Y	1/1/2022
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Authorization required for all providers.	Y	1/1/2022
33300	REPR CARDIAC WOUND; WO BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33305	REPR CARDIAC WOUND; W/CARDIOPULMONARY BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33310	CARDIOTOMY EXPL WITHOUT BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33315	CARDIOTOMY EXPLORATORY W/CP BYPS	Authorization required for non-participating providers.	C	1/1/2022
33320	SUTURE REPR AORTA/GRT VESSELS; WO SHUNT/BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33321	SUTURE REPR AORTA/GRT VESSELS; W/SHUNT BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33322	SUTURE REPR AORTA/GRT VESSELS; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33330	INSRT GFT AORTA/GRT VESSELS; WO SHUNT/BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33335	INSRT GFT AORTA/GRT VESSELS; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
33361	REPLACE AORTIC VALVE PERQ	Authorization required for non-participating providers.	C	1/1/2022
33362	REPLACE AORTIC VALVE OPEN	Authorization required for non-participating providers.	C	1/1/2022
33363	REPLACE AORTIC VALVE OPEN	Authorization required for non-participating providers.	C	1/1/2022
33364	REPLACE AORTIC VALVE OPEN	Authorization required for non-participating providers.	C	1/1/2022
33365	REPLACE AORTIC VALVE OPEN	Authorization required for non-participating providers.	C	1/1/2022
33366	TRCATH REPLACE AORTIC VALVE	Authorization required for non-participating providers.	C	1/1/2022
33367	REPLACE AORTIC VALVE W/BYP	Authorization required for non-participating providers.	C	1/1/2022
33368	REPLACE AORTIC VALVE W/BYP	Authorization required for non-participating providers.	C	1/1/2022
33369	REPLACE AORTIC VALVE W/BYP	Authorization required for non-participating providers.	C	1/1/2022
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	Authorization required for non-participating providers.	C	1/1/2022
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	Authorization required for non-participating providers.	C	1/1/2022
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	Authorization required for non-participating providers.	C	1/1/2022
33405	REPLACEMENT AORTIC VALVE OPN	Authorization required for non-participating providers.	C	1/1/2022
33406	REPLACEMENT AORTIC VALVE OPN	Authorization required for all providers.	Y	1/1/2022
33410	REPLACEMENT AORTIC VALVE OPN	Authorization required for all providers.	Y	1/1/2022
33411	REPLACEMENT OF AORTIC VALVE	Authorization required for all providers.	Y	1/1/2022
33412	REPLAC AORTIC VALV; W/TRANSVENT AORTIC ANNULUS	Authorization required for all providers.	Y	1/1/2022
33413	REPLAC AORTIC VALV; TRANSLOCAT AUTOLOG PULM VALV	Authorization required for all providers.	Y	1/1/2022
33414	REPR LT VENT OUTFLM OBSTRUC-PATCH ENLARGE TRACT	Authorization required for non-participating providers.	C	1/1/2022
33415	RESECT/INCS SUBVALVULAR TISS-AORTIC STENOSIS	Authorization required for non-participating providers.	C	1/1/2022
33416	VENTRICULOMYOTOMY-IDIOPATHIC SUBAORTIC STENOSIS	Authorization required for non-participating providers.	C	1/1/2022
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	Authorization required for non-participating providers.	C	1/1/2022
33418	REPAIR TCAT MITRAL VALVE	Authorization required for non-participating providers.	C	1/1/2022
33419	REPAIR TCAT MITRAL VALVE	Authorization required for non-participating providers.	C	1/1/2022
33420	VALVOTOMY MITRAL VALV; CLO HEART	Authorization required for non-participating providers.	C	1/1/2022
33422	VALVOTOMY MITRAL VALV; OPEN HEART W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33425	VALVULOPLASTY-MITRAL W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33426	VALVULOPLASTY-MITRAL W/CP BYPASS; W/PROSTH RING	Authorization required for non-participating providers.	C	1/1/2022
33427	VALVULOPLASTY-MITRAL W/CP BYPASS; RAD RECON	Authorization required for non-participating providers.	C	1/1/2022
33430	REPLAC MITRAL VALV W/CARDIOPULMONARY BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	Authorization required for all providers.	Y	1/1/2022
33460	VALVECTOMY TRICUSPID VALV; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33463	VALVULOPLASTY TRICUSPID VALV; WO RING INSRT	Authorization required for non-participating providers.	C	1/1/2022
33464	VALVULOPLASTY TRICUSPID VALV; W/RING INSRT	Authorization required for non-participating providers.	C	1/1/2022
33465	REPLAC TRICUSPID VALV W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33468	TRICUSPID VALV REPOSIT & PLICAT EPSTEIN ANOMALY	Authorization required for non-participating providers.	C	1/1/2022
33470	VALVOTOMY PULM VALV; CLO HEART; TRANSVENTRICULAR	Authorization required for non-participating providers.	C	1/1/2022

33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	Authorization required for non-participating providers.	C	1/1/2022
33474	VALVOTOMY PULM VALV OPEN HEART; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33475	REPLAC PULM VALV	Authorization required for non-participating providers.	C	1/1/2022
33476	RT VENTRIC RESECT-INFUNDIB STENOSIS-W/WO COMMISS	Authorization required for non-participating providers.	C	1/1/2022
33477	IMPLANT TCAT PULM VLV PERQ	Authorization required for non-participating providers.	C	1/1/2022
33478	OUTFLOW TRACT AUGMEN W/WO COMMISSUROTOMY	Authorization required for non-participating providers.	C	1/1/2022
33496	REPR PROSTH VALV DYSFUNCT W/CP BYPASS (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
33500	REPR CORONARY AV CHAMBER FISTULA; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33501	REPR CORONARY AV CHAMBER FISTULA; WO CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33502	REPR ANOMALOUS CORONARY ART; LIG	Authorization required for non-participating providers.	C	1/1/2022
33503	ANOMALOUS CORONARY ART; GFT WO CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33504	ANOMALOUS CORONARY ART; GFT W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33505	REPR ANOMALOUS CORON ART; CONSTRUC INTRAPULM ART	Authorization required for non-participating providers.	C	1/1/2022
33506	REPR ANOMALOUS CORON ART; TRNSLOC PULM ART-AORTA	Authorization required for non-participating providers.	C	1/1/2022
33507	RPR ANOM AORTIC ORIGIN C ART UNROOFING/TL CJ	Authorization required for non-participating providers.	C	1/1/2022
33508	ENDO VIDEO-ASSTD HARV VEINS CA BYPS	Authorization required for non-participating providers.	C	1/1/2022
33510	CORON ART BYPASS-VEIN ONLY; 1 CORON VENOUS GFT	Authorization required for non-participating providers.	C	1/1/2022
33511	CORON ART BYPASS-VEIN ONLY; 2 CORON VENOUS GFT	Authorization required for non-participating providers.	C	1/1/2022
33512	CORON ART BYPASS-VEIN ONLY; 3 CORON VENOUS GFT	Authorization required for non-participating providers.	C	1/1/2022
33513	CORON ART BYPASS-VEIN ONLY; 4 CORON VENOUS GFT	Authorization required for non-participating providers.	C	1/1/2022
33514	CORON ART BYPASS-VEIN ONLY; 5 CORON VENOUS GFT	Authorization required for non-participating providers.	C	1/1/2022
33516	CORON ART BYPASS-VEIN ONLY; 6/MORE VENOUS GFT	Authorization required for non-participating providers.	C	1/1/2022
33517	CORONARY ARTERY BYP W VEIN &ARTERY GRAFT 1 VEIN	Authorization required for non-participating providers.	C	1/1/2022
33518	CORONARY ARTERY BYP W VEIN &ARTERY GRAFT 2 VEIN	Authorization required for non-participating providers.	C	1/1/2022
33519	CORONARY ARTERY BYP W VEIN &ARTERY GRAFT 3 VEIN	Authorization required for non-participating providers.	C	1/1/2022
33521	CORONARY ARTERY BYP W VEIN &ARTERY GRAFT 4 VEIN	Authorization required for non-participating providers.	C	1/1/2022
33522	CORONARY ARTERY BYP W VEIN &ARTERY GRAFT 5 VEIN	Authorization required for non-participating providers.	C	1/1/2022
33523	CORONARY ARTERY BYP W VEIN &ARTERY GRAFT 6 VEIN	Authorization required for non-participating providers.	C	1/1/2022
33530	REOPERAT CAB/VALVE PROC > 1 MO AFTER ORIG OR	Authorization required for non-participating providers.	C	1/1/2022
33533	CORONARY ART BYPASS W/ART GFT; 1 ART GFT	Authorization required for all providers.	Y	1/1/2022
33534	CORON ART BYPASS W/ART GFT; 2 CORON ART GFT	Authorization required for non-participating providers.	C	1/1/2022
33535	CORON ART BYPASS W/ART GFT; 3 CORON ART GFT	Authorization required for non-participating providers.	C	1/1/2022
33536	CORON ART BYPASS W/ART GFT; 4/MORE CORON ART GFT	Authorization required for non-participating providers.	C	1/1/2022
33542	MYOCARDIAL RESECT	Authorization required for non-participating providers.	C	1/1/2022
33545	REPR POSTINFARCT VENT SEPTAL DEFECT W/WO RESECT	Authorization required for non-participating providers.	C	1/1/2022
33548	SURG VENTR RSTRJ PX W/PROSTC PATCH PFRMD	Authorization required for non-participating providers.	C	1/1/2022
33572	CORONARY ENDARTERECT-OP-PERFMD W/CABG-EA VESSEL	Authorization required for non-participating providers.	C	1/1/2022
33600	CLO ATRIOVENTRICULAR VALV-SUTURE/PATCH	Authorization required for non-participating providers.	C	1/1/2022
33602	CLO SEMILUNAR VALV-SUTURE/PATCH	Authorization required for non-participating providers.	C	1/1/2022
33606	ANASTOM PULM ART TO AORTA	Authorization required for non-participating providers.	C	1/1/2022
33608	REPR COMPLX CARDIAC ANOMALY NOT PULM ATRESIA	Authorization required for non-participating providers.	C	1/1/2022
33610	REPR COMPLX CARD ANOMAL-SURG ENLARGE SEPTL DEFEC	Authorization required for non-participating providers.	C	1/1/2022
33611	REPR DBL OUTLET RT VENT W/INTRA VENT TUNNEL REPR	Authorization required for non-participating providers.	C	1/1/2022
33612	REPR DBL OUTLET RT VENT; W/REPR RT OUTFLO OBSTRC	Authorization required for non-participating providers.	C	1/1/2022
33615	REPR CARD ANOMAL-CLO ATRIAL SEPTL DEFEC & ANASTO	Authorization required for non-participating providers.	C	1/1/2022
33617	REPR COMPLX CARDIAL ANOMALIES-MODIF FONTAN PROC	Authorization required for non-participating providers.	C	1/1/2022
33619	REPR 1 VENT W/AORTIC OBSTRUC & ARCH HYPOPLASIA	Authorization required for non-participating providers.	C	1/1/2022
33620	APPLY R&L PULM ART BANDS	Authorization required for non-participating providers.	C	1/1/2022
33621	TRANSTHOR CATH FOR STENT	Authorization required for non-participating providers.	C	1/1/2022

33622	REDO COMPL CARDIAC ANOMALY	Authorization required for non-participating providers.	C	1/1/2022
33641	REPR ATRIAL SEPTAL DEFECT SECUNDUM W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33645	DIRECT/PATCH CLO-SINUS VENOSUS-W/WO PULM DRAIN	Authorization required for non-participating providers.	C	1/1/2022
33647	REPR ATRIAL & VENTRIC SEPTAL DEFECT W/DIRECT CLO	Authorization required for non-participating providers.	C	1/1/2022
33660	REPR INCOMPL/PART ATRIOVENT CANAL W/WO VALV REPR	Authorization required for non-participating providers.	C	1/1/2022
33665	REPR INTERMED/TRANSIT ATRIOVENT CANAL W/WO VALV	Authorization required for non-participating providers.	C	1/1/2022
33670	REPR COMPLT ATRIOVENT CANAL W/WO PROSTH VALV	Authorization required for non-participating providers.	C	1/1/2022
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS	Authorization required for non-participating providers.	C	1/1/2022
33676	WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	Authorization required for non-participating providers.	C	1/1/2022
33677	WITH REMOVAL OF PULMONARY ARTERY BAND	Authorization required for non-participating providers.	C	1/1/2022
33681	CLOSURE SINGLE VENTRICULAR SEPTAL DEFECT W ITH OR WITHOUT PATCH	Authorization required for non-participating providers.	C	1/1/2022
33684	CLO VENT SEPTAL DEFECT W/WO PATCH; W/PULM VALVOT	Authorization required for non-participating providers.	C	1/1/2022
33688	CLO VSD W/WO PATCH; W/REMOV PULM ART BAND	Authorization required for non-participating providers.	C	1/1/2022
33690	BANDING PULM ART	Authorization required for non-participating providers.	C	1/1/2022
33692	COMPLT REPR TETRALOGY FALLOT WO PULM ATRESIA	Authorization required for non-participating providers.	C	1/1/2022
33694	COMPLT REPR TETRALOGY WO PULM ATRES; W/PATCH	Authorization required for non-participating providers.	C	1/1/2022
33697	COMPLT REPR TETRALOGY FALLOT W/PULM ATRESIA	Authorization required for non-participating providers.	C	1/1/2022
33702	REPR SINUS VALSALVA FISTULA W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33710	REPR SINUS FISTULA W/BYPASS; W/REPR SEPTAL DEFEC	Authorization required for non-participating providers.	C	1/1/2022
33720	REPR SINUS VALSALVA ANEURY W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33722	CLO AORTICO-LT VENTRICULAR TUNNEL	Authorization required for non-participating providers.	C	1/1/2022
33724	REPAIR OF ISOLATED PATIAL ANOMALOUS PULMONARY VENOUS RETURN	Authorization required for non-participating providers.	C	1/1/2022
33726	REPAIR OF PULMONARY VENOUS STENOSIS	Authorization required for non-participating providers.	C	1/1/2022
33730	COMPLT REPR ANOMALOUS VENOUS RETURN	Authorization required for non-participating providers.	C	1/1/2022
33732	REPR COR TRIATRIATUM/SUPRAVALVULAR MITRAL RING	Authorization required for non-participating providers.	C	1/1/2022
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY; CLO HEART	Authorization required for non-participating providers.	C	1/1/2022
33736	ATRIAL SEPTECT/SEPTOST; OPEN HEART W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33737	ATRIAL SEPTEC/SEPTOS; OPEN HEART W/INFLOW OCCLUD	Authorization required for non-participating providers.	C	1/1/2022
33741	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	Authorization required for non-participating providers.	C	1/1/2022
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	Authorization required for non-participating providers.	C	1/1/2022
33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	Authorization required for non-participating providers.	C	1/1/2022
33750	SHUNT; SUBCLAVIAN PULM ART	Authorization required for non-participating providers.	C	1/1/2022
33755	SHUNT; ASCENDING AORTA PULM ART	Authorization required for non-participating providers.	C	1/1/2022
33762	SHUNT; DESCENDING AORTA PULM ART	Authorization required for non-participating providers.	C	1/1/2022
33764	SHUNT; CENTRAL W/PROSTH GFT	Authorization required for non-participating providers.	C	1/1/2022
33766	SHUNT; SUPER VENA CAVA-PULM ART-FLOW TO 1 LUNG	Authorization required for non-participating providers.	C	1/1/2022
33767	SHUNT; SUPER VENA CAVA-PULM ART FLOW-BOTH LUNGS	Authorization required for non-participating providers.	C	1/1/2022
33768	ANAST CAVOPULM 2ND SUPRIOR V/C	Authorization required for non-participating providers.	C	1/1/2022
33770	REPR TRANSPOSIT GRT ART; WO SURG ENLARG SEPTAL	Authorization required for non-participating providers.	C	1/1/2022
33771	REPR TRANSPOSIT GRT ART; W/SURG ENLARG SEPTL DEF	Authorization required for non-participating providers.	C	1/1/2022
33774	REPR TRANSPOSIT GR ART-ATRIAL BAFFLE W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33775	REPR TRANSPOSIT W/CP BYPASS; W/REMOV PULM BAND	Authorization required for non-participating providers.	C	1/1/2022
33776	REPR TRANSPOSIT GR ART; W/CLO VENT SEPTAL DEFECT	Authorization required for non-participating providers.	C	1/1/2022
33777	REPR TRANSPOSIT GRT ART; W/REPR SUBPULM OBSTRUC	Authorization required for non-participating providers.	C	1/1/2022
33778	REPR TRANSPOSIT GRT ART AORTIC PULM RECON	Authorization required for non-participating providers.	C	1/1/2022
33779	REPR TRANSPOSIT-AORTIC PULM RECON; W/REMOV BAND	Authorization required for non-participating providers.	C	1/1/2022
33780	REPR TRANSPOSIT-AORTIC PULM RECON; W/CLO SEPTAL	Authorization required for non-participating providers.	C	1/1/2022
33781	REPR TRANSPOSIT-AORTIC PULM; W/REPR SUBPULM OBST	Authorization required for non-participating providers.	C	1/1/2022
33782	NIKAIDOH PROC	Authorization required for non-participating providers.	C	1/1/2022

33783	NIKAIDOH PROC W/OSTIA IMPLT	Authorization required for non-participating providers.	C	1/1/2022
33786	TOT REPR TRUNCUS ARTERIOSUS	Authorization required for non-participating providers.	C	1/1/2022
33788	REIMPLANTATION AN ANOMALOUS PULM ART	Authorization required for non-participating providers.	C	1/1/2022
33800	AORTIC SUSPEN-TRACHEAL DECOMP (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
33802	DIVISION ABERRANT VESEL	Authorization required for non-participating providers.	C	1/1/2022
33803	DIVISION ABERRANT VESEL; W/REANASTOMOSIS	Authorization required for non-participating providers.	C	1/1/2022
33813	OBLIT AORTOPULM SEPTAL DEFECT; WO CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33814	OBLIT AORTOPULM SEPTAL DEFECT; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33820	REPR PATENT DUCTUS ARTERIOSUS; LIG	Authorization required for non-participating providers.	C	1/1/2022
33822	REPR PATENT DUCTUS ARTERIOSUS; DIVIS < 18 YR	Authorization required for non-participating providers.	C	1/1/2022
33824	REPR PATENT DUCTUS ARTERIOSUS; DIVIS 18YR & OLDR	Authorization required for non-participating providers.	C	1/1/2022
33840	EXC COARCTATION AORTA; W/DIRECT ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
33845	EXC COARCTATION AORTA W/WO PATENT DUCTUS; W/GFT	Authorization required for non-participating providers.	C	1/1/2022
33851	EXC COARCTAT AORTA; REPR W/LT SUBCLAV/PROSTH MAT	Authorization required for non-participating providers.	C	1/1/2022
33852	REPR HYPOPLASTIC/INTERRUP AORTIC ARCH; WO CP BYP	Authorization required for non-participating providers.	C	1/1/2022
33853	REPR HYPOPLASTIC AORTIC ARCH W/MAT; W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Authorization required for non-participating providers.	C	1/1/2022
33861	ASCEND AORTA GFT W/CP BYPASS; W/CORON RECON	Authorization required for non-participating providers.	C	1/1/2022
33863	ASCENDING AORTIC GRAFT	Authorization required for non-participating providers.	C	1/1/2022
33864	ASCENDING AORTIC GRAFT	Authorization required for non-participating providers.	C	1/1/2022
33866	AORTIC HEMIARCH GRAFT W/ISOL AND CTRL ARCH VESSELS	Authorization required for all providers.	Y	1/1/2022
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	Authorization required for non-participating providers.	C	1/1/2022
33875	DESCENDING THORACIC AORTA GFT W/WO BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33877	REPR THORACOABD AORTIC ANEURY W/GFT W/WO BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	Authorization required for non-participating providers.	C	1/1/2022
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Authorization required for non-participating providers.	C	1/1/2022
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	Authorization required for non-participating providers.	C	1/1/2022
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	Authorization required for non-participating providers.	C	1/1/2022
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	Authorization required for non-participating providers.	C	1/1/2022
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	Authorization required for non-participating providers.	C	1/1/2022
33891	BYP GRF W/DTA RPR NCK INC	Authorization required for non-participating providers.	C	1/1/2022
33910	PULM ART EMBOLECTOMY; W/CARDIOPULMONARY BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33915	PULM ART EMBOLECTOMY; WO CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33916	PULM ENDARTERECTOMY W/WO EMBOLECTOMY W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33917	REPR PULM ART STENOSIS-RECON W/PATCH/GFT	Authorization required for non-participating providers.	C	1/1/2022
33920	REPR PULM ATRESIA-CONSTRUCT/REPLAC CONDUIT	Authorization required for non-participating providers.	C	1/1/2022
33922	TRANSECT PULM ART W/CP BYPASS	Authorization required for non-participating providers.	C	1/1/2022
33924	LIG & TAKEDOWN SYST-TO-PULM ART SHUNT	Authorization required for non-participating providers.	C	1/1/2022
33925	RPR P-ART ARBORIZI ANOMAL UNIFCLIZI W/O CARD BYP	Authorization required for non-participating providers.	C	1/1/2022
33926	RPR P-ART ARBORIZI ANOMAL UNIFCLIZI W/CARD BYP	Authorization required for non-participating providers.	C	1/1/2022
33927	IMPLTJ TOT RPLCMT HRT SYS	Authorization required for non-participating providers.	C	1/1/2022
33928	RMVL & RPLCMT TOT HRT SYS	Authorization required for non-participating providers.	C	1/1/2022
33929	RMVL RPLCMT HRT SYS F/TRNSPL	Authorization required for non-participating providers.	C	1/1/2022
33930	DONOR CARDIAC-PNEUMONEC W/PREP & MAINTEN-ALLOGFT	Authorization required for all providers.	Y	1/1/2022
33935	HEART-LUNG TRANSPL W/RECIPIENT CARDIAC-PNEUMONEC	Authorization required for all providers.	Y	1/1/2022
33940	DONOR CARDIAC W/PREP & MAINTENANCE-ALLOGFT	Authorization required for all providers.	Y	1/1/2022
33945	HEART TRANSPL W/WO RECIPIENT CARDIAC	Authorization required for all providers.	Y	1/1/2022
33946	ECMO/ECLS INITIATION VENOUS	Authorization required for non-participating providers.	C	1/1/2022

33947	ECMO/ECLS INITIATION ARTERY	Authorization required for non-participating providers.	C	1/1/2022
33948	ECMO/ECLS DAILY MGMT-VENOUS	Authorization required for non-participating providers.	C	1/1/2022
33949	ECMO/ECLS DAILY MGMT ARTERY	Authorization required for non-participating providers.	C	1/1/2022
33951	ECMO/ECLS INSJ PRPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33952	ECMO/ECLS INSJ PRPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33953	ECMO/ECLS INSJ PRPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33954	ECMO/ECLS INSJ PRPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33955	ECMO/ECLS INSJ CTR CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33956	ECMO/ECLS INSJ CTR CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33957	ECMO/ECLS REPOS PERPH CNULA	Authorization required for non-participating providers.	C	1/1/2022
33958	ECMO/ECLS REPOS PERPH CNULA	Authorization required for non-participating providers.	C	1/1/2022
33959	ECMO/ECLS REPOS PERPH CNULA	Authorization required for non-participating providers.	C	1/1/2022
33962	ECMO/ECLS REPOS PERPH CNULA	Authorization required for non-participating providers.	C	1/1/2022
33963	ECMO/ECLS REPOS PERPH CNULA	Authorization required for non-participating providers.	C	1/1/2022
33964	ECMO/ECLS REPOS PERPH CNULA	Authorization required for non-participating providers.	C	1/1/2022
33965	ECMO/ECLS RMVL PERPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33966	ECMO/ECLS RMVL PRPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33967	PERCUTANEOUS INSERTION OF INTRA-AORTIC BALLOON	Authorization required for non-participating providers.	C	1/1/2022
33968	REMOVAL OF INTRA AORTIC BALLOON ASSIST DEVICE PERCUTANEOUS	Authorization required for non-participating providers.	C	1/1/2022
33969	ECMO/ECLS RMVL PERPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33970	INSRT INTRA-AORTIC BALLOON ASST DEVICE-FEM OPEN	Authorization required for non-participating providers.	C	1/1/2022
33971	REMOV INTRA-AORTIC BALLOON ASSIST DEVIC-REPR FEM	Authorization required for non-participating providers.	C	1/1/2022
33973	INSRT INTRA-AORT BALOON ASSIST DEVIC-ASCENT AORT	Authorization required for non-participating providers.	C	1/1/2022
33974	REMOV INTRA-AORTIC BALLOON DEVICE W/REPR AORTA	Authorization required for non-participating providers.	C	1/1/2022
33975	IMPLNT VENTRIC ASSIST DEVICE; 1 VENTRICLE SUPPRT	Authorization required for all providers.	Y	1/1/2022
33976	IMPLNT VENTRIC ASSIST DEVICE; BIVENTRIC SUPPORT	Authorization required for all providers.	Y	1/1/2022
33977	REMOV VENTRIC ASSIST DEVICE; 1 VENTRICLE SUPPORT	Authorization required for non-participating providers.	C	1/1/2022
33978	REMOV VENTRIC ASSIST DEVICE; BIVENTRICUL SUPPORT	Authorization required for non-participating providers.	C	1/1/2022
33979	INSERTATION OF INTRACORPORAL VENTRICULAR ASSIST DEVICE	Authorization required for all providers.	Y	1/1/2022
33980	REMOVAL OF INTRACORPORAL VENTRICULAR ASSIST DEVICE	Authorization required for non-participating providers.	C	1/1/2022
33981	REPLACE VAD PUMP EXT	Authorization required for all providers.	Y	1/1/2022
33982	REPLACE VAD INTRA W/O BP	Authorization required for all providers.	Y	1/1/2022
33983	REPLACE VAD INTRA W/BP	Authorization required for all providers.	Y	1/1/2022
33984	ECMO/ECLS RMVL PRPH CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33985	ECMO/ECLS RMVL CTR CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33986	ECMO/ECLS RMVL CTR CANNULA	Authorization required for non-participating providers.	C	1/1/2022
33987	ARTERY EXPOS/GRAFT ARTERY	Authorization required for non-participating providers.	C	1/1/2022
33988	INSERTION OF LEFT HEART VENT	Authorization required for non-participating providers.	C	1/1/2022
33989	REMOVAL OF LEFT HEART VENT	Authorization required for non-participating providers.	C	1/1/2022
33990	INSJ PERQ VAD W/RS AND I L HRT ARTERIAL ACCESS ONLY	Authorization required for all providers.	Y	1/1/2022
33991	INSJ PERQ VAD W/RS AND I L HRT ARTERIAL AND VEN ACCESS	Authorization required for all providers.	Y	1/1/2022
33992	REMOVAL PERQ LEFT HRT VAD ARTL/ARTL AND VEN SEP INSJ	Authorization required for non-participating providers.	C	1/1/2022
33993	REPOSITIONING PERQ R/L VAD W/IMG GDN SEP INSJ	Authorization required for non-participating providers.	C	1/1/2022
33995	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY	Authorization required for non-participating providers.	C	1/1/2022
33997	REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ	Authorization required for non-participating providers.	C	1/1/2022
33999	UNLISTED PROC CARDIAC SURG	Authorization required for all providers.	Y	1/1/2022
34051	EMBOLECT/THROMBEC; INNOMINATE BY THORACIC INCS	Authorization required for non-participating providers.	C	1/1/2022
34101	EMBOLECT/THROMBEC; AXILRY/BRACHIAL ART-ARM INCS	Authorization required for non-participating providers.	C	1/1/2022
34111	EMBOLECT/THROMBEC; RADIAL/ULNAR ART BY ARM INCS	Authorization required for non-participating providers.	C	1/1/2022

34151	EMBOLECT/THROMBEC; RENAL/CELIAC ART BY ABD INCS	Authorization required for non-participating providers.	C	1/1/2022
34201	EMBOLECT/THROMBEC; FEMPOP ART BY LEG INCS	Authorization required for non-participating providers.	C	1/1/2022
34203	EMBOLECT/THROMBEC; POP-TIBIO-PER ART BY LEG INCS	Authorization required for non-participating providers.	C	1/1/2022
34401	THROMBEC DIRECT OR W/CATH; VENA CAVA BY ABD INCS	Authorization required for non-participating providers.	C	1/1/2022
34421	THROMBEC DIRECT OR W/CATH; VENA CAVA BY LEG INCS	Authorization required for non-participating providers.	C	1/1/2022
34451	THROMBEC; VENA CAVA BY ABD & LEG INCS	Authorization required for non-participating providers.	C	1/1/2022
34471	THROMBEC DIREC OR W/CATH; SUBCLAV VEIN NECK INCS	Authorization required for non-participating providers.	C	1/1/2022
34490	THROMBEC; AXILRY & SUBCLAV BY ARM INCS	Authorization required for non-participating providers.	C	1/1/2022
34501	VALVULOPLASTY FEMORAL VEIN	Authorization required for non-participating providers.	C	1/1/2022
34502	RECON VENA CAVA ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	Authorization required for non-participating providers.	C	1/1/2022
34520	CROSS-OVER VEIN GFT TO VENOUS SYST	Authorization required for non-participating providers.	C	1/1/2022
34530	SAPHENOPLITEAL VEIN ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
34701	EVASC RPR A-AO NDGFT	Authorization required for non-participating providers.	C	1/1/2022
34702	EVASC RPR A-AO NDGFT RPT	Authorization required for non-participating providers.	C	1/1/2022
34703	EVASC RPR A-UNILAC NDGFT	Authorization required for non-participating providers.	C	1/1/2022
34704	EVASC RPR A-UNILAC NDGFT RPT	Authorization required for non-participating providers.	C	1/1/2022
34705	EVASC RPR A-BIILAC NDGFT	Authorization required for non-participating providers.	C	1/1/2022
34706	EVASC RPR A-BIILAC RPT	Authorization required for non-participating providers.	C	1/1/2022
34707	EVASC RPR ILIO-ILIAC NDGFT	Authorization required for non-participating providers.	C	1/1/2022
34708	EVASC RPR ILIO-ILIAC RPT	Authorization required for non-participating providers.	C	1/1/2022
34709	PLMT XTN PROSTH EVASC RPR	Authorization required for non-participating providers.	C	1/1/2022
34710	DLYD PLMT XTN PROSTH 1ST VSL	Authorization required for non-participating providers.	C	1/1/2022
34711	DLYD PLMT XTN PROSTH EA ADDL	Authorization required for non-participating providers.	C	1/1/2022
34712	TCAT DLVR ENHNC D FIXJ DEV	Authorization required for non-participating providers.	C	1/1/2022
34713	PERQ ACCESS & CLSR FEM ART	Authorization required for non-participating providers.	C	1/1/2022
34714	OPN FEM ART EXPOS CNDT CRTJ	Authorization required for non-participating providers.	C	1/1/2022
34715	OPN AX/SUBCLA ART EXPOS	Authorization required for non-participating providers.	C	1/1/2022
34716	OPN AX/SUBCLA ART EXPOS CNDT	Authorization required for non-participating providers.	C	1/1/2022
34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	Authorization required for non-participating providers.	C	1/1/2022
34718	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	Authorization required for non-participating providers.	C	1/1/2022
34808	ENDOVASC PLCMT ILIAC ART OCCLU DEV	Authorization required for non-participating providers.	C	1/1/2022
34812	OPN FEM ART EXPOS	Authorization required for non-participating providers.	C	1/1/2022
34813	PLCMT FEM PROS GFT DUR ANEUR REPR	Authorization required for non-participating providers.	C	1/1/2022
34820	OPN ILIAC ART EXPOS	Authorization required for non-participating providers.	C	1/1/2022
34830	OP REPR AO ANEUR/TRAUMA, TUBE PROS	Authorization required for non-participating providers.	C	1/1/2022
34831	OP REPR AO ANEUR, AO/BI/ILIAC PROS	Authorization required for non-participating providers.	C	1/1/2022
34832	OP REPR AO ANEUR, AORTO-BIFEM PROS	Authorization required for non-participating providers.	C	1/1/2022
34833	OPN ILAC ART EXPOS CNDT CRTJ	Authorization required for non-participating providers.	C	1/1/2022
34834	OPN BRACH ART EXPOS	Authorization required for non-participating providers.	C	1/1/2022
34841	ENDOVASC VISC AORTA 1 GRAFT	Authorization required for non-participating providers.	C	1/1/2022
34842	ENDOVASC VISC AORTA 2 GRAFT	Authorization required for non-participating providers.	C	1/1/2022
34843	ENDOVASC VISC AORTA 3 GRAFT	Authorization required for non-participating providers.	C	1/1/2022
34844	ENDOVASC VISC AORTA 4 GRAFT	Authorization required for non-participating providers.	C	1/1/2022
34845	VISC & INFRAREN ABD 1 PROSTH	Authorization required for non-participating providers.	C	1/1/2022
34846	VISC & INFRAREN ABD 2 PROSTH	Authorization required for non-participating providers.	C	1/1/2022
34847	VISC & INFRAREN ABD 3 PROSTH	Authorization required for non-participating providers.	C	1/1/2022
34848	VISC & INFRAREN ABD 4+ PROST	Authorization required for non-participating providers.	C	1/1/2022
35001	DIREC REPR ANEUR; ANEUR/OCCLUD CAROTID/SUBCLAV	Authorization required for non-participating providers.	C	1/1/2022

35002	DIREC REPR ANEURY; RUPTD ANEURY-NECK INCS	Authorization required for non-participating providers.	C	1/1/2022
35005	DIREC REPR ANEURY; ANEURY/OCCLUD VERTEBRAL ART	Authorization required for non-participating providers.	C	1/1/2022
35011	DIREC REPR; ANEURY AXILRY-BRACH ART BY ARM INCS	Authorization required for non-participating providers.	C	1/1/2022
35013	DIREC REPR; RUPT ANEURY AX-BRACH ART BY ARM INCS	Authorization required for non-participating providers.	C	1/1/2022
35021	DIREC REPR; ANEUR INNOM/SUBCLAV-THORACIC INCS	Authorization required for non-participating providers.	C	1/1/2022
35022	DIREC REPR; RUPT ANEURY INNOMIN ART-THORAC INCS	Authorization required for non-participating providers.	C	1/1/2022
35045	DIREC REPR; ANEURY/OCCLUD RADIAL/ULNAR ART	Authorization required for non-participating providers.	C	1/1/2022
35081	DIREC REPR; ANEURY/FALSE ANEURY/OCCLUD ABD AORTA	Authorization required for non-participating providers.	C	1/1/2022
35082	DIREC REPR ANEURY; RUPT ANEURY ABD AORTA	Authorization required for non-participating providers.	C	1/1/2022
35091	DIREC REPR; ANEURY ABD AORTA INVOLV VISCRL VESSL	Authorization required for non-participating providers.	C	1/1/2022
35092	DIREC REPR; RUPT ANEURY ABD AORTA W/VISCRL VESSL	Authorization required for non-participating providers.	C	1/1/2022
35102	DIREC REPR; ANEURY ABD AORTA INVOLV ILIAC VESSL	Authorization required for non-participating providers.	C	1/1/2022
35111	DIREC REPR; ANEURY/FLSE ANEURY/OCCLUD SPLENIC ART	Authorization required for non-participating providers.	C	1/1/2022
35112	DIREC REPR ANEURY; RUPT ANEURY SPLENIC ART	Authorization required for non-participating providers.	C	1/1/2022
35121	DIREC REPR; ANEURY HEPATIC/CELIAC/RENAL/MES ART	Authorization required for non-participating providers.	C	1/1/2022
35122	DIREC REPR; RUPT ANEURY HEPATIC/CELIAC/RENAL ART	Authorization required for non-participating providers.	C	1/1/2022
35131	DIREC REPR; ANEURY/FALSE ANEURY/OCCLUD ILIAC ART	Authorization required for non-participating providers.	C	1/1/2022
35132	DIREC REPR ANEURY; RUPT ANEURY ILIAC ART	Authorization required for non-participating providers.	C	1/1/2022
35141	DIREC REPR; ANEURY/FLSE ANEURY/OCCLU COMMON FEM A	Authorization required for non-participating providers.	C	1/1/2022
35142	DIREC REPR ANEURY; RUPT ANEURY COMMON FEM ART	Authorization required for non-participating providers.	C	1/1/2022
35151	DIREC REPR; ANEURY/FALSE ANEURY/OCCLUD POP ART	Authorization required for non-participating providers.	C	1/1/2022
35152	DIREC REPR ANEURY; RUPT ANEURY POP ART	Authorization required for non-participating providers.	C	1/1/2022
35180	REPR CONGEN AV FISTULA; HEAD & NECK	Authorization required for non-participating providers.	C	1/1/2022
35182	REPR CONGEN AV FISTULA; THORAX & ABD	Authorization required for non-participating providers.	C	1/1/2022
35184	REPR CONGEN AV FISTULA; EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35188	REPR ACQUIRED/TRAUMATIC AV FISTULA; HEAD & NECK	Authorization required for non-participating providers.	C	1/1/2022
35189	REPR ACQUIRED/TRAUMATIC AV FISTULA; THORAX & ABD	Authorization required for non-participating providers.	C	1/1/2022
35190	REPR ACQUIRED/TRAUMATIC AV FISTULA; EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35201	REPR BLD VESSEL DIRECT; NECK	Authorization required for non-participating providers.	C	1/1/2022
35206	REPR BLD VESSEL DIRECT; UPPER EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35207	REPR BLD VESSEL DIRECT; HAND-FINGER	Authorization required for non-participating providers.	C	1/1/2022
35211	REPR BLD VESSEL DIRECT; INTRATHORACIC W/BYPASS	Authorization required for non-participating providers.	C	1/1/2022
35216	REPR BLD VESSEL DIRECT; INTRATHORACIC WO BYPASS	Authorization required for non-participating providers.	C	1/1/2022
35221	REPR BLD VESSEL DIRECT; INTRA-ABD	Authorization required for non-participating providers.	C	1/1/2022
35226	REPR BLD VESSEL DIRECT; LOWER EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35231	REPR BLD VESSEL W/VEIN GFT; NECK	Authorization required for non-participating providers.	C	1/1/2022
35236	REPR BLD VESSEL W/VEIN GFT; UPPER EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35241	REPR BLD VESS W/VEIN GFT; INTRATHORACIC W/BYPASS	Authorization required for non-participating providers.	C	1/1/2022
35246	REPR BLD VESS W/VEIN GFT; INTRATHORAC WO BYPASS	Authorization required for non-participating providers.	C	1/1/2022
35251	REPR BLD VESSEL W/VEIN GFT; INTRA-ABD	Authorization required for non-participating providers.	C	1/1/2022
35256	REPR BLD VESSEL W/VEIN GFT; LOWER EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35261	REPR BLD VESSEL W/GFT OTHER THAN VEIN; NECK	Authorization required for non-participating providers.	C	1/1/2022
35266	REPR BLD VESS W/GFT OTHER THAN VEIN; UPPR EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35271	REPR BLD VESS W/GFT NOT VEIN; INTRATHORAC W/BYPS	Authorization required for non-participating providers.	C	1/1/2022
35276	REPR BLD VESS W/GFT NOT VEIN; INTRATHOR WO BYPAS	Authorization required for non-participating providers.	C	1/1/2022
35281	REPR BLD VESSEL W/GFT OTHER THAN VEIN; INTRA-ABD	Authorization required for non-participating providers.	C	1/1/2022
35286	REPR BLD VESS W/GFT OTHER THAN VEIN; LOWER EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35301	THROMBOENDARTERECTOMY INCL PATCH GRAFT IF PERFCAROTID	Authorization required for all providers.	Y	1/1/2022
35302	SUPERFICIAL FEMORAL ARTERY	Authorization required for non-participating providers.	C	1/1/2022

35303	POPLITEAL ARTERY	Authorization required for non-participating providers.	C	1/1/2022
35304	TIBIOPERONEAL TRUNK ARTERY	Authorization required for non-participating providers.	C	1/1/2022
35305	TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL	Authorization required for non-participating providers.	C	1/1/2022
35306	EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY	Authorization required for non-participating providers.	C	1/1/2022
35311	THROMBOENDARTERECT; SUBCLAV/INNOMIN-THORAC INCS	Authorization required for non-participating providers.	C	1/1/2022
35321	THROMBOENDARTERECT W/WO GFT; AXILRY-BRACHIAL	Authorization required for non-participating providers.	C	1/1/2022
35331	THROMBOENDARTERECTOMY W/WO PATCH GFT; ABD AORTA	Authorization required for non-participating providers.	C	1/1/2022
35341	THROMBOENDARTERECT; MESENTERIC/CELIAC/RENAL	Authorization required for non-participating providers.	C	1/1/2022
35351	THROMBOENDARTERECTOMY W/WO PATCH GFT; ILIAC	Authorization required for non-participating providers.	C	1/1/2022
35355	THROMBOENDARTERECT W/WO PATCH GFT; ILIOFEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35361	THROMBOENDARTERECT W/WO GFT; COMBO AORTOILIAC	Authorization required for non-participating providers.	C	1/1/2022
35363	THROMBOENDARTERECTOMY; COMBO AORTOILIOFEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35371	THROMBOENDARTERECT W/WO GFT; COMMON FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35372	THROMBOENDARTERECT W/WO PATCH GFT; DEEP FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35390	REOPERAT CAROTID THROMBOENDARTERECT > 1 MO-ORIG	Authorization required for non-participating providers.	C	1/1/2022
35400	ANGIOSCOPY (NON-CORONARY) DURING THERAP INTRVNTN	Authorization required for non-participating providers.	C	1/1/2022
35454	TRANSLUMINAL BALLOON ANGIOPLASTY OPEN; ILIAC	Authorization required for non-participating providers.	C	1/1/2022
35456	TRANSLUMINAL BALLOON ANGIOPLASTY OPEN; FEMOR-POP	Authorization required for non-participating providers.	C	1/1/2022
35459	TRANSLUMINAL BALLOON ANGIOPL OPEN; TIBIOPERONAL	Authorization required for non-participating providers.	C	1/1/2022
35470	TRNSLM BALLOON ANGLPLST-PERC; TIBIOPERON BRNCH-EA	Authorization required for non-participating providers.	C	1/1/2022
35473	TRANSLUMINAL BALLOON ANGIOPLASTY PERCUT; ILIAC	Authorization required for non-participating providers.	C	1/1/2022
35474	TRANSLUMINAL BALLOON ANGIOPLSTY PERCUT; FEM-POP	Authorization required for non-participating providers.	C	1/1/2022
35480	TRANSLUMINL PERIPHERAL ATHERECT OPEN; RENAL ART	Authorization required for non-participating providers.	C	1/1/2022
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN; AORTIC	Authorization required for non-participating providers.	C	1/1/2022
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN; ILIAC	Authorization required for non-participating providers.	C	1/1/2022
35483	TRANSLUM PERIPHERAL ATHERECTOMY OPEN; FEMOR-POP	Authorization required for non-participating providers.	C	1/1/2022
35484	TRNSLM ATHERECTOMY-OPEN; BRACHIOCEPHAL/BRNCHS-EA	Authorization required for non-participating providers.	C	1/1/2022
35485	TRANSLUM PERIPHERAL ATHERECT OPEN; TIBIOPERONEL	Authorization required for non-participating providers.	C	1/1/2022
35490	TRANSLUM PERIPH ATHERECT PERCUT; RENAL/VISCERAL	Authorization required for non-participating providers.	C	1/1/2022
35491	TRANSLUMINAL PERIPH ATHERECTOMY PERCUT; AORTIC	Authorization required for non-participating providers.	C	1/1/2022
35492	TRANSLUMINL PERIPHERAL ATHERECTOMY PERCUT; ILIAC	Authorization required for non-participating providers.	C	1/1/2022
35493	TRANSLUM PERIPHERAL ATHERECT PERCUT; FEMORAL-POP	Authorization required for non-participating providers.	C	1/1/2022
35494	TRNSLM ATHERECTOMY-PERC; BRACHIOCEPHAL/BRNCHS-EA	Authorization required for non-participating providers.	C	1/1/2022
35495	TRANSLUM PERIPH ATHERECT PERCUT; TIBIOPERONEAL	Authorization required for non-participating providers.	C	1/1/2022
35500	HARVEST UP EXTREM VEIN-LOW EXTREM BYPASS PROC	Authorization required for non-participating providers.	C	1/1/2022
35501	BYPASS GRAFT W/VEIN COMMON CAROTID-IPSI LATERAL INTERNAL CAROTID	Authorization required for non-participating providers.	C	1/1/2022
35506	BYPASS GRFT W/OTHR THN VEIN COMM CAROTID-IPSI LATERAL INTERNAL	Authorization required for non-participating providers.	C	1/1/2022
35508	BYPASS GFT W/VEIN; CAROTID-VERTEBRAL	Authorization required for non-participating providers.	C	1/1/2022
35509	BYPASS GRAFT WITH VEIN CAROTID-CONTRALATERAL CAROTID	Authorization required for non-participating providers.	C	1/1/2022
35510	BYPASS GRAFT W/VEIN, CARTOTID-BRACH	Authorization required for non-participating providers.	C	1/1/2022
35511	BYPASS GFT W/VEIN; SUBCLAVIAN-SUBCLAVIAN	Authorization required for non-participating providers.	C	1/1/2022
35512	BYPAS GRAFT W/VEIN, SUBCLAVIAN-BRACH	Authorization required for non-participating providers.	C	1/1/2022
35515	BYPASS GFT W/VEIN; SUBCLAVIAN-VERTEBRAL	Authorization required for non-participating providers.	C	1/1/2022
35516	BYPASS GFT W/VEIN; SUBCLAVIAN-AXILRY	Authorization required for non-participating providers.	C	1/1/2022
35518	BYPASS GFT W/VEIN; AXILRY-AXILRY	Authorization required for non-participating providers.	C	1/1/2022
35521	BYPASS GFT W/VEIN; AXILRY-FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35522	BYPASS GRAFT W/VEIN, AX-BRACHIALC	Authorization required for non-participating providers.	C	1/1/2022
35523	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35525	BYPASS GRAFT W/VEIN, BRACH-BRACH	Authorization required for non-participating providers.	C	1/1/2022

35526	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35531	BYPASS GFT W/VEIN; AORTOCELIAC/AORTOMESENERIC	Authorization required for non-participating providers.	C	1/1/2022
35533	BYPASS GFT W/VEIN; AXILRY-FEMORAL-FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35535	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35536	BYPASS GFT W/VEIN; SPLENORENAL	Authorization required for non-participating providers.	C	1/1/2022
35537	AORTOILIAC	Authorization required for non-participating providers.	C	1/1/2022
35538	AORTOBIA-ILIAC	Authorization required for non-participating providers.	C	1/1/2022
35539	AORTOFEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35540	AORTOBIFEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35548	BYPASS GFT W/VEIN; AORTOILIOFEMORAL UNILAT	Authorization required for non-participating providers.	C	1/1/2022
35549	BYPASS GFT W/VEIN; AORTOILIOFEMORAL BILAT	Authorization required for non-participating providers.	C	1/1/2022
35551	BYPASS GFT W/VEIN; AORTOFEMORAL-POP	Authorization required for non-participating providers.	C	1/1/2022
35556	BYPASS GFT W/VEIN; FEMORAL-POP	Authorization required for non-participating providers.	C	1/1/2022
35558	BYPASS GFT W/VEIN; FEMORAL-FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35560	BYPASS GFT W/VEIN; AORTORENAL	Authorization required for non-participating providers.	C	1/1/2022
35563	BYPASS GFT W/VEIN; ILIOILIAC	Authorization required for non-participating providers.	C	1/1/2022
35565	BYPASS GFT W/VEIN; ILIOFEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35566	BYPASS GFT W/VEIN; FEM-ANT TIB/POST TIB/DISTAL	Authorization required for non-participating providers.	C	1/1/2022
35570	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35571	BYPASS GFT W/VEIN; POP-TIB-/PERONEAL ART/DISTAL	Authorization required for non-participating providers.	C	1/1/2022
35572	HARV FEMPOP VEIN 1 SEG VASC RECNSTR	Authorization required for non-participating providers.	C	1/1/2022
35583	IN-SITU VEIN BYPASS; FEMORAL-POP	Authorization required for non-participating providers.	C	1/1/2022
35585	IN-SITU VEIN BYPASS; FEM-ANT TIB/POST TIB/PERONL	Authorization required for non-participating providers.	C	1/1/2022
35587	IN-SITU VEIN BYPASS; POP-TIBIAL/PERONEAL	Authorization required for non-participating providers.	C	1/1/2022
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Authorization required for non-participating providers.	C	1/1/2022
35601	BYPASS GRFT W/OTHR THN VEIN COMMON CAROTID-IPILATERAL INTERNAL	Authorization required for non-participating providers.	C	1/1/2022
35606	BYPASS GFT W/OTHER THAN VEIN; CAROTID-SUBCLAVIAN	Authorization required for non-participating providers.	C	1/1/2022
35612	BYPASS GFT W/OTHER THAN VEIN; SUBCLAVIAN-SUBCLAV	Authorization required for non-participating providers.	C	1/1/2022
35616	BYPASS GFT W/OTHER THAN VEIN; SUBCLAVIAN-AXILRY	Authorization required for non-participating providers.	C	1/1/2022
35621	BYPASS GFT W/OTHER THAN VEIN; AXILRY-FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35623	BYPASS GFT W/OTHER THAN VEIN; AX-POP/-TIBIAL	Authorization required for non-participating providers.	C	1/1/2022
35626	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35631	BYPASS GFT NOT VEIN; AORTOCELIAC/AORTOMESENERIC	Authorization required for non-participating providers.	C	1/1/2022
35632	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35633	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35634	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35636	BYPASS GFT W/OTHER THAN VEIN; SPLENORENAL	Authorization required for non-participating providers.	C	1/1/2022
35637	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35638	ARTERY BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35642	BYPASS GFT W/OTHER THAN VEIN; CAROTID-VERTEBRAL	Authorization required for non-participating providers.	C	1/1/2022
35645	BYPASS GFT W/OTHER THAN VEIN; SUBCLAV-VERTEBRAL	Authorization required for non-participating providers.	C	1/1/2022
35646	BYPASS GFT W/OTHER THAN VEIN; AORTOFEM/BIFEM	Authorization required for non-participating providers.	C	1/1/2022
35647	AORTOFEMORAL BYPASS GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35650	BYPASS GFT W/OTHER THAN VEIN; AXILRY-AXILRY	Authorization required for non-participating providers.	C	1/1/2022
35651	BYPASS GFT W/OTHER THAN VEIN; AORTOFEMORAL-POP	Authorization required for non-participating providers.	C	1/1/2022
35654	BYPASS GFT W/OTHER THAN VEIN; AXILRY-FEM-FEM	Authorization required for non-participating providers.	C	1/1/2022
35656	BYPASS GFT W/OTHER THAN VEIN; FEMORAL-POP	Authorization required for non-participating providers.	C	1/1/2022
35661	BYPASS GFT W/OTHER THAN VEIN; FEMORAL-FEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35663	BYPASS GFT W/OTHER THAN VEIN; ILIOILIAC	Authorization required for non-participating providers.	C	1/1/2022

35665	BYPASS GFT W/OTHER THAN VEIN; ILIOFEMORAL	Authorization required for non-participating providers.	C	1/1/2022
35666	BYPASS GFT NOT VEIN; FEM-ANT TIB/POST TIB/PERONL	Authorization required for non-participating providers.	C	1/1/2022
35671	BYPASS GFT W/OTHER THAN VEIN; POP-TIB/-PERONEAL	Authorization required for non-participating providers.	C	1/1/2022
35681	BYPASS GFT; COMPOSITE PROSTH VEIN	Authorization required for non-participating providers.	C	1/1/2022
35682	BYPASS GFT; AUTOG COMPOSITE-2 SEGMT 2 LOCATIONS	Authorization required for non-participating providers.	C	1/1/2022
35683	BYPASS GFT; AUTOG COMPOSITE-3/> SEGMT 2/> LOCATN	Authorization required for non-participating providers.	C	1/1/2022
35685	BYPASS GRAFT PATENCY/VEIN PATCH	Authorization required for non-participating providers.	C	1/1/2022
35686	BYPASS GRAFT PATENCY/AV FISTULA	Authorization required for non-participating providers.	C	1/1/2022
35691	TRANSPOSIT &/OR REIMPLNT; VERTEB TO CAROTID ART	Authorization required for non-participating providers.	C	1/1/2022
35693	TRANSPOSIT &/OR REIMPLNT; VERTEB TO SUBCLAV ART	Authorization required for non-participating providers.	C	1/1/2022
35694	TRANSPOSIT &/OR REIMPLNT; SUBCLAV TO CAROTID ART	Authorization required for non-participating providers.	C	1/1/2022
35695	TRANSPOSIT &/OR REIMPLNT; CAROTID TO SUBCLAV ART	Authorization required for non-participating providers.	C	1/1/2022
35697	REIMPL ART INFRARENL AORTC PROS EA	Authorization required for non-participating providers.	C	1/1/2022
35700	REOPERAT FEM-POP/FEM-ANT TIB > 1 MO AFTR ORIG OR	Authorization required for non-participating providers.	C	1/1/2022
35701	EXPLORATION N/FLWD SURG NECK ARTERY	Authorization required for non-participating providers.	C	1/1/2022
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	Authorization required for non-participating providers.	C	1/1/2022
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	Authorization required for non-participating providers.	C	1/1/2022
35800	EXPLOR POSTOP HEMORR THROMBOSIS/INFEC; NECK	Authorization required for non-participating providers.	C	1/1/2022
35820	EXPLOR POSTOP HEMORR THROMBOSIS/INFEC; CHEST	Authorization required for non-participating providers.	C	1/1/2022
35840	EXPLOR POSTOP HEMORR THROMBOSIS/INFEC; ABD	Authorization required for non-participating providers.	C	1/1/2022
35860	EXPLOR POSTOP HEMORR/THROMBOSIS/INFEC; EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35870	REPR GFT-ENTERIC FISTULA	Authorization required for non-participating providers.	C	1/1/2022
35875	THROMBECTOMY ART/VENOUS GFT;	Authorization required for non-participating providers.	C	1/1/2022
35876	THROMBECTOMY ART/VENOUS GFT; W/REVIS GFT	Authorization required for non-participating providers.	C	1/1/2022
35879	REVISION LOWER EXTREMITY ARTERIAL BYPASS W/O THROMBECTOMY	Authorization required for non-participating providers.	C	1/1/2022
35881	REVISION LOWER EXTREMITY ARTERIAL BYPASS W/SEGMENTAL VEIN INTERPOSITION	Authorization required for non-participating providers.	C	1/1/2022
35883	REVISION, FEMORAL ANASTOMOSIS	Authorization required for non-participating providers.	C	1/1/2022
35884	WITH AUTOGENOUS VEIN PATCH GRAFT	Authorization required for non-participating providers.	C	1/1/2022
35901	EXC INFEC GFT; NECK	Authorization required for non-participating providers.	C	1/1/2022
35903	EXC INFEC GFT; EXTREM	Authorization required for non-participating providers.	C	1/1/2022
35905	EXC INFEC GFT; THORAX	Authorization required for non-participating providers.	C	1/1/2022
35907	EXC INFEC GFT; ABD	Authorization required for non-participating providers.	C	1/1/2022
36002	PSEUDOANEURYSM INJECTION	Authorization required for non-participating providers.	C	1/1/2022
36005	INJ PROC CONTRAST VENOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
36010	INTRO CATH SUPER/INFERIOR VENA CAVA	Authorization required for non-participating providers.	C	1/1/2022
36011	SELECT CATH PLCMT VENOUS SYST; 1ST ORDER BRANCH	Authorization required for non-participating providers.	C	1/1/2022
36012	SELECT CATH PLCMT VENOUS; 2ND ORDER/MORE SELECT	Authorization required for non-participating providers.	C	1/1/2022
36013	INTRO CATH RT HEART/MAIN PULM ART	Authorization required for non-participating providers.	C	1/1/2022
36014	SELECT CATH PLCMT LT/RT PULM ART	Authorization required for non-participating providers.	C	1/1/2022
36015	SELECT CATH PLCMT SEGMT/SUBSEGMENTAL PULM ART	Authorization required for non-participating providers.	C	1/1/2022
36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEB ART	Authorization required for non-participating providers.	C	1/1/2022
36140	INTRO NDL ICATH UP/LXTR ART	Authorization required for non-participating providers.	C	1/1/2022
36160	INTRO NEEDLE/INTRACATHETER AORTIC TRANSLUMBAR	Authorization required for non-participating providers.	C	1/1/2022
36200	PLACE CATHETER IN AORTA	Authorization required for non-participating providers.	C	1/1/2022
36208	THAW PRESERVED STEM CELLS	Authorization required for non-participating providers.	C	1/1/2022
36215	SELECT CATH PLCMT ART SYST; EA 1ST ORDER THORAC	Authorization required for non-participating providers.	C	1/1/2022
36216	SELECT CATH PLCMT ART SYST; INIT 2ND ORDER THORA	Authorization required for non-participating providers.	C	1/1/2022
36217	SELECT CATH PLCMT ART SYST; INIT 3RD ORDER THORA	Authorization required for non-participating providers.	C	1/1/2022
36218	SELECT CATH PLCMT ART; ADD 2ND & 3RD & BEYOND	Authorization required for non-participating providers.	C	1/1/2022

36221	PLACE CATH THORACIC AORTA	Authorization required for non-participating providers.	C	1/1/2022
36222	PLACE CATH CAROTID/INOM ART	Authorization required for all providers.	Y	1/1/2022
36223	PLACE CATH CAROTID/INOM ART	Authorization required for all providers.	Y	1/1/2022
36224	PLACE CATH CAROTD ART	Authorization required for all providers.	Y	1/1/2022
36225	PLACE CATH SUBCLAVIAN ART	Authorization required for non-participating providers.	C	1/1/2022
36226	PLACE CATH VERTEBRAL ART	Authorization required for all providers.	Y	1/1/2022
36227	PLACE CATH XTRNL CAROTID	Authorization required for non-participating providers.	C	1/1/2022
36228	PLACE CATH INTRACRANIAL ART	Authorization required for non-participating providers.	C	1/1/2022
36245	INS CATH ABD/L-EXT ART 1ST	Authorization required for non-participating providers.	C	1/1/2022
36246	INS CATH ABD/L-EXT ART 2ND	Authorization required for non-participating providers.	C	1/1/2022
36247	INS CATH ABD/L-EXT ART 3RD	Authorization required for non-participating providers.	C	1/1/2022
36248	INS CATH ABD/L-EXT ART ADDL	Authorization required for non-participating providers.	C	1/1/2022
36251	INS CATH REN ART 1ST UNILAT	Authorization required for non-participating providers.	C	1/1/2022
36252	INS CATH REN ART 1ST BILAT	Authorization required for non-participating providers.	C	1/1/2022
36253	INS CATH REN ART 2ND+ UNILAT	Authorization required for non-participating providers.	C	1/1/2022
36254	INS CATH REN ART 2ND+ BILAT	Authorization required for non-participating providers.	C	1/1/2022
36260	INSRT IMPLNT INTRA-ART INFUSION PUMP	Authorization required for non-participating providers.	C	1/1/2022
36261	REVIS IMPLNT INTRA-ART INFUSION PUMP	Authorization required for non-participating providers.	C	1/1/2022
36262	REMOV IMPLNT INTRA-ART INFUSION PUMP	Authorization required for non-participating providers.	C	1/1/2022
36299	UNLISTED PROC VASCULAR INJ	Authorization required for all providers.	Y	1/1/2022
36400	BL DRAW < 3 YRS FEM/JUGULAR	Authorization required for non-participating providers.	C	1/1/2022
36405	BL DRAW <3 YRS SCALP VEIN	Authorization required for non-participating providers.	C	1/1/2022
36406	BL DRAW <3 YRS OTHER VEIN	Authorization required for non-participating providers.	C	1/1/2022
36410	NON-ROUTINE BL DRAW 3/> YRS	Authorization required for non-participating providers.	C	1/1/2022
36420	VENIPUNCTURE CUTDOWN; UNDER AGE 1 YR	Authorization required for non-participating providers.	C	1/1/2022
36425	VENIPUNCTURE CUTDOWN; AGE 1/OVER	Authorization required for non-participating providers.	C	1/1/2022
36430	TRANSFUSION BLD/BLD COMPONENTS	Authorization required for non-participating providers.	C	1/1/2022
36440	PUSH TRANSFUSION BLD 2 YR/UNDER	Authorization required for non-participating providers.	C	1/1/2022
36450	EXCHG TRANSFUSION BLD; NB	Authorization required for non-participating providers.	C	1/1/2022
36455	EXCHG TRANSFUSION BLD; OTHER THAN NB	Authorization required for non-participating providers.	C	1/1/2022
36456	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	Authorization required for non-participating providers.	C	1/1/2022
36460	TRANSFUSION INTRAUTERINE FETAL	Authorization required for non-participating providers.	C	1/1/2022
36465	NIX NONCMPND SCLRSNT 1 VEIN	Authorization required for all providers.	Y	1/1/2022
36466	NIX NONCMPND SCLRSNT MLT VN	Authorization required for all providers.	Y	1/1/2022
36470	NIX SCLRSNT 1 INCMPTNT VEIN	Authorization required for all providers.	Y	1/1/2022
36471	NIX SCLRSNT MLT INCMPTNT VN	Authorization required for all providers.	Y	1/1/2022
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Authorization required for all providers.	Y	1/1/2022
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	Authorization required for non-participating providers.	C	1/1/2022
36475	ENDOVENUS ABLAT TX INCOMPETENT VEIN EXT RF; 1 VN	Authorization required for all providers.	Y	1/1/2022
36476	ENDOVENOUS RF VEIN ADD-ON	Authorization required for all providers.	Y	1/1/2022
36478	ENDOVEN ABLAT TX INCMPTNT VEIN EXT LASR;1 VEIN	Authorization required for all providers.	Y	1/1/2022
36479	ENDOVENOUS LASER VEIN ADDON	Authorization required for all providers.	Y	1/1/2022
36481	PERCUT PORTAL VEIN CATH BY ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
36482	ENDOVEN THER CHEM ADHES 1ST	Authorization required for all providers.	Y	1/1/2022
36483	ENDOVEN THER CHEM ADHES SBSQ	Authorization required for all providers.	Y	1/1/2022
36500	VENOUS CATH SELECT ORGAN BLD SAMPL	Authorization required for all providers.	Y	1/1/2022
36510	CATH UMBILICAL VEIN DX/THERAP NB	Authorization required for non-participating providers.	C	1/1/2022
36511	TX APHERES; WHITE BLD CELLS	Authorization required for non-participating providers.	C	1/1/2022
36512	THERAPEUTIC APHERESIS; RBCS	Authorization required for non-participating providers.	C	1/1/2022

36513	THERAPEUTIC APHERESIS; PLATELETS	Authorization required for non-participating providers.	C	1/1/2022
36514	THERAPEUTIC APHERESIS; PLASMA PHERES	Authorization required for non-participating providers.	C	1/1/2022
36516	APHERESIS IMMUNOADS SLCTV	Authorization required for non-participating providers.	C	1/1/2022
36522	PHOTOPHERESIS EXTRACORPOREAL	Authorization required for all providers.	Y	1/1/2022
36555	INSRT NON TUNNL CNTRL CVC, <5 YR	Authorization required for non-participating providers.	C	1/1/2022
36556	INSRT NON TUNNL CNTRL CVC, 5/>C	Authorization required for non-participating providers.	C	1/1/2022
36557	INSRT TUNNL CVC NO PORT/PUMP, <5 YR	Authorization required for non-participating providers.	C	1/1/2022
36558	INSRT TUNNL CVC NO PORT/PUMP, 5YR/>	Authorization required for non-participating providers.	C	1/1/2022
36560	INSRT TUNNL CNTRL CVAD PORT <5 YR	Authorization required for non-participating providers.	C	1/1/2022
36561	INSRT TUNNL CNTRL CVAD PORT 5 YR/>	Authorization required for non-participating providers.	C	1/1/2022
36563	INSRT TUNNL CNTRL CVAD W/SUBQ PUMP	Authorization required for non-participating providers.	C	1/1/2022
36565	INSRT TUNL CVAD 2 CATH-SITE NO PORT	Authorization required for non-participating providers.	C	1/1/2022
36566	INSRT TUNNL CVAD 2 CATH-2 SITE PORT	Authorization required for non-participating providers.	C	1/1/2022
36568	INSERTION PICC W/O IMG GDN < 5 YR	Authorization required for non-participating providers.	C	1/1/2022
36569	INSERTION PICC W/O IMG GDN 5 YR/>	Authorization required for non-participating providers.	C	1/1/2022
36570	INSRT PERIPH INSRT CVAD W/PORT <5YR	Authorization required for non-participating providers.	C	1/1/2022
36571	INSRT PERIPH INSRT CVAD PORT 5YR/>	Authorization required for non-participating providers.	C	1/1/2022
36572	INSERTION PICC W/RS AND I < 5 YR	Authorization required for all providers.	Y	1/1/2022
36573	INSERTION PICC W/RS AND I 5 YR/>	Authorization required for all providers.	Y	1/1/2022
36575	REP CV ACSS CATH W/O PORT/PUMP	Authorization required for non-participating providers.	C	1/1/2022
36576	REP CVAD W/PORT/PUMP CNTRL/PERIPH	Authorization required for non-participating providers.	C	1/1/2022
36578	REPL CATH ONLY CVAD SUBQ PORT/PUMP	Authorization required for non-participating providers.	C	1/1/2022
36580	REPL NON-TUNNLD CVC W/O PORT/PUMP	Authorization required for non-participating providers.	C	1/1/2022
36581	REPL TUNNLD CNTRL CVC W/O PORT/PUMP	Authorization required for non-participating providers.	C	1/1/2022
36582	REPL TUNNLD CNTRL CVAD W/SUBQ PORT	Authorization required for non-participating providers.	C	1/1/2022
36583	REPL TUNNLD CNTRL CVAD W/SUBQ PUMP	Authorization required for non-participating providers.	C	1/1/2022
36584	COMPLETE REPLACEMENT PICC R S AND I	Authorization required for non-participating providers.	C	1/1/2022
36585	REPL PERIPH INSRT CVAD W/SUBQ PORT	Authorization required for non-participating providers.	C	1/1/2022
36589	REMOV TUNNLD CVC W/O SUBQ PORT/PUMP	Authorization required for non-participating providers.	C	1/1/2022
36590	REMOV TUNNLD CVAD W/SUBQ PORT/PUMP	Authorization required for non-participating providers.	C	1/1/2022
36593	DECLOT VASCULAR DEVICE	Authorization required for non-participating providers.	C	1/1/2022
36595	MECH REMV PERICATH MATL SEP ACSS	Authorization required for non-participating providers.	C	1/1/2022
36596	MECH REMV INTRALUMN OBST MATL-LUMN	Authorization required for non-participating providers.	C	1/1/2022
36597	REPSTN PREV PLCD CVC FLUORO GUID	Authorization required for non-participating providers.	C	1/1/2022
36598	CNTRST NIX RAD EVAL CTR VAD FLUOR IMG&REPR	Authorization required for non-participating providers.	C	1/1/2022
36620	ART CATH/CANNULAT-SAMPL MONITOR (SEP PRO); PERQ	Authorization required for non-participating providers.	C	1/1/2022
36625	ART CATH/CANNULAT-SAMPL/MONITOR (SEP PRO); CUTDN	Authorization required for non-participating providers.	C	1/1/2022
36640	ART CATH PROLONGED INFUSION THERAP CUTDOWN	Authorization required for non-participating providers.	C	1/1/2022
36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	Authorization required for non-participating providers.	C	1/1/2022
36680	PLCMT NEEDLE INTRAOSSEOUS INFUSION	Authorization required for non-participating providers.	C	1/1/2022
36800	INSRT CANNULA (SEPART PROC); VEIN-VEIN	Authorization required for non-participating providers.	C	1/1/2022
36810	INSRT CANNULA (SEPART PROC); AV-EXT	Authorization required for non-participating providers.	C	1/1/2022
36815	INSRT CANNULA (SEPART PROC); AV-EXT REVIS/CLO	Authorization required for non-participating providers.	C	1/1/2022
36818	AV ANASTOM OPEN; UP ARM CEPHALIC VEIN TRNSPSTN	Authorization required for non-participating providers.	C	1/1/2022
36819	ARTERIOVENOUS ANASTOMOSIS OPEN	Authorization required for non-participating providers.	C	1/1/2022
36820	INSERTION OF CANNULA	Authorization required for non-participating providers.	C	1/1/2022
36821	AV ANASTOM DIRECT ANY SITE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
36823	INSRT ART & VEN CANNULA(S)-EXTRACORP CIRC-CHEMO	Authorization required for non-participating providers.	C	1/1/2022
36825	CREATE AV FISTULA (SEPART PROC); AUTOG GFT	Authorization required for non-participating providers.	C	1/1/2022

36830	CREAT AV FIST SEP PROC; NONAUTOGEN	Authorization required for non-participating providers.	C	1/1/2022
36831	THROMBECT AV FIST WO REVIS-AUTOG/NONAUTOG GFT	Authorization required for non-participating providers.	C	1/1/2022
36832	REVIS-AV FIST AUTOG/NONAUTOG DIALYSIS GFT (SP)	Authorization required for non-participating providers.	C	1/1/2022
36833	REVIS AV FIST; W/THROMBECT-AUTOG/NONAUTOG GFT	Authorization required for non-participating providers.	C	1/1/2022
36835	INSRT THOMAS SHUNT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
36838	DRIL UPPER EXT HEMODIALYSIS ACCESS	Authorization required for non-participating providers.	C	1/1/2022
36860	EXT CANNULA DECLOT (SP); WO BALLOON CATH	Authorization required for non-participating providers.	C	1/1/2022
36861	EXT CANNULA DECLOT (SEPART PROC); W/BALLOON CATH	Authorization required for non-participating providers.	C	1/1/2022
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	Authorization required for non-participating providers.	C	1/1/2022
36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	Authorization required for non-participating providers.	C	1/1/2022
36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	Authorization required for non-participating providers.	C	1/1/2022
36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	Authorization required for non-participating providers.	C	1/1/2022
36905	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	Authorization required for non-participating providers.	C	1/1/2022
36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	Authorization required for non-participating providers.	C	1/1/2022
36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	Authorization required for non-participating providers.	C	1/1/2022
36908	STENT PLMT CTR DIALYSIS SEG	Authorization required for non-participating providers.	C	1/1/2022
36909	DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	Authorization required for non-participating providers.	C	1/1/2022
37140	VENOUS ANASTOMOSIS OPEN; PORTOCAVAL	Authorization required for non-participating providers.	C	1/1/2022
37145	VENOUS ANASTOMOSIS OPEN; RENOPORTAL	Authorization required for non-participating providers.	C	1/1/2022
37160	VENUS ANASTOM OPEN; CAVAL-MESNTRIC	Authorization required for non-participating providers.	C	1/1/2022
37180	VENUS ANASTOM OPEN; SPLENORENL PROX	Authorization required for non-participating providers.	C	1/1/2022
37181	VENUS ANASTOM OPEN; SPLENORENL DIST	Authorization required for non-participating providers.	C	1/1/2022
37182	INSRT TRNS INTRAHEP PORTOSYS SHNT	Authorization required for non-participating providers.	C	1/1/2022
37183	REV TRNS INTRAHEP PORTOSYS SHNT	Authorization required for non-participating providers.	C	1/1/2022
37184	PRIM ART M-THRMBC 1ST VSL	Authorization required for non-participating providers.	C	1/1/2022
37185	PRIM ART M-THRMBC SBSQ VSL	Authorization required for non-participating providers.	C	1/1/2022
37186	SEC ART THROMBECTOMY ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
37187	PRQ TRLUML MCHNL THRMBC VEIN	Authorization required for non-participating providers.	C	1/1/2022
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	Authorization required for non-participating providers.	C	1/1/2022
37191	INS ENDOVAS VENA CAVA FILTR	Authorization required for non-participating providers.	C	1/1/2022
37192	REDO ENDOVAS VENA CAVA FILTR	Authorization required for non-participating providers.	C	1/1/2022
37193	REM ENDOVAS VENA CAVA FILTER	Authorization required for non-participating providers.	C	1/1/2022
37195	THROMBOLYSIS CEREBRAL BY IV INFUS	Authorization required for non-participating providers.	C	1/1/2022
37197	REMOVE INTRVAS FOREIGN BODY	Authorization required for non-participating providers.	C	1/1/2022
37200	TRANSCATH BX	Authorization required for non-participating providers.	C	1/1/2022
37201	TRANSCATH THERAP INFUSION-THROMBOLYSIS NOT CORON	Authorization required for non-participating providers.	C	1/1/2022
37203	TRANSCATH RETRIEVAL PERCUT-IV FB	Authorization required for non-participating providers.	C	1/1/2022
37209	EXCHG PREV PLCD ART CATH DURING THROMBOLYT THERA	Authorization required for non-participating providers.	C	1/1/2022
37211	THROMBOLYTIC ART THERAPY	Authorization required for non-participating providers.	C	1/1/2022
37212	THROMBOLYTIC VENOUS THERAPY	Authorization required for non-participating providers.	C	1/1/2022
37213	THROMBLYTIC ART/VEN THERAPY	Authorization required for non-participating providers.	C	1/1/2022
37214	CESSJ THERAPY CATH REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
37215	TRANSCATH STENT CCA W/EPS	Authorization required for non-participating providers.	C	1/1/2022
37216	TRANSCATH STENT CCA W/O EPS	Authorization required for non-participating providers.	C	1/1/2022
37217	STENT PLACEMT RETRO CAROTID	Authorization required for non-participating providers.	C	1/1/2022
37218	STENT PLACEMT ANTE CAROTID	Authorization required for non-participating providers.	C	1/1/2022
37220	ILIAC REVASC	Authorization required for non-participating providers.	C	1/1/2022
37221	ILIAC REVASC W/STENT	Authorization required for all providers.	Y	1/1/2022
37222	ILIAC REVASC ADD-ON	Authorization required for non-participating providers.	C	1/1/2022

37223	ILIAC REVASC W/STENT ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
37224	FEM/POPL REVAS W/TLA	Authorization required for all providers.	Y	1/1/2022
37225	FEM/POPL REVAS W/ATHER	Authorization required for all providers.	Y	1/1/2022
37226	FEM/POPL REVASC W/STENT	Authorization required for non-participating providers.	C	1/1/2022
37227	FEM/POPL REVASC STNT & ATHE	Authorization required for all providers.	Y	1/1/2022
37228	TIB/PER REVASC W/TLA	Authorization required for non-participating providers.	C	1/1/2022
37229	TIB/PER REVASC W/ATHER	Authorization required for non-participating providers.	C	1/1/2022
37230	TIB/PER REVASC W/STENT	Authorization required for non-participating providers.	C	1/1/2022
37231	TIB/PER REVASC STENT & ATHE	Authorization required for non-participating providers.	C	1/1/2022
37232	TIB/PER REVASC ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
37233	TIBPER REVASC W/ATHER ADD-O	Authorization required for non-participating providers.	C	1/1/2022
37234	REVSC OPN/PRQ TIB/PERO STEN	Authorization required for non-participating providers.	C	1/1/2022
37235	TIB/PER REVASC STNT & ATHER	Authorization required for non-participating providers.	C	1/1/2022
37236	OPEN/PERQ PLACE STENT 1ST	Authorization required for non-participating providers.	C	1/1/2022
37237	OPEN/PERQ PLACE STENT EA ADD	Authorization required for non-participating providers.	C	1/1/2022
37238	OPEN/PERQ PLACE STENT SAME	Authorization required for non-participating providers.	C	1/1/2022
37239	OPEN/PERQ PLACE STENT EA ADD	Authorization required for non-participating providers.	C	1/1/2022
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Authorization required for non-participating providers.	C	1/1/2022
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Authorization required for all providers.	Y	1/1/2022
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Authorization required for all providers.	Y	1/1/2022
37244	VASC EMBOLIZE/OCCLUDE BLEED	Authorization required for all providers.	Y	1/1/2022
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	Authorization required for non-participating providers.	C	1/1/2022
37247	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	Authorization required for non-participating providers.	C	1/1/2022
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	Authorization required for non-participating providers.	C	1/1/2022
37249	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	Authorization required for non-participating providers.	C	1/1/2022
37252	INTRVASC US NONCORONARY 1ST	Authorization required for non-participating providers.	C	1/1/2022
37253	INTRVASC US NONCORONARY ADDL	Authorization required for non-participating providers.	C	1/1/2022
37500	VASC ENDO SURG LIG PERFORATOR VNS	Authorization required for all providers.	Y	1/1/2022
37501	UNLISTED VASCULAR ENDOSCOPY PROC	Authorization required for all providers.	Y	1/1/2022
37565	LIG INT JUGULAR VEIN	Authorization required for non-participating providers.	C	1/1/2022
37600	LIG; EXT CAROTID ART	Authorization required for non-participating providers.	C	1/1/2022
37605	LIG; INT/COMMON CAROTID ART	Authorization required for non-participating providers.	C	1/1/2022
37606	LIG; INT/COMMON CAROTID ART W/GRADUAL OCCLUD	Authorization required for non-participating providers.	C	1/1/2022
37607	LIG/BANDING ANGIO ACCESS AV FISTULA	Authorization required for non-participating providers.	C	1/1/2022
37609	LIG/BX TEMPORAL ART	Authorization required for non-participating providers.	C	1/1/2022
37615	LIG MAJOR ART; NECK	Authorization required for non-participating providers.	C	1/1/2022
37616	LIG MAJOR ART; CHEST	Authorization required for non-participating providers.	C	1/1/2022
37617	LIG MAJOR ART; ABD	Authorization required for non-participating providers.	C	1/1/2022
37618	LIG MAJOR ART; EXTREM	Authorization required for non-participating providers.	C	1/1/2022
37619	LIGATION OF INFERIOR VENA CAVA	Authorization required for non-participating providers.	C	1/1/2022
37620	INTERRUPTION PART/COMPLT-INFERIOR VENA CAVA	Authorization required for non-participating providers.	C	1/1/2022
37650	REVISION OF MAJOR VEIN	Authorization required for non-participating providers.	C	1/1/2022
37660	REVISION OF MAJOR VEIN	Authorization required for non-participating providers.	C	1/1/2022
37700	LIG & DIVIS LONG SAPHENOUS VEIN @ SAPHENOFEMORAL	Authorization required for all providers.	Y	1/1/2022
37718	LIG DIV&STRIPPING SHORT SAPHENOUS VEIN	Authorization required for all providers.	Y	1/1/2022
37722	LIG DIV&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	Authorization required for all providers.	Y	1/1/2022
37735	LIG & STRIP LONG/SHORT SAPHENOUS W/RAD EXC ULCER	Authorization required for all providers.	Y	1/1/2022
37760	LIG PERFORATR VNS SUBFASCL RADL OPN	Authorization required for all providers.	Y	1/1/2022
37761	LIGATE LEG VEINS OPEN	Authorization required for all providers.	Y	1/1/2022

37765	STAB PHLEBECT VV 1 EXT 10-20 INCI	Authorization required for all providers.	Y	1/1/2022
37766	STAB PHLEBECT VV 1 EXT >20 INCI	Authorization required for all providers.	Y	1/1/2022
37780	LIG SHORT SAPHENOUS VEIN @ SAPHENOPOP (SEP PRO)	Authorization required for all providers.	Y	1/1/2022
37785	LIG &/ EXC VARICOSE VN CLUSTR 1 LEG	Authorization required for all providers.	Y	1/1/2022
37788	PENILE REVASCLARIZATION ART W/WO VEIN GFT	Authorization required for non-participating providers.	C	1/1/2022
37790	PENILE VENOUS OCCLUD PROC	Authorization required for non-participating providers.	C	1/1/2022
37799	UNLISTED PROC VASCULAR SURG	Authorization required for all providers.	Y	1/1/2022
38100	SPLENECTOMY; TOT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
38101	SPLENECTOMY; PART (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
38102	SPLENECTOMY; TOT EN BLOC EXTEN DZ W/OTH PROC	Authorization required for non-participating providers.	C	1/1/2022
38115	REPR RUPT SPLEEN W/WO PART SPLENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
38120	LAPAROSCOPY SPLENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
38129	UNLISTED LAPAROSCOPY SPLEEN	Authorization required for all providers.	Y	1/1/2022
38200	INJ PROC SPLENOPTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
38205	BLD-DRIV PRGNTR CELL HRV TPLNT;ALLO	Authorization required for all providers.	Y	1/1/2022
38206	BLD-DRV PRGNTR CELL HRV TPLNT;AUTOL	Authorization required for all providers.	Y	1/1/2022
38220	DX BONE MARROW ASPIRATIONS	Authorization required for non-participating providers.	C	1/1/2022
38221	DX BONE MARROW BIOPSIES	Authorization required for non-participating providers.	C	1/1/2022
38222	DX BONE MARROW BX & ASPIR	Authorization required for non-participating providers.	C	1/1/2022
38230	BONE MARROW HARVEST ALLOGEN	Authorization required for all providers.	Y	1/1/2022
38232	BONE MARROW HARVEST AUTOLOG	Authorization required for non-participating providers.	C	1/1/2022
38240	TRANSPLT ALLO HCT/DONOR	Authorization required for all providers.	Y	1/1/2022
38241	TRANSPLT AUTOL HCT/DONOR	Authorization required for all providers.	Y	1/1/2022
38242	TRANSPLT ALLO LYMPHOCYTES	Authorization required for all providers.	Y	1/1/2022
38243	TRANSPLJ HEMATOPOIETIC BOOST	Authorization required for all providers.	Y	1/1/2022
38300	DRAINAGE LYMPH NODE ABSCESS/LYMPHADENITIS; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
38305	DRAINAGE LYMPH NODE ABSCESS/LYMPHADENITIS; EXTEN	Authorization required for non-participating providers.	C	1/1/2022
38308	LYMPHANGIOTOMY/OTHER OR ON LYMPHATIC CHANNELS	Authorization required for non-participating providers.	C	1/1/2022
38380	SUTURE &/OR LIG THORACIC DUCT; CERV APPROACH	Authorization required for non-participating providers.	C	1/1/2022
38381	SUTURE &/OR LIG THORACIC DUCT; THORACIC APPROACH	Authorization required for non-participating providers.	C	1/1/2022
38382	SUTURE &/OR LIG THORACIC DUCT; ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
38500	BX/EXC LYMPH NODE; SUPERF (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
38505	BX/EXC LYMPH NODE; BY NEEDLE SUPERF	Authorization required for non-participating providers.	C	1/1/2022
38510	BX/EXC LYMPH NODE; DEEP CERV NODE	Authorization required for non-participating providers.	C	1/1/2022
38520	BX/EXC LYMPH NODE; DEEP CERV NODE W/EXC FAT PAD	Authorization required for non-participating providers.	C	1/1/2022
38525	BX/EXC LYMPH NODE; DEEP AXILRY NODE	Authorization required for non-participating providers.	C	1/1/2022
38530	BX/EXC LYMPH NODE; INT MAMMARY NODE (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
38531	OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	Authorization required for all providers.	Y	1/1/2022
38542	DISSECTION DEEP JUGULAR NODE	Authorization required for non-participating providers.	C	1/1/2022
38550	EXC CYSTIC HYGROMA AXIL/CERV; WO NEUROVAS DISSEC	Authorization required for non-participating providers.	C	1/1/2022
38555	EXC CYSTIC HYGROMA AXIL/CERV; W/NEUROVASC DISSEC	Authorization required for non-participating providers.	C	1/1/2022
38562	LTD LYMPHADENECTOMY (SEPART PROC); PELVIC	Authorization required for non-participating providers.	C	1/1/2022
38564	LTD LYMPHADENECT (SEPART PROC); RETROPERITONEAL	Authorization required for non-participating providers.	C	1/1/2022
38570	LAPAROSCOPY W/RETROPERITONEAL LYMPH OTE SAMPLING	Authorization required for non-participating providers.	C	1/1/2022
38571	LAPAROSCOPY WITH BILAT TOTAL PELVIC LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
38572	LAPAROSCOPY W/BILAT TOTAL PELVIC LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
38573	LAPS PELVIC LYMPHADEC	Authorization required for non-participating providers.	C	1/1/2022
38589	UNLISTED LAP PROC-LYMPHATIC SYST	Authorization required for all providers.	Y	1/1/2022
38700	SUPRAHYOID LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022

38720	CERV LYMPHADENECTOMY (COMPLETE)	Authorization required for non-participating providers.	C	1/1/2022
38724	CERV LYMPHADENECTOMY (MODIFIED RAD NECK DISECT)	Authorization required for non-participating providers.	C	1/1/2022
38740	AXILRY LYMPHADENECTOMY; SUPERF	Authorization required for non-participating providers.	C	1/1/2022
38745	AXILRY LYMPHADENECTOMY; COMPLT	Authorization required for non-participating providers.	C	1/1/2022
38746	REMOVE THORACIC LYMPH NODES	Authorization required for non-participating providers.	C	1/1/2022
38747	ABD LYMPHADENECTOMY REGIONAL INCL NODES	Authorization required for non-participating providers.	C	1/1/2022
38760	REMOVE GROIN LYMPH NODES	Authorization required for non-participating providers.	C	1/1/2022
38765	INGUINOFEM LYMPHADENECTMY W/PELV LYMPH (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
38770	PELVIC LYMPHADENECTOMY W/EXT ILIAC (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
38780	RETROPERITONEAL TRANSABD LYMPHADNECT (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
38790	INJ PROC; LYMPHANGIOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
38792	RA TRACER ID OF SENTINL NODE	Authorization required for non-participating providers.	C	1/1/2022
38794	CANNULATION THORACIC DUCT	Authorization required for non-participating providers.	C	1/1/2022
38900	IO MAP OF SENT LYMPH NODE	Authorization required for non-participating providers.	C	1/1/2022
38999	UNLISTED PROC HEMIC/LYMPHATIC SYST	Authorization required for all providers.	Y	1/1/2022
39000	MEDIASTINOTOMY W/EXPLOR/DRAIN/REMOV FB/BX; CERV	Authorization required for non-participating providers.	C	1/1/2022
39010	MEDIASTINOTOMY W/EXPLOR/DRAIN/BX; TRANSTHORACIC	Authorization required for non-participating providers.	C	1/1/2022
39200	RESECT MEDIASTINAL CYST	Authorization required for non-participating providers.	C	1/1/2022
39220	RESECT MEDIASTINAL TUMOR	Authorization required for non-participating providers.	C	1/1/2022
39401	MEDIASTINOSCPY W/MEDSTNL BX	Authorization required for non-participating providers.	C	1/1/2022
39402	MEDIASTINOSCPY W/LMPH NOD BX	Authorization required for non-participating providers.	C	1/1/2022
39499	UNLISTED PROC MEDIASTINUM	Authorization required for all providers.	Y	1/1/2022
39501	REPR LACERATION DIAPHRAGM ANY APPROACH	Authorization required for non-participating providers.	C	1/1/2022
39502	REPR PARAESOPHAGEAL HIATUS HERNIA EXC NEONAT	Authorization required for non-participating providers.	C	1/1/2022
39503	REPR NEONAT DIAPHRAGMATIC HERNIA W/WO CHEST TUBE	Authorization required for non-participating providers.	C	1/1/2022
39520	REPR DIAPHRAGMATIC HERNIA; TRANSTHORACIC	Authorization required for non-participating providers.	C	1/1/2022
39530	REPR DIAPHRAGM HERNIA; COMBO THORACOABD	Authorization required for non-participating providers.	C	1/1/2022
39531	REPR DIAPHRAGM HERNIA; THORACOABD W/DILAT STRICT	Authorization required for non-participating providers.	C	1/1/2022
39540	REPR DIAPHRAGMATIC HERNIA-TRAUMATIC; ACUTE	Authorization required for non-participating providers.	C	1/1/2022
39541	REPR DIAPHRAGMATIC HERNIA-TRAUMATIC; CHRONIC	Authorization required for non-participating providers.	C	1/1/2022
39545	IMBRICATION DIAPHRAGM-EVENTRATION; PARALYTIC/NON	Authorization required for non-participating providers.	C	1/1/2022
39560	RESECTION DIAPHRAGM W/SIMPLE REPAIR	Authorization required for non-participating providers.	C	1/1/2022
39561	RESECTION DIAPHRAGM W/COMPLEX REPAIR	Authorization required for non-participating providers.	C	1/1/2022
39599	UNLISTED PROC DIAPHRAGM	Authorization required for all providers.	Y	1/1/2022
40490	BX LIP	Authorization required for non-participating providers.	C	1/1/2022
40500	VERMILIONECTOMY W/MUCOS ADVANCEMENT	Authorization required for non-participating providers.	C	1/1/2022
40510	EXC LIP; TRANSVERSE WEDGE EXC W/PRIM CLO	Authorization required for non-participating providers.	C	1/1/2022
40520	EXC LIP; V-EXC W/PRIM DIRECT LINEAR CLO	Authorization required for non-participating providers.	C	1/1/2022
40525	EXC LIP; FULL THICK RECON W/LOCAL FLAP	Authorization required for non-participating providers.	C	1/1/2022
40527	EXC LIP; FULL THICK RECON W/CROSS LIP FLAP	Authorization required for non-participating providers.	C	1/1/2022
40530	RESECT LIP MORE THAN 1-FOURTH WO RECON	Authorization required for non-participating providers.	C	1/1/2022
40650	REPR LIP FULL THICK; VERMILION ONLY	Authorization required for non-participating providers.	C	1/1/2022
40652	REPR LIP FULL THICK; UP TO HALF VERTICAL HEIGHT	Authorization required for non-participating providers.	C	1/1/2022
40654	REPR LIP FULL THICK; > 1/2 VERTICAL HT/COMPLX	Authorization required for non-participating providers.	C	1/1/2022
40700	PLASTIC REPR CLEFT LIP/NASAL DEFORM; PRIM UNILAT	Authorization required for non-participating providers.	C	1/1/2022
40701	PLASTIC REPR CLEFT LIP; PRIM BILAT-1 STAGE PROC	Authorization required for non-participating providers.	C	1/1/2022
40702	PLASTIC REPR CLEFT LIP; PRIM BILAT-1 OF 2 STAGES	Authorization required for non-participating providers.	C	1/1/2022
40720	PLASTIC REPR CLEFT LIP; SECNDRY-RECREAT & RECLO	Authorization required for non-participating providers.	C	1/1/2022
40761	PLASTIC REPR CLEFT LIP; W/CROSS LIP PEDICLE FLAP	Authorization required for non-participating providers.	C	1/1/2022

40799	UNLISTED PROC LIPS	Authorization required for all providers.	Y	1/1/2022
40800	DRAIN ABSCESS/CYST VESTIBULE MOUTH; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
40801	DRAIN ABSCESS/CYST VESTIBULE MOUTH; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
40804	REMOV EMBEDDED FB VESTIBULE MOUTH; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
40805	REMOV EMBEDDED FB VESTIBULE MOUTH; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
40806	INCS LABIAL FRENUM	Authorization required for non-participating providers.	C	1/1/2022
40808	BX VESTIBULE MOUTH	Authorization required for non-participating providers.	C	1/1/2022
40810	EXC LES-MUCOS/SUBMUCOSA-VESTIBULE MOUTH; WO REPR	Authorization required for non-participating providers.	C	1/1/2022
40812	EXC LES-MUCOS/SUBMUCOSA-MOUTH; W/SIMPL REPR	Authorization required for non-participating providers.	C	1/1/2022
40814	EXC LES-MUCOS/SUBMUCOSA-MOUTH; W/COMPLX REPR	Authorization required for non-participating providers.	C	1/1/2022
40816	EXC LES-VESTIBULE-MOUTH; COMPLX W/EXC MUSCL	Authorization required for non-participating providers.	C	1/1/2022
40818	EXC MUCOS VESTIBULE MOUTH AS DONOR GFT	Authorization required for non-participating providers.	C	1/1/2022
40819	EXC FRENUM LABIAL/BUCCAL	Authorization required for non-participating providers.	C	1/1/2022
40820	DESTRUCT LES/SCAR VESTIBULE MOUTH-PHYSICAL METHD	Authorization required for non-participating providers.	C	1/1/2022
40830	CLO LACERATION VESTIBULE MOUTH; 2.5 CM/LESS	Authorization required for non-participating providers.	C	1/1/2022
40831	CLO LACERATION VESTIBULE MOUTH; > 2.5 CM/COMPLX	Authorization required for non-participating providers.	C	1/1/2022
40840	VESTIBULOPLASTY; ANT	Authorization required for non-participating providers.	C	1/1/2022
40842	VESTIBULOPLASTY; POST UNILAT	Authorization required for non-participating providers.	C	1/1/2022
40843	VESTIBULOPLASTY; POST BILAT	Authorization required for non-participating providers.	C	1/1/2022
40844	VESTIBULOPLASTY; ENTIRE ARCH	Authorization required for non-participating providers.	C	1/1/2022
40845	VESTIBULOPLASTY; COMPLX	Authorization required for non-participating providers.	C	1/1/2022
40899	UNLISTED PROC VESTIBULE MOUTH	Authorization required for all providers.	Y	1/1/2022
41000	INTRAORAL I&D ABSCESS/CYST TONGUE/MOUTH; LINGUAL	Authorization required for non-participating providers.	C	1/1/2022
41005	INTRAORAL I&D ABSCESS TONGUE/MOUTH; SUBLINGUAL	Authorization required for non-participating providers.	C	1/1/2022
41006	INTRAORAL I&D ABSCESS; SUBLINGUAL SUPRAMYLOHYOID	Authorization required for non-participating providers.	C	1/1/2022
41007	INTRAORAL I&D ABSCESS/CYST; SUBMENTAL SPACE	Authorization required for non-participating providers.	C	1/1/2022
41008	INTRAORAL I&D ABSCESS/CYST; SUBMANDIBULAR SPACE	Authorization required for non-participating providers.	C	1/1/2022
41009	INTRAORAL I&D ABSCESS/CYST; MASTICATOR SPACE	Authorization required for non-participating providers.	C	1/1/2022
41010	INCS LINGUAL FRENUM	Authorization required for non-participating providers.	C	1/1/2022
41015	EXTRAORAL I&D ABSCESS FLOOR MOUTH; SUBLINGUAL	Authorization required for non-participating providers.	C	1/1/2022
41016	EXTRAORAL I&D ABSCESS FLOOR MOUTH; SUBMENTAL	Authorization required for non-participating providers.	C	1/1/2022
41017	EXTRAORAL I&D ABSCESS FLOOR MOUTH; SUBMANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
41018	EXTRAORAL I&D ABSCESS MOUTH; MASTICATOR SPACE	Authorization required for non-participating providers.	C	1/1/2022
41019	PLACE NEEDLES H&N FOR RT	Authorization required for non-participating providers.	C	1/1/2022
41100	BX TONGUE; ANT TWO-THIRDS	Authorization required for non-participating providers.	C	1/1/2022
41105	BX TONGUE; POST ONE-THIRD	Authorization required for non-participating providers.	C	1/1/2022
41108	BX FLOOR MOUTH	Authorization required for non-participating providers.	C	1/1/2022
41110	EXC LES TONGUE WO CLO	Authorization required for non-participating providers.	C	1/1/2022
41112	EXC LES TONGUE W/CLO; ANT TWO-THIRDS	Authorization required for non-participating providers.	C	1/1/2022
41113	EXC LES TONGUE W/CLO; POST ONE-THIRD	Authorization required for non-participating providers.	C	1/1/2022
41114	EXC LES TONGUE W/CLO; W/LOCAL TONGUE FLAP	Authorization required for non-participating providers.	C	1/1/2022
41115	EXC LINGUAL FRENUM	Authorization required for non-participating providers.	C	1/1/2022
41116	EXC LES FLOOR MOUTH	Authorization required for non-participating providers.	C	1/1/2022
41120	GLOSSECTOMY; < ONE-HALF TONGUE	Authorization required for non-participating providers.	C	1/1/2022
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	Authorization required for non-participating providers.	C	1/1/2022
41135	GLOSSECTOMY; PART W/UNILAT RADICAL NECK DISSECT	Authorization required for non-participating providers.	C	1/1/2022
41140	GLOSSECTOMY; COMPLT/TOT W/WO TRACH WO RAD NCEK	Authorization required for non-participating providers.	C	1/1/2022
41145	GLOSSECTOMY; COMPLT/TOT W/UNILAT RADICAL NECK	Authorization required for non-participating providers.	C	1/1/2022
41150	GLOSSECTOMY; COMPOSITE WO RADICAL NECK DISSECT	Authorization required for non-participating providers.	C	1/1/2022

41153	GLOSSECTOMY; COMPOSITE W/SUPRAHYOID NECK DISSECT	Authorization required for non-participating providers.	C	1/1/2022
41155	GLOSSECTOMY; COMPOSITE & RADICAL NECK DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
41250	REPR LACERATION 2.5 CM/LESS; ANT 2/3 TONGUE	Authorization required for non-participating providers.	C	1/1/2022
41251	REPR LACERATION 2.5 CM/LESS; POST 1/3 TONGUE	Authorization required for non-participating providers.	C	1/1/2022
41252	REPR LACERAT TONGUE/FLOOR MOUTH > 2.6 CM/COMPLX	Authorization required for non-participating providers.	C	1/1/2022
41510	SUTURE TONGUE TO LIP MICROGNATHIA	Authorization required for non-participating providers.	C	1/1/2022
41512	TONGUE SUSPENSION	Authorization required for non-participating providers.	C	1/1/2022
41520	FRENOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
41530	TONGUE BASE VOL REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
41599	UNLISTED PROC TONGUE FLOOR MOUTH	Authorization required for all providers.	Y	1/1/2022
41800	DRAINAGE ABSCESS/CYST FROM DENTOALVEOLAR STRUCT	Authorization required for non-participating providers.	C	1/1/2022
41805	REMOV EMBED FB-DENTOALVEOLAR STRUCT; SOFT TISS	Authorization required for non-participating providers.	C	1/1/2022
41806	REMOV EMBEDDED FB-DENTOALVEOLAR STRUCT; BONE	Authorization required for non-participating providers.	C	1/1/2022
41820	GINGIVECTOMY EXC GINGIVA EA QUADRANT	Authorization required for non-participating providers.	C	1/1/2022
41821	OPERCULECTOMY EXC PERICORONAL TISS	Authorization required for non-participating providers.	C	1/1/2022
41822	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUCT	Authorization required for non-participating providers.	C	1/1/2022
41823	EXC OSSEOUS TUBEROSITIES DENTOALVEOLAR STRUCT	Authorization required for non-participating providers.	C	1/1/2022
41825	EXC LES/TUMOR DENTOALVEOLAR STRUCT; WO REPR	Authorization required for non-participating providers.	C	1/1/2022
41826	EXC LES/TUMOR DENTOALVEOLAR STRUCT; W/SIMPL REPR	Authorization required for non-participating providers.	C	1/1/2022
41827	EXC LES DENTOALVEOLAR STRUCT; W/COMPLX REPR	Authorization required for non-participating providers.	C	1/1/2022
41828	EXC HYPERPLASTIC ALVEOLAR MUCOS EA QUADRANT	Authorization required for non-participating providers.	C	1/1/2022
41830	ALVEOLECTOMY INCL CURET OSTEITIS/SEQUESTRECTOMY	Authorization required for non-participating providers.	C	1/1/2022
41850	DESTRUCT LES DENTOALVEOLAR STRUCT	Authorization required for non-participating providers.	C	1/1/2022
41870	PERIODONTAL MUCOS GFT	Authorization required for non-participating providers.	C	1/1/2022
41872	GINGIVOPLASTY EA QUADRANT	Authorization required for non-participating providers.	C	1/1/2022
41874	ALVEOLOPLASTY EA QUADRANT	Authorization required for non-participating providers.	C	1/1/2022
41899	UNLISTED PROC DENTOALVEOLAR STRUCT	Authorization required for all providers.	Y	1/1/2022
42000	DRAINAGE ABSCESS PALATE UVULA	Authorization required for non-participating providers.	C	1/1/2022
42100	BX PALATE UVULA	Authorization required for non-participating providers.	C	1/1/2022
42104	EXC LES PALATE UVULA; WO CLO	Authorization required for non-participating providers.	C	1/1/2022
42106	EXC LES PALATE UVULA; W/SIMPL PRIM CLO	Authorization required for non-participating providers.	C	1/1/2022
42107	EXC LES PALATE UVULA; W/LOCAL FLAP CLO	Authorization required for non-participating providers.	C	1/1/2022
42120	RESECT PALATE/EXTEN RESECT LES	Authorization required for non-participating providers.	C	1/1/2022
42140	UVULECTOMY EXC UVULA	Authorization required for non-participating providers.	C	1/1/2022
42145	PALATOPHARYNGOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
42160	DESTRUCT LES PALATE/UVULA	Authorization required for non-participating providers.	C	1/1/2022
42180	REPR LACERATION PALATE; UP TO 2 CM	Authorization required for non-participating providers.	C	1/1/2022
42182	REPR LACERATION PALATE; OVER 2 CM/COMPLX	Authorization required for non-participating providers.	C	1/1/2022
42200	PALATOPLASTY-CLEFT PALATE SOFT &/OR HARD PALATE	Authorization required for all providers.	Y	1/1/2022
42205	PALATOPLASTY-CLEFT PALATE; SOFT TISS ONLY	Authorization required for non-participating providers.	C	1/1/2022
42210	PALATOPLASTY CLEFT PALATE; W/BONE GFT-ALVEOLAR	Authorization required for non-participating providers.	C	1/1/2022
42215	PALATOPLASTY CLEFT PALATE; MAJOR REVIS	Authorization required for non-participating providers.	C	1/1/2022
42220	PALATOPLASTY CLEFT PALATE; SECNDRY LENGTHENING	Authorization required for non-participating providers.	C	1/1/2022
42225	PALATOPLASTY CLEFT PALATE; ATTACH PHARYNGEAL FLP	Authorization required for non-participating providers.	C	1/1/2022
42226	LENGTHENING PALATE & PHARYNGEAL FLAP	Authorization required for non-participating providers.	C	1/1/2022
42227	LENGTHENING PALATE W/ISLAND FLAP	Authorization required for non-participating providers.	C	1/1/2022
42235	REPR ANT PALATE INCL VOMER FLAP	Authorization required for non-participating providers.	C	1/1/2022
42260	REPR NASOLABIAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
42280	MAXIL IMPRESSION PALATAL PROSTH	Authorization required for non-participating providers.	C	1/1/2022

42281	INSRT PIN-RETAINED PALATAL PROSTH	Authorization required for non-participating providers.	C	1/1/2022
42299	UNLISTED PROC PALATE UVULA	Authorization required for all providers.	Y	1/1/2022
42300	DRAINAGE ABSCESS; PAROTID SIMPL	Authorization required for non-participating providers.	C	1/1/2022
42305	DRAINAGE ABSCESS; PAROTID COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
42310	DRAINAGE ABSCESS; SUBMAXIL/SUBLINGUAL INTRAORAL	Authorization required for non-participating providers.	C	1/1/2022
42320	DRAINAGE ABSCESS; SUBMAXILLARY EXT	Authorization required for non-participating providers.	C	1/1/2022
42330	SIALOLITHOTOMY; SUBMANDIBULAR UNCOMP INTRAORAL	Authorization required for non-participating providers.	C	1/1/2022
42335	SIALOLITHOTOMY; SUBMANDIBULAR COMPLIC INTRAORAL	Authorization required for non-participating providers.	C	1/1/2022
42340	SIALOLITHOTOMY; PAROTID/COMPLIC INTRAORAL	Authorization required for non-participating providers.	C	1/1/2022
42400	BX SALIVARY GLAND; NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
42405	BX SALIVARY GLAND; INCS	Authorization required for non-participating providers.	C	1/1/2022
42408	EXC SUBLINGUAL SALIVARY CYST	Authorization required for non-participating providers.	C	1/1/2022
42409	MARSUPIALIZATION SUBLINGUAL SALIVARY CYST	Authorization required for non-participating providers.	C	1/1/2022
42410	EXC PAROTID TUMOR; LAT LOBE WO NERVE DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
42415	EXC PAROTID TUMOR; LAT LOBE W/DISSECTION NERVE	Authorization required for non-participating providers.	C	1/1/2022
42420	EXC PAROTID TUMOR; TOT W/DISSECT & PRESERV NERVE	Authorization required for non-participating providers.	C	1/1/2022
42425	EXC PAROTID TUMOR; TOT W/SACRIFICE FACIAL NERVE	Authorization required for non-participating providers.	C	1/1/2022
42426	EXC PAROTID TUMOR; TOT W/UNILAT RAD NECK DISSECT	Authorization required for non-participating providers.	C	1/1/2022
42440	EXC SUBMANDIBULAR GLAND	Authorization required for non-participating providers.	C	1/1/2022
42450	EXC SUBLINGUAL GLAND	Authorization required for non-participating providers.	C	1/1/2022
42500	PLASTIC REPR SALIVARY DUCT; PRIM/SIMPL	Authorization required for non-participating providers.	C	1/1/2022
42505	PLASTIC REPR SALIVARY DUCT; SECNDRY/COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
42507	PAROTID DUCT DIVERSION BILAT	Authorization required for non-participating providers.	C	1/1/2022
42509	PAROTID DIVERSION BILAT; W/EXC BOTH GLANDS	Authorization required for non-participating providers.	C	1/1/2022
42510	PAROTID DIVERSION BILAT; W/LIG SUBMANDIB DUCTS	Authorization required for non-participating providers.	C	1/1/2022
42550	INJ PROC SIALOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
42600	CLO SALIVARY FISTULA	Authorization required for non-participating providers.	C	1/1/2022
42650	DILAT SALIVARY DUCT	Authorization required for non-participating providers.	C	1/1/2022
42660	DILAT & CATH SALIVARY DUCT W/WO INJ	Authorization required for non-participating providers.	C	1/1/2022
42665	LIG SALIVARY DUCT INTRAORAL	Authorization required for non-participating providers.	C	1/1/2022
42699	UNLISTED PROC SALIVARY GLANDS/DUCTS	Authorization required for all providers.	Y	1/1/2022
42700	I&D ABSCESS; PERITONSILLAR	Authorization required for non-participating providers.	C	1/1/2022
42720	I&D ABSCESS; RETROPHARYNGEAL INTRAORAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
42725	I&D ABSCESS; RETROPHARYNGEAL EXT APPROACH	Authorization required for non-participating providers.	C	1/1/2022
42800	BX; OROPHARYNX	Authorization required for non-participating providers.	C	1/1/2022
42804	BX; NASOPHARYNX VISIBLE LES SIMPL	Authorization required for non-participating providers.	C	1/1/2022
42806	BX; NASOPHARYNX SURVEY-UNKNOWN PRIM LES	Authorization required for non-participating providers.	C	1/1/2022
42808	EXC/DESTRUCT LES PHARYNX ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
42809	REMOV FB FROM PHARYNX	Authorization required for non-participating providers.	C	1/1/2022
42810	EXC BRANCHIAL CLEFT CYST-CONFINED TO SKIN/SUBQ	Authorization required for non-participating providers.	C	1/1/2022
42815	EXC BRANCHIAL CLEFT CYST-BENEATH SUBQ INTO PHARY	Authorization required for non-participating providers.	C	1/1/2022
42820	TONSILLECTOMY & ADENOIDECTOMY; UNDER AGE 12	Authorization required for all providers.	Y	1/1/2022
42821	TONSILLECTOMY & ADENOIDECTOMY; AGE 12/OVER	Authorization required for all providers.	Y	1/1/2022
42825	TONSILLECTOMY PRIM/SECNDRY; UNDER AGE 12	Authorization required for all providers.	Y	1/1/2022
42826	TONSILLECTOMY PRIM/SECNDRY; AGE 12/OVER	Authorization required for all providers.	Y	1/1/2022
42830	ADENOIDECTOMY PRIM; UNDER AGE 12	Authorization required for all providers.	Y	1/1/2022
42831	ADENOIDECTOMY PRIM; AGE 12/OVER	Authorization required for all providers.	Y	1/1/2022
42835	ADENOIDECTOMY SECNDRY; UNDER AGE 12	Authorization required for all providers.	Y	1/1/2022
42836	ADENOIDECTOMY SECNDRY; AGE 12/OVER	Authorization required for all providers.	Y	1/1/2022

42842	RADICAL RESECT TONSIL/TONSILLAR PILLARS; WO CLO	Authorization required for non-participating providers.	C	1/1/2022
42844	RADICAL RESECT TONSIL/PILLARS; CLO W/LOCAL FLAP	Authorization required for non-participating providers.	C	1/1/2022
42845	RADICAL RESECT TONSIL/PILLARS; CLO W/OTHER FLAP	Authorization required for non-participating providers.	C	1/1/2022
42860	EXC TONSIL TAGS	Authorization required for non-participating providers.	C	1/1/2022
42870	EXC/DESTRUCT LINGUAL TONSIL ANY METHD (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
42890	LTD PHARYNGECTOMY	Authorization required for non-participating providers.	C	1/1/2022
42892	RESECT LAT PHARYNGEAL WALL DIRECT CLO BY ADVANCE	Authorization required for non-participating providers.	C	1/1/2022
42894	RESECT PHARYNGEAL WALL W/CLO W/MYOCUTANEOUS FLAP	Authorization required for non-participating providers.	C	1/1/2022
42900	SUTURE PHARYNX WOUND/INJURY	Authorization required for non-participating providers.	C	1/1/2022
42950	PHARYNGOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
42953	PHARYNGOESOPHAGEAL REPR	Authorization required for non-participating providers.	C	1/1/2022
42955	PHARYNGOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
42960	CONTRL OROPHARYNG HEMORR PRIM/SECNDRY; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
42961	CONTRL OROPHARYNG HEMORR; COMPLIC W/HOSPITALIZAT	Authorization required for non-participating providers.	C	1/1/2022
42962	CONTRL OROPHARYNG HEMORR; W/SECNDRY SURG INTERV	Authorization required for non-participating providers.	C	1/1/2022
42970	CONTRL NASOPHARYNG HEMORR; SIMPL W/PACKS/CAUTERY	Authorization required for non-participating providers.	C	1/1/2022
42971	CONTRL NASOPHARYNG HEMORR; COMPLIC W/HOSPITALIZ	Authorization required for non-participating providers.	C	1/1/2022
42972	CONTRL NASOPHARYNG HEMORR; W/SECNDRY SURG INTERV	Authorization required for non-participating providers.	C	1/1/2022
42999	UNLISTED PROC PHARYNX/ADENOIDS/TONSILS	Authorization required for all providers.	Y	1/1/2022
43020	ESOPHAGOTOMY CERV APPROACH; W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
43030	CRICOPHARYNGEAL MYOTOMY	Authorization required for non-participating providers.	C	1/1/2022
43045	ESOPHAGOTOMY THORACIC APPROACH, W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
43100	EXC LES ESOPHAGUS W/PRIMARY REPR; CERV	Authorization required for non-participating providers.	C	1/1/2022
43101	EXC LES ESOPHAGUS W/PRIMARY REPR; THORACIC/ABD	Authorization required for non-participating providers.	C	1/1/2022
43107	TOT ESOPHAGECT WO THORCTMY; W/PHARYNGOGASTROST	Authorization required for non-participating providers.	C	1/1/2022
43108	TOT ESOPHAGECT WO THORCTMY; W/INTRPOS/SB RECON	Authorization required for non-participating providers.	C	1/1/2022
43112	ESPHG TOT W/THRCM	Authorization required for non-participating providers.	C	1/1/2022
43113	TOT ESOPHAGECT W/THORCTMY; W/INTRPOS/SB RECON	Authorization required for non-participating providers.	C	1/1/2022
43116	PART ESOPHAGECT-CERV-W/GFT/MICROVAS ANAS/RECON	Authorization required for non-participating providers.	C	1/1/2022
43117	PART ESOPHAGECT W/THOR, ABD INCS; W/ESOPHGASTRST	Authorization required for non-participating providers.	C	1/1/2022
43118	PART ESOPHAGECT W/THOR, ABD INCS; W/SB RECON	Authorization required for non-participating providers.	C	1/1/2022
43121	PART ESOPHAGECT W/THORCTMY, W/ESOPHGASTROST	Authorization required for non-participating providers.	C	1/1/2022
43122	PART ESOPHAGECT THORABD APPRO; W/ESOPHGASTROST	Authorization required for non-participating providers.	C	1/1/2022
43123	PART ESOPHAGECT THORABD APPRO; W/INTRPOS/SB RECN	Authorization required for non-participating providers.	C	1/1/2022
43124	TOT/PART ESOPHAGECT WO RECON W/CERV ESOPHAGOSTMY	Authorization required for non-participating providers.	C	1/1/2022
43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPHAGUS; CERV	Authorization required for non-participating providers.	C	1/1/2022
43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPHAGUS; THORACIC	Authorization required for non-participating providers.	C	1/1/2022
43180	ESOPHAGOSCOPY RIGID TRNSO	Authorization required for non-participating providers.	C	1/1/2022
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Authorization required for non-participating providers.	C	1/1/2022
43192	ESOPHAGOSCP RIG TRNSO INJECT	Authorization required for non-participating providers.	C	1/1/2022
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
43194	ESOPHAGOSCP RIG TRNSO REM FB	Authorization required for non-participating providers.	C	1/1/2022
43195	ESOPHAGOSCOPY RIGID BALLOON	Authorization required for non-participating providers.	C	1/1/2022
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Authorization required for non-participating providers.	C	1/1/2022
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Authorization required for non-participating providers.	C	1/1/2022
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Authorization required for non-participating providers.	C	1/1/2022
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Authorization required for non-participating providers.	C	1/1/2022
43202	ESOPHAGOSCOPY FLEX BIOPSY	Authorization required for non-participating providers.	C	1/1/2022

43204	ESOPH SCOPE W/SCLEROSIS INJ	Authorization required for non-participating providers.	C	1/1/2022
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Authorization required for non-participating providers.	C	1/1/2022
43206	ESOPH OPTICAL ENDOMICROSCOPY	Authorization required for non-participating providers.	C	1/1/2022
43210	EGD ESOPHAGOGASTRIC FNDOPSTY	Authorization required for non-participating providers.	C	1/1/2022
43211	ESOPHAGOSCOPY MUCOSAL RESECT	Authorization required for non-participating providers.	C	1/1/2022
43212	ESOPHAGOSCOPY STENT PLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
43213	ESOPHAGOSCOPY RETRO BALLOON	Authorization required for non-participating providers.	C	1/1/2022
43214	ESOPHAGOSC DILATE BALLOON 30	Authorization required for non-participating providers.	C	1/1/2022
43215	ESOPHAGOSCOPY FLEX REMOVE FB	Authorization required for non-participating providers.	C	1/1/2022
43216	ESOPHAGOSCOPY LESION REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
43217	ESOPHAGOSCOPY SNARE LES REMV	Authorization required for non-participating providers.	C	1/1/2022
43220	ESOPHAGOSCOPY BALLOON <30MM	Authorization required for non-participating providers.	C	1/1/2022
43226	ESOPH ENDOSCOPY DILATION	Authorization required for non-participating providers.	C	1/1/2022
43227	ESOPHAGOSCOPY CONTROL BLEED	Authorization required for non-participating providers.	C	1/1/2022
43229	ESOPHAGOSCOPY LESION ABLATE	Authorization required for non-participating providers.	C	1/1/2022
43231	ESOPHAGOSCOPY ULTRASOUND EXAM	Authorization required for non-participating providers.	C	1/1/2022
43232	ESOPHAGOSCOPY W/US NEEDLE BX	Authorization required for non-participating providers.	C	1/1/2022
43233	EGD BALLOON DIL ESOPH30 MM/>	Authorization required for non-participating providers.	C	1/1/2022
43234	UGI ENDO SIMPL PRIM EXAM (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
43235	EGD DIAGNOSTIC BRUSH WASH	Authorization required for non-participating providers.	C	1/1/2022
43236	UPPR GI SCOPE W/SUBMUC INJ	Authorization required for non-participating providers.	C	1/1/2022
43237	ENDOSCOPIC US EXAM ESOPH	Authorization required for non-participating providers.	C	1/1/2022
43238	EGD US FINE NEEDLE BX/ASPIR	Authorization required for non-participating providers.	C	1/1/2022
43239	EGD BIOPSY SINGLE/MULTIPLE	Authorization required for non-participating providers.	C	1/1/2022
43240	EGD W/TRANSMURAL DRAIN CYST	Authorization required for non-participating providers.	C	1/1/2022
43241	EGD TUBE/CATH INSERTION	Authorization required for non-participating providers.	C	1/1/2022
43242	EGD US FINE NEEDLE BX/ASPIR	Authorization required for non-participating providers.	C	1/1/2022
43243	EGD INJECTION VARICES	Authorization required for non-participating providers.	C	1/1/2022
43244	EGD VARICES LIGATION	Authorization required for non-participating providers.	C	1/1/2022
43245	EGD DILATE STRICTURE	Authorization required for non-participating providers.	C	1/1/2022
43246	EGD PLACE GASTROSTOMY TUBE	Authorization required for non-participating providers.	C	1/1/2022
43247	EGD REMOVE FOREIGN BODY	Authorization required for non-participating providers.	C	1/1/2022
43248	EGD GUIDE WIRE INSERTION	Authorization required for non-participating providers.	C	1/1/2022
43249	ESOPH EGD DILATION <30 MM	Authorization required for non-participating providers.	C	1/1/2022
43250	EGD CAUTERY TUMOR POLYP	Authorization required for non-participating providers.	C	1/1/2022
43251	EGD REMOVE LESION SNARE	Authorization required for non-participating providers.	C	1/1/2022
43252	EGD OPTICAL ENDOMICROSCOPY	Authorization required for non-participating providers.	C	1/1/2022
43253	EGD US TRANSMURAL INJXN/MARK	Authorization required for non-participating providers.	C	1/1/2022
43254	EGD ENDO MUCOSAL RESECTION	Authorization required for non-participating providers.	C	1/1/2022
43255	EGD CONTROL BLEEDING ANY	Authorization required for non-participating providers.	C	1/1/2022
43257	EGD W/THRML TXMNT GERD	Authorization required for non-participating providers.	C	1/1/2022
43259	EGD US EXAM DUODENUM/IEJUNUM	Authorization required for non-participating providers.	C	1/1/2022
43260	ERCP W/SPECIMEN COLLECTION	Authorization required for non-participating providers.	C	1/1/2022
43261	ENDO RETROGRAD CHOLANGIOPANCREATOG; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
43262	ERCP; W/SPHINCTEROTOMY/PAPILLOTOMY	Authorization required for non-participating providers.	C	1/1/2022
43263	ERCP SPHINCTER PRESSURE MEAS	Authorization required for non-participating providers.	C	1/1/2022
43264	ERCP REMOVE DUCT CALCULI	Authorization required for non-participating providers.	C	1/1/2022
43265	ERCP LITHOTRIPSY CALCULI	Authorization required for non-participating providers.	C	1/1/2022
43266	EGD ENDOSCOPIC STENT PLACE	Authorization required for non-participating providers.	C	1/1/2022

43270	EGD LESION ABLATION	Authorization required for non-participating providers.	C	1/1/2022
43273	ENDOSCOPIC PANCREATOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
43274	ERCP DUCT STENT PLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
43275	ERCP REMOVE FORGN BODY DUCT	Authorization required for non-participating providers.	C	1/1/2022
43276	ERCP STENT EXCHANGE W/DILATE	Authorization required for non-participating providers.	C	1/1/2022
43277	ERCP EA DUCT/AMPULLA DILATE	Authorization required for non-participating providers.	C	1/1/2022
43278	ERCP LESION ABLATE W/DILATE	Authorization required for non-participating providers.	C	1/1/2022
43279	LAP MYOTOMY HELLER	Authorization required for non-participating providers.	C	1/1/2022
43280	LAPAROSCOPY ESOPHAGOGASTRIC FUNDOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
43281	LAP PARAESOPHAG HERN REPAIR	Authorization required for non-participating providers.	C	1/1/2022
43282	LAP PARAESOPH HER RPR W/MESH	Authorization required for all providers.	Y	1/1/2022
43283	LAP ESOPH LENGTHENING	Authorization required for non-participating providers.	C	1/1/2022
43284	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	Authorization required for non-participating providers.	C	1/1/2022
43285	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	Authorization required for non-participating providers.	C	1/1/2022
43286	ESPHG TOT W/LAPS MOBLJ	Authorization required for non-participating providers.	C	1/1/2022
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	Authorization required for all providers.	Y	1/1/2022
43288	ESPHG THRSC MOBLJ	Authorization required for all providers.	Y	1/1/2022
43289	UNLISTED LAPAROSCOPY ESOPHAGUS	Authorization required for all providers.	Y	1/1/2022
43300	ESOPHGLSTY CERV APPRCH;NO REP FIST	Authorization required for non-participating providers.	C	1/1/2022
43305	ESOPHGLSTY CERV APPRCH; W/REP FIST	Authorization required for non-participating providers.	C	1/1/2022
43310	ESOPHGLSTY THOR APPRCH;NO REP FIST	Authorization required for non-participating providers.	C	1/1/2022
43312	ESOPHGLSTY THOR APPRCH; W/REP FIST	Authorization required for non-participating providers.	C	1/1/2022
43313	ESOPHGLSTY CONGN THOR; NO REP FIST	Authorization required for non-participating providers.	C	1/1/2022
43314	ESOPHGLSTY CONGN THOR; W/REP FIST	Authorization required for non-participating providers.	C	1/1/2022
43320	ESOPHAGOGASTROST W/WO VAGOTOMY THOR/ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43324	ESOPHAGOGASTRIC FUNDOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
43325	ESOPHAGOGASTRIC FUNDOPLASTY; W/FUNDIC PATCH	Authorization required for non-participating providers.	C	1/1/2022
43326	ESOPHAGOGASTRIC FUNDOPLASTY; W/GASTROPLASTY	Authorization required for non-participating providers.	C	1/1/2022
43327	ESOPH FUNDOPLASTY LAP	Authorization required for non-participating providers.	C	1/1/2022
43328	ESOPH FUNDOPLASTY THOR	Authorization required for non-participating providers.	C	1/1/2022
43330	ESOPHAGOMYOTOMY; ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43331	ESOPHAGOMYOTOMY; THORACIC APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43332	TRANSAB ESOPH HIAT HERN RPR	Authorization required for non-participating providers.	C	1/1/2022
43333	TRANSAB ESOPH HIAT HERN RPR	Authorization required for non-participating providers.	C	1/1/2022
43334	TRANSTHOR DIAPHRAG HERN RPR	Authorization required for non-participating providers.	C	1/1/2022
43335	TRANSTHOR DIAPHRAG HERN RPR	Authorization required for non-participating providers.	C	1/1/2022
43336	THORABD DIAPHR HERN REPAIR	Authorization required for non-participating providers.	C	1/1/2022
43337	THORABD DIAPHR HERN REPAIR	Authorization required for non-participating providers.	C	1/1/2022
43338	ESOPH LENGTHENING	Authorization required for non-participating providers.	C	1/1/2022
43340	ESOPHAGOJEJUNOSTOMY; ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43341	ESOPHAGOJEJUNOSTOMY; THORACIC APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43351	ESOPHAGOSTOMY FISTULIZATION-EXT; THORACIC	Authorization required for non-participating providers.	C	1/1/2022
43352	ESOPHAGOSTOMY FISTULIZATION-EXT; CERV APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43360	GI RECON-PREV ESOPHAGECTOMY; W/STOMACH	Authorization required for non-participating providers.	C	1/1/2022
43361	GI RECON-PREV ESOPHAGECTOMY; W/BOWEL RECON	Authorization required for non-participating providers.	C	1/1/2022
43400	LIG DIRECT ESOPH VARICES	Authorization required for non-participating providers.	C	1/1/2022
43405	LIG/STAPLE GASTESOPH JNCTN-EXIST ESOPH PERFORATN	Authorization required for non-participating providers.	C	1/1/2022
43410	SUTURE ESOPH WOUND/INJURY; CERV APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43415	SUTURE ESOPH WOUND/INJURY; THORAC/ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022

43420	CLO ESOPHAGOSTOMY/FISTULA; CERV APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43425	CLO ESOPHAGOSTOMY/FISTULA; THORACIC/ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
43450	DILAT ESOPH-UNGUIDED SOUND/BOUGIE-1/MX PASSES	Authorization required for non-participating providers.	C	1/1/2022
43453	DILAT ESOPH OVER GUIDE WIRE	Authorization required for non-participating providers.	C	1/1/2022
43460	ESOPHAGOGASTRIC TAMPONADE W/BALLOON	Authorization required for non-participating providers.	C	1/1/2022
43496	FREE JEJUNUM TRANS W/MICROVASC ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
43499	UNLISTED PROC ESOPHAGUS	Authorization required for all providers.	Y	1/1/2022
43500	GASTROTOMY; W/EXPLOR/FB REMOV	Authorization required for non-participating providers.	C	1/1/2022
43501	GASTROTOMY; W/SUTURE REPR BLEEDING ULCER	Authorization required for non-participating providers.	C	1/1/2022
43502	GASTROTOMY; W/SUTURE REPR EXIST ESOGAST LACERATN	Authorization required for non-participating providers.	C	1/1/2022
43510	GASTROTOMY; W/ESOPH DILAT & INSRT PERM TUBE	Authorization required for non-participating providers.	C	1/1/2022
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSCL	Authorization required for non-participating providers.	C	1/1/2022
43600	BX STOMACH; BY CAPSULE/TUBE/PERORAL	Authorization required for non-participating providers.	C	1/1/2022
43605	BIOPSY OF STOMACH	Authorization required for non-participating providers.	C	1/1/2022
43610	EXC LOCAL; ULCER/BEN TUMOR-STOMACH	Authorization required for non-participating providers.	C	1/1/2022
43611	EXC LOCAL; MALIG TUMOR STOMACH	Authorization required for non-participating providers.	C	1/1/2022
43620	GASTRECTOMY TOT; W/ESOPHAGOENTEROSTOMY	Authorization required for non-participating providers.	C	1/1/2022
43621	GASTRECTOMY TOT; W/ROUX-EN-Y RECON	Authorization required for non-participating providers.	C	1/1/2022
43622	GASTRECTOMY TOT; W/FORMAT INTEST POUCH ANY TYPE	Authorization required for non-participating providers.	C	1/1/2022
43631	GASTRECTOMY PART DISTAL; W/GASTRODUODENOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
43632	GASTRECTOMY PART DISTAL; W/GASTROJEJUNOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
43633	GASTRECTOMY PART DISTAL; W/ROUX-EN-Y RECON	Authorization required for non-participating providers.	C	1/1/2022
43634	GASTRECTOMY PART DISTAL; W/FORM INTESTINAL POUCH	Authorization required for non-participating providers.	C	1/1/2022
43635	VAGOTOMY PERFORMED W/PART DIST GASTRECTOMY	Authorization required for non-participating providers.	C	1/1/2022
43640	VAGOTOMY INCL PYLOROPLASTY; TRUNCAL/SELECT	Authorization required for non-participating providers.	C	1/1/2022
43641	VAGOTOMY INCL PYLOROPLASTY; PARIETAL CELL	Authorization required for non-participating providers.	C	1/1/2022
43644	LAP GASTR RSTRCIV PROC; GASTR BYPS & ROUX-EN-Y	Authorization required for all providers.	Y	1/1/2022
43645	LAP GASTR RSTRCIV PROC;GASTR BYPS&SM INTST RECON	Authorization required for all providers.	Y	1/1/2022
43647	LAPAROSCOPY	Authorization required for all providers.	Y	1/1/2022
43648	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES	Authorization required for all providers.	Y	1/1/2022
43651	LAPAROSCOPY TRANSECTION OF VAGUS NERVES, TRUNCAL	Authorization required for non-participating providers.	C	1/1/2022
43652	LAPAROSCOPY TRANSECTION OF VAGUS NERVES	Authorization required for non-participating providers.	C	1/1/2022
43653	LAPAROSCOPY GASTROSTOMY W/O CONSTRUCTION OF GASTRIC TUBE	Authorization required for all providers.	Y	1/1/2022
43659	UNLISTED LAPAROSCOPY STOMACH	Authorization required for all providers.	Y	1/1/2022
43752	NASO/ORO-GAS TUBE PLC MD SKLL&FLORO	Authorization required for non-participating providers.	C	1/1/2022
43753	TX GASTRO INTUB W/ASP	Authorization required for non-participating providers.	C	1/1/2022
43754	DX GASTR INTUB W/ASP SPEC	Authorization required for non-participating providers.	C	1/1/2022
43755	DX GASTR INTUB W/ASP SPECS	Authorization required for non-participating providers.	C	1/1/2022
43756	DX DUOD INTUB W/ASP SPEC	Authorization required for non-participating providers.	C	1/1/2022
43757	DX DUOD INTUB W/ASP SPECS	Authorization required for non-participating providers.	C	1/1/2022
43761	REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM	Authorization required for non-participating providers.	C	1/1/2022
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	Authorization required for all providers.	Y	1/1/2022
43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	Authorization required for all providers.	Y	1/1/2022
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Authorization required for all providers.	Y	1/1/2022
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Authorization required for all providers.	Y	1/1/2022
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Authorization required for all providers.	Y	1/1/2022
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	Authorization required for all providers.	Y	1/1/2022
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE &PORT	Authorization required for all providers.	Y	1/1/2022
43775	LAP SLEEVE GASTRECTOMY	Authorization required for all providers.	Y	1/1/2022

43800	PYLOROPLASTY	Authorization required for non-participating providers.	C	1/1/2022
43810	GASTRODUODENOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
43820	GASTROJEJUNOSTOMY; WO VAGOTOMY	Authorization required for non-participating providers.	C	1/1/2022
43825	GASTROJEJUNOSTOMY; W/VAGOTOMY ANY TYPE	Authorization required for non-participating providers.	C	1/1/2022
43830	GASTROSTOMY TEMPORARY (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
43831	GASTROSTOMY TEMP (SEPART PROC); NEONAT FEEDING	Authorization required for all providers.	Y	1/1/2022
43832	GASTROSTOMY PERM W/CONSTRUCTION GASTRIC TUBE	Authorization required for non-participating providers.	C	1/1/2022
43840	GASTRORRHAPHY SUTURE-PERFORATED ULCER/WOUND	Authorization required for non-participating providers.	C	1/1/2022
43842	GASTRIC RESTRICT WO BYP-MORBID OBES; VERTCL BAND	Authorization required for all providers.	Y	1/1/2022
43843	GAST RESTRICT WO BYP-MORBID OBES; NOT VERT BAND	Authorization required for all providers.	Y	1/1/2022
43845	GASTRIC RESTRICTIVE PROC PARTIAL GASTRECTOMY	Authorization required for all providers.	Y	1/1/2022
43846	GAST RESTRICT W/BYP-MORBID OBES; SHORT ROUX-EN-Y	Authorization required for all providers.	Y	1/1/2022
43847	GAST RESTRICT W/BYP-MORBID OBES; W/SM BOWEL RECON	Authorization required for all providers.	Y	1/1/2022
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Authorization required for all providers.	Y	1/1/2022
43855	REVIS GASTRODUODENAL ANASTOM W/RECON; W/VAGOTOMY	Authorization required for non-participating providers.	C	1/1/2022
43860	REVIS GASTROJEJUNAL ANASTOM; WO VAGOTOMY	Authorization required for non-participating providers.	C	1/1/2022
43865	REVIS GASTROJEJUNAL ANASTOM; W/VAGOTOMY	Authorization required for non-participating providers.	C	1/1/2022
43870	CLO GASTROSTOMY SURG	Authorization required for all providers.	Y	1/1/2022
43880	CLO GASTROCOLIC FISTULA	Authorization required for all providers.	Y	1/1/2022
43881	IMPLANTATION / REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES,	Authorization required for all providers.	Y	1/1/2022
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES,	Authorization required for all providers.	Y	1/1/2022
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Authorization required for all providers.	Y	1/1/2022
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Authorization required for all providers.	Y	1/1/2022
43888	GSTR RSTCV OPN RMVL&RPLCMT SUBQ PORT	Authorization required for all providers.	Y	1/1/2022
43999	UNLISTED PROC STOMACH	Authorization required for all providers.	Y	1/1/2022
44005	ENTEROLYSIS (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44010	DUODENOTOMY-EXPLOR/BX/FB REMOV	Authorization required for non-participating providers.	C	1/1/2022
44015	TUBE/NEEDLE CATH JEJUNOST-ENTERAL ALIMEN-INTRAOP	Authorization required for non-participating providers.	C	1/1/2022
44020	ENTEROTOMY-SM BOWEL; EXPLOR/BX/FB REMOV	Authorization required for non-participating providers.	C	1/1/2022
44021	ENTEROTOMY-SM BOWEL-NOT DUODENUM; DECOMP	Authorization required for non-participating providers.	C	1/1/2022
44025	COLOTOMY EXPLOR BX/FB REMOV	Authorization required for non-participating providers.	C	1/1/2022
44050	REDUCT VOLVULUS/INTUSSUSCEPTION BY LAPAROTOMY	Authorization required for non-participating providers.	C	1/1/2022
44055	CORRECT MALROTATION BY LYSIS DUODENAL BANDS	Authorization required for non-participating providers.	C	1/1/2022
44100	BX INTESTINE BY CAPSULE/TUBE/PERORAL	Authorization required for non-participating providers.	C	1/1/2022
44110	EXC 1/MORE LES-BOWEL WO ANASTOM; 1 ENTEROTOMY	Authorization required for non-participating providers.	C	1/1/2022
44111	EXC 1/MORE LES-BOWEL WO ANASTOM; MX ENTEROTOMIES	Authorization required for non-participating providers.	C	1/1/2022
44120	ENTERECTOMY SM INTES; SNGL RESECT & ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
44121	ENTERECTOMY SM INTES; EA ADD RESECT & ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
44125	ENTERECTOMY SM INTES; W/ENTEROSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44126	ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA	Authorization required for non-participating providers.	C	1/1/2022
44127	ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA	Authorization required for non-participating providers.	C	1/1/2022
44128	ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA	Authorization required for non-participating providers.	C	1/1/2022
44130	ENTEROENTEROSTOMY W/WO CUTAN ENTEROST (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
44132	DONOR ENTERECT-OP-W/PREP CADAVER	Authorization required for all providers.	Y	1/1/2022
44133	DONOR ENTERECT, PART-LIVING DONOR	Authorization required for all providers.	Y	1/1/2022
44135	INTESTIN ALLOTRNSPLNT CADAVER	Authorization required for all providers.	Y	1/1/2022
44136	INTESTIN ALLOTRNSPLNT LIVING DONOR	Authorization required for all providers.	Y	1/1/2022
44137	REMOVAL TRANSPLANTED INTESTINAL ALLOGFT COMPETE	Authorization required for all providers.	Y	1/1/2022
44139	MOBILIZA SPLENIC FLEXURE PERFMW W/PART COLECTOMY	Authorization required for non-participating providers.	C	1/1/2022

44140	COLECTOMY PART; W/ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
44141	COLECTOMY PART; W/SKIN LEVEL CECOSTOMY/COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44143	COLECTOMY PART; W/END COLOSTOMY & CLO DIST SEGMENT	Authorization required for non-participating providers.	C	1/1/2022
44144	COLECTOMY PART; W/RESECT & CREATION MUCOFISTULA	Authorization required for non-participating providers.	C	1/1/2022
44145	COLECTOMY PART; W/COLOPROCTOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44146	COLECTOMY PART; W/COLOPROCTOSTOMY W/COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44147	COLECTOMY PART; ABD & TRANSANAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
44150	COLECTOMY-TOT ABD-WO PROCTECTOMY; W/ILEOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44151	COLECTOMY WO PROCTECTOMY; W/CONTINENT ILEOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44155	COLECTOMY-TOT ABD-W/PROCTECTOMY; W/ILEOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44156	COLECTOMY-TOT ABD-W/PROCTECT; W/CONTINENT ILEOST	Authorization required for non-participating providers.	C	1/1/2022
44157	WITH ILEOANAL ANASTOMOSIS,	Authorization required for non-participating providers.	C	1/1/2022
44158	WITH ILEOANAL ANASTOMOSIS,	Authorization required for non-participating providers.	C	1/1/2022
44160	COLECTOMY W/REMOV TERM ILEUM & ILEOCOLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44180	LAPS ENTEROLSS FRING INTSTINAL ADHESION SPX	Authorization required for non-participating providers.	C	1/1/2022
44186	LAPS JEJUNOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44187	LAPS ILEOST/JEJUNOSTOMY NON-TUBE	Authorization required for non-participating providers.	C	1/1/2022
44188	LAPS CLST/SKN LVL CECOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44202	LAPAROSCOPY INTESTINAL RESECTION W/ANASTOMOSIS	Authorization required for non-participating providers.	C	1/1/2022
44203	LAPAROSCOPIC RESECTIONOF SMALL INTESTINE	Authorization required for non-participating providers.	C	1/1/2022
44204	LAPAROSCOPIC PARTIAL COLECTOMY	Authorization required for non-participating providers.	C	1/1/2022
44205	LAPAROSCOPIC PARTIAL COLECTOMY	Authorization required for non-participating providers.	C	1/1/2022
44206	LAP; COLECT PART W/END COLOST	Authorization required for non-participating providers.	C	1/1/2022
44207	LAP; COLECT PART W/COLOPROCTOST	Authorization required for non-participating providers.	C	1/1/2022
44208	LAP; COLECT PART COLOPRCTOST&COLOST	Authorization required for non-participating providers.	C	1/1/2022
44210	LAP; COLECT TOT ABD W/O PROCTECT	Authorization required for non-participating providers.	C	1/1/2022
44211	COLECTOMY TOTAL ABD W PROCTECTOMY W ILEOANAL ANASTOMOSIS,	Authorization required for non-participating providers.	C	1/1/2022
44212	LAP; COLECT TOT ABD PROCTECT ILEOST	Authorization required for non-participating providers.	C	1/1/2022
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLCT	Authorization required for non-participating providers.	C	1/1/2022
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ&ANAST	Authorization required for non-participating providers.	C	1/1/2022
44238	UNLISTED LAP PROC INTEST NO RECTUM	Authorization required for all providers.	Y	1/1/2022
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	Authorization required for non-participating providers.	C	1/1/2022
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44312	REVIS ILEOSTOMY; SIMPL (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44314	REVIS ILEOSTOMY; COMPLIC (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44316	CONTINENT ILEOSTOMY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY; (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44322	COLOSTOMY/CECOSTOMY; W/MX BX (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44340	REVIS COLOSTOMY; SIMPL (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44345	REVIS COLOSTOMY; COMPLIC (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44346	REVIS COLOSTOMY; W/REPR HERNIA (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44360	SMALL BOWEL ENDOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
44361	SM INTESTINAL ENDO NOT ILEUM; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
44363	SMALL BOWEL ENDOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
44364	SM INTESTINAL ENDO NOT ILEUM; W/REMOV LES-SNARE	Authorization required for non-participating providers.	C	1/1/2022
44365	SM INTEST ENDO WO ILEUM; W/REMOV TUMOR/POLYP/LES	Authorization required for non-participating providers.	C	1/1/2022
44366	SM INTESTINAL ENDO NOT ILEUM; W/CONTRL BLEEDING	Authorization required for non-participating providers.	C	1/1/2022
44369	SM INTEST ENDO NOT ILEUM; W/ABLAT TUMOR NOT SNAR	Authorization required for non-participating providers.	C	1/1/2022
44370	SM INTES ENDO WO ILEUM, W/STENT PLC	Authorization required for non-participating providers.	C	1/1/2022

44372	SM INTEST ENDO NOT ILEUM; W/PLCMT JEJUNOST TUBE	Authorization required for non-participating providers.	C	1/1/2022
44373	SM INTESTINAL ENDO; W/GASTRO TUBE TO JEJUNO TUBE	Authorization required for non-participating providers.	C	1/1/2022
44376	SM INTEST ENDO W/ILEUM; DX W/WO SPECMN (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
44377	SM INTESTINAL W/ILEUM; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
44378	SM INTEST ENDO W/ILEUM; W/CONTRL BLEED ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
44379	SM INTES ENDO W/ILEUM W/STENT PLC	Authorization required for non-participating providers.	C	1/1/2022
44380	SMALL BOWEL ENDOSCOPY BR/WA	Authorization required for non-participating providers.	C	1/1/2022
44381	SMALL BOWEL ENDOSCOPY BR/WA	Authorization required for non-participating providers.	C	1/1/2022
44382	ILEOSCOPY-STOMA; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
44384	SMALL BOWEL ENDOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
44385	ENDOSCOPY OF BOWEL POUCH	Authorization required for non-participating providers.	C	1/1/2022
44386	ENDOSCOPY BOWEL POUCH/BIOP	Authorization required for non-participating providers.	C	1/1/2022
44388	COLONOSCOPY THRU STOMA SPX	Authorization required for non-participating providers.	C	1/1/2022
44389	COLONOSCOPY-STOMA; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
44390	COLONOSCOPY FOR FOREIGN BODY	Authorization required for non-participating providers.	C	1/1/2022
44391	COLONOSCOPY FOR BLEEDING	Authorization required for non-participating providers.	C	1/1/2022
44392	COLONOSCOPY & POLYPECTOMY	Authorization required for non-participating providers.	C	1/1/2022
44394	COLONOSCOPY-STOMA; W/REMOV TUMOR/POLYP/LES	Authorization required for non-participating providers.	C	1/1/2022
44401	COLONOSCOPY WITH ABLATION	Authorization required for non-participating providers.	C	1/1/2022
44402	COLONOSCOPY W/STENT PLCMT	Authorization required for non-participating providers.	C	1/1/2022
44403	COLONOSCOPY W/RESECTION	Authorization required for non-participating providers.	C	1/1/2022
44404	COLONOSCOPY W/INJECTION	Authorization required for non-participating providers.	C	1/1/2022
44405	COLONOSCOPY W/DILATION	Authorization required for non-participating providers.	C	1/1/2022
44406	COLONOSCOPY W/ULTRASOUND	Authorization required for non-participating providers.	C	1/1/2022
44407	COLONOSCOPY W/NDL ASPIR/BX	Authorization required for non-participating providers.	C	1/1/2022
44408	COLONOSCOPY W/DECOMPRESSION	Authorization required for non-participating providers.	C	1/1/2022
44500	INTRO LONG GI TUBE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44602	SUTURE SM INTESTINE; SNGL PERFORATION	Authorization required for non-participating providers.	C	1/1/2022
44603	SUTURE SM INTESTINE; MX PERFORATIONS	Authorization required for non-participating providers.	C	1/1/2022
44604	SUTURE LG INTESTINE; WO COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44605	SUTURE LG INTESTINE; W/COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
44615	INTEST STRICTUROPLASTY W/WO DILAT-INTEST OBSTRUC	Authorization required for non-participating providers.	C	1/1/2022
44620	CLO ENTEROSTOMY LG/SM INTEST	Authorization required for all providers.	Y	1/1/2022
44625	CLO ENTEROSTOMY; W/RESECT & ANAST NOT COLORECTAL	Authorization required for non-participating providers.	C	1/1/2022
44626	CLO ENTEROSTOMY; W/RESECT COLORECTAL ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
44640	CLO INTESTINAL CUT FISTULA	Authorization required for non-participating providers.	C	1/1/2022
44650	CLO ENTEROENTERIC/ENTEROCOLIC FISTULA	Authorization required for non-participating providers.	C	1/1/2022
44660	CLO ENTEROVESICAL FISTULA; WO INTESTINAL RESECT	Authorization required for non-participating providers.	C	1/1/2022
44661	CLO ENTEROVESICAL FISTULA; W/BOWEL RESECT	Authorization required for non-participating providers.	C	1/1/2022
44680	INTESTINAL PLICATION (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44700	EXCLUS SM BOWEL FROM PELV-MESH/OTH PROSTH/TISS	Authorization required for non-participating providers.	C	1/1/2022
44701	INTRAOPERATIVE COLONIC LAVAGE	Authorization required for non-participating providers.	C	1/1/2022
44799	UNLISTED PX SMALL INTESTINE	Authorization required for all providers.	Y	1/1/2022
44800	EXC MECKEL'S DIVERTIC/OMPHALOMESENTERIC DUCT	Authorization required for non-participating providers.	C	1/1/2022
44820	EXC LES MESENTERY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44850	SUTURE MESENTERY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
44899	UNLISTED PROC MECKEL'S DIVERTIC & MESENTERY	Authorization required for all providers.	Y	1/1/2022
44900	I&D APPENDICEAL ABSC; OPEN	Authorization required for non-participating providers.	C	1/1/2022
44950	APPENDECTOMY	Authorization required for non-participating providers.	C	1/1/2022

44955	APPY; WHEN DONE PURPOSE @ TIME OF OTH PROC	Authorization required for non-participating providers.	C	1/1/2022
44960	APPY; RUPT APPY W/ABSCESS/GEN PERITONITIS	Authorization required for non-participating providers.	C	1/1/2022
44970	LAPAROSCOPIC APPENDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
44979	UNLISTED LAPAROSCOPY APPENDIX	Authorization required for all providers.	Y	1/1/2022
45000	TRANSRECTAL DRAINAGE PELVIC ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
45005	I&D SUBMUCOSAL ABSCESS RECTUM	Authorization required for non-participating providers.	C	1/1/2022
45020	I&D DEEP SUPRALEVATOR/PELVIRECTAL ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
45100	BX ANORECTAL WALL ANAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
45108	ANORECTAL MYOMECTOMY	Authorization required for non-participating providers.	C	1/1/2022
45110	PROCTECTOMY; COMPLT-ABDOMINOPERINEAL W/COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
45111	PROCTECTOMY; PART RESECT RECTUM TRNSABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
45112	PROCTECTOMY COMB ABDOMINOPERINEAL PULL-THRU PROC	Authorization required for non-participating providers.	C	1/1/2022
45113	PROCTECTOMY PART W/RECTAL MUCOSECT-ILEOANAL ANAS	Authorization required for non-participating providers.	C	1/1/2022
45114	PROCTECTOMY PART W/ANASTOM; ABD & TRANSACRAL	Authorization required for non-participating providers.	C	1/1/2022
45116	PROCTECTOMY PART W/ANASTOM; TRANSACRAL ONLY	Authorization required for non-participating providers.	C	1/1/2022
45119	PROCTECTOMY-COLONIC RESERVOIR W/WO PROX OSTOMY	Authorization required for non-participating providers.	C	1/1/2022
45120	PROCTECTOMY COMPLT; W/PULL-THRU & ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
45121	PROCTECTOMY COMPLT; W/SUBLT/TOT COLECTMY & MX BX	Authorization required for non-participating providers.	C	1/1/2022
45123	PROCTECTOMY PART WO ANASTOM-PERINEAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
45126	PELV EXENTERATION-COLOREC MALIG W/PROCTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
45130	EXC RECTAL PROCIDENTIA W/ANASTOM; PERINEAL	Authorization required for non-participating providers.	C	1/1/2022
45135	EXC RECTAL PROCIDENTIA W/ANASTOM; ABD & PERINEAL	Authorization required for non-participating providers.	C	1/1/2022
45136	EXCISION OF ILEOANAL RESERVOIR	Authorization required for non-participating providers.	C	1/1/2022
45150	DIVISION STRICT RECTUM	Authorization required for non-participating providers.	C	1/1/2022
45160	EXC RECTAL TUMOR-PROCTOTOMY/TRANSACRAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
45171	EXC RECT TUM TRANSANAL PART	Authorization required for non-participating providers.	C	1/1/2022
45172	EXC RECT TUM TRANSANAL FULL	Authorization required for non-participating providers.	C	1/1/2022
45190	DESTRUCT RECTAL TUMOR ANY METHD TRANSANAL APPRO	Authorization required for non-participating providers.	C	1/1/2022
45300	PROCSIGMOSCOPY RIGID; DX W/WO SPECMN (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
45303	PROCTOSIGMOIDOSCOPY RIGID; W/DILAT ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
45305	PROCTOSIGMOIDOSCOPY RIGID; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
45307	PROCTOSIGMOIDOSCOPY RIGID; W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
45308	PROCTOSIGMOIDOSCOPY RIGID; REMOV LES-HOT FORCEPS	Authorization required for non-participating providers.	C	1/1/2022
45309	PROCTOSIGMOIDOSCOPY RIGID; REMOV LES-SNARE	Authorization required for non-participating providers.	C	1/1/2022
45315	PROCTOSIGMOIDOS RIGID; W/REMOV LES-FORCEPS/SNARE	Authorization required for non-participating providers.	C	1/1/2022
45317	PROCTOSIGMOIDOSCOPY RIGID; W/CONTRL BLEEDING	Authorization required for non-participating providers.	C	1/1/2022
45320	PROCTOSIGMOIDOSCOPY RIGID; W/ABLAT LES-NOT SNARE	Authorization required for non-participating providers.	C	1/1/2022
45321	PROCTOSIGMOIDOSCOPY RIGID W/DECOMP VOLVULUS	Authorization required for non-participating providers.	C	1/1/2022
45327	PROCTOSIGSCOPY RIGID, W/STENT PLCMT	Authorization required for non-participating providers.	C	1/1/2022
45330	DIAGNOSTIC SIGMOIDOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
45331	SIGMOIDOSCOPY FLEX; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
45332	SIGMOIDOSCOPY W/FB REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
45333	SIGMOIDOSCOPY & POLYPECTOMY	Authorization required for non-participating providers.	C	1/1/2022
45334	SIGMOIDOSCOPY FOR BLEEDING	Authorization required for non-participating providers.	C	1/1/2022
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS INJ	Authorization required for non-participating providers.	C	1/1/2022
45337	SIGMOIDOSCOPY & DECOMPRESS	Authorization required for non-participating providers.	C	1/1/2022
45338	SIGMOIDOSCOPY FLEX; REMOV LES-SNARE	Authorization required for non-participating providers.	C	1/1/2022
45340	SIG W/TNDSC BALLOON DILATION	Authorization required for non-participating providers.	C	1/1/2022
45341	SIGMOIDOSCOPY FLEX, W/ENDO US EXAM	Authorization required for non-participating providers.	C	1/1/2022

45342	SIGMOIDSCOPY FLEX W/US GUID ASP/BX	Authorization required for non-participating providers.	C	1/1/2022
45346	SIGMOIDOSCOPY W/ABLATION	Authorization required for non-participating providers.	C	1/1/2022
45347	SIGMOIDOSCOPY W/PLCMT STENT	Authorization required for non-participating providers.	C	1/1/2022
45349	SIGMOIDOSCOPY W/RESECTION	Authorization required for non-participating providers.	C	1/1/2022
45350	SGMDCS W/BAND LIGATION	Authorization required for non-participating providers.	C	1/1/2022
45378	DIAGNOSTIC COLONOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
45379	COLONOSCOPY W/FB REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
45380	COLONOSCOPY AND BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
45381	COLONOSCOPY SUBMUCOUS NJX	Authorization required for non-participating providers.	C	1/1/2022
45382	COLONOSCOPY W/CONTROL BLEED	Authorization required for non-participating providers.	C	1/1/2022
45384	COLONOSCOPY W/LESION REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
45385	COLONOSCOPY W/LESION REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
45386	COLONOSCOPY W/BALLOON DILAT	Authorization required for non-participating providers.	C	1/1/2022
45388	COLONOSCOPY W/ABLATION	Authorization required for non-participating providers.	C	1/1/2022
45389	COLONOSCOPY W/STENT PLCMT	Authorization required for non-participating providers.	C	1/1/2022
45390	COLONOSCOPY W/RESECTION	Authorization required for non-participating providers.	C	1/1/2022
45391	COLONOSCOPY W/ENDOSCOPE US	Authorization required for non-participating providers.	C	1/1/2022
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Authorization required for non-participating providers.	C	1/1/2022
45393	COLONOSCOPY W/DECOMPRESSION	Authorization required for non-participating providers.	C	1/1/2022
45395	LAPS PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	Authorization required for non-participating providers.	C	1/1/2022
45397	LAPS PRCTECT CMBN PULL-THRU CRTJ RSVR	Authorization required for non-participating providers.	C	1/1/2022
45398	COLONOSCOPY W/BAND LIGATION	Authorization required for non-participating providers.	C	1/1/2022
45399	UNLISTED PROCEDURE COLON	Authorization required for non-participating providers.	C	1/1/2022
45400	LAPS PROCTOPEXY FOR PROLAPSE	Authorization required for non-participating providers.	C	1/1/2022
45402	LAPS PROCTOPEXY FOR PROLAPSE SIGMOID RESCJ	Authorization required for non-participating providers.	C	1/1/2022
45499	UNLIS LAPS PX RECTUM	Authorization required for all providers.	Y	1/1/2022
45500	PROCTOPLASTY; STENOSIS	Authorization required for non-participating providers.	C	1/1/2022
45505	PROCTOPLASTY; PROLAPSE MUCOS MEMBRN	Authorization required for non-participating providers.	C	1/1/2022
45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	Authorization required for non-participating providers.	C	1/1/2022
45540	PROCTOPEXY PROLAPSE; ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
45541	PROCTOPEXY PROLAPSE; PERINEAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
45550	PROCTOPEXY COMBO W/SIGMOID RESECT-ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
45560	REPR RECTOCELE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
45562	EXPLOR, REPR & DRAIN PRESACRUM-RECTAL INJURY;	Authorization required for non-participating providers.	C	1/1/2022
45563	EXPLOR, REPR & DRAIN-RECTAL INJURY; W/COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
45800	CLO RECTOVESICAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
45805	CLO RECTOVESICAL FISTULA; W/COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
45820	CLO RECTOURETHRAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
45825	CLO RECTOURETHRAL FISTULA; W/COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
45900	REDUCTION PROCIDENTIA (SEPART PROC) UNDER ANES	Authorization required for non-participating providers.	C	1/1/2022
45905	DILAT ANAL SPHINCTER (SEP PRO) W/ANES-NOT LOCAL	Authorization required for non-participating providers.	C	1/1/2022
45910	DILAT RECTAL STRICT (SEP PRO) W/ANES-NOT LOCAL	Authorization required for non-participating providers.	C	1/1/2022
45915	REMOV FECAL IMPACTION/FB (SEP PRO) W/GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Authorization required for non-participating providers.	C	1/1/2022
45999	UNLISTED PROC RECTUM	Authorization required for all providers.	Y	1/1/2022
46020	PLACEMENT OF ANAL SETON	Authorization required for non-participating providers.	C	1/1/2022
46030	REMOV ANAL SETON OTHER MARKER	Authorization required for non-participating providers.	C	1/1/2022
46040	I&D ISCHIORECTAL &/OR PERIRECT ABSCESS (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
46045	I&D INTRAMURAL/IM ABSCESS TRANSANAL UNDER ANES	Authorization required for non-participating providers.	C	1/1/2022

46050	I&D PERIANAL ABSCESS SUPERF	Authorization required for non-participating providers.	C	1/1/2022
46060	I&D ISCHIORECTAL/INTRAMURAL ABSCESS W/FISTULECT	Authorization required for non-participating providers.	C	1/1/2022
46070	INCS ANAL SEPTUM (INFANT)	Authorization required for non-participating providers.	C	1/1/2022
46080	SPHINCTEROTOMY ANAL DIVIS SPHINCTER (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
46083	INCS THROMBOSED HEMORRHOID EXT	Authorization required for non-participating providers.	C	1/1/2022
46200	FISSURECTOMY W/WO SPHINCTEROTOMY	Authorization required for non-participating providers.	C	1/1/2022
46220	PAPILLECTOMY/EXC SNGL TAG ANUS (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
46221	HEMORRHOIDECTOMY BY SIMPL LIG	Authorization required for non-participating providers.	C	1/1/2022
46230	EXC EXT HEMORRHOID TAGS &/OR MX PAPILLAE	Authorization required for non-participating providers.	C	1/1/2022
46250	HEMORRHOIDECTOMY EXT COMPLT	Authorization required for non-participating providers.	C	1/1/2022
46255	HEMORRHOIDECTOMY INT & EXT SIMPL	Authorization required for non-participating providers.	C	1/1/2022
46257	HEMORRHOIDECTOMY INT & EXT SIMPL; W/FISSURECTOMY	Authorization required for non-participating providers.	C	1/1/2022
46258	HEMORRHOIDECTOMY INT & EXT SIMPL; W/FISTULECTOMY	Authorization required for non-participating providers.	C	1/1/2022
46260	HEMORRHOIDECTOMY INT & EXT COMPLX/EXTEN	Authorization required for non-participating providers.	C	1/1/2022
46261	HEMORRHOIDECTOMY COMPLX/EXTEN; W/FISSURECTOMY	Authorization required for non-participating providers.	C	1/1/2022
46262	HEMORRHOIDECTOMY COMPLX/EXTEN; W/FISTULECTOMY	Authorization required for non-participating providers.	C	1/1/2022
46270	SURG TX ANAL FISTULA; SUBQ	Authorization required for non-participating providers.	C	1/1/2022
46275	SURG TX ANAL FISTULA; SUBMUSCULAR	Authorization required for non-participating providers.	C	1/1/2022
46280	SURG TX ANAL FISTULA; COMPLX/MX W/WO PLCMT SETON	Authorization required for non-participating providers.	C	1/1/2022
46285	SURG TX ANAL FISTULA; 2ND STAGE	Authorization required for non-participating providers.	C	1/1/2022
46288	CLO ANAL FISTULA W/RECTAL ADVANCEMENT FLAP	Authorization required for non-participating providers.	C	1/1/2022
46320	ENUCLEATION/EXC EXT THROMBOTIC HEMORRHOID	Authorization required for non-participating providers.	C	1/1/2022
46500	INJ SCLEROSING SOLUTION HEMORRHOIDS	Authorization required for non-participating providers.	C	1/1/2022
46505	CHEMODNRVTJ INT ANAL SPHNCTR	Authorization required for non-participating providers.	C	1/1/2022
46600	DIAGNOSTIC ANOSCOPY SPX	Authorization required for non-participating providers.	C	1/1/2022
46601	DIAGNOSTIC ANOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
46604	ANOSCOPY; DILAT ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
46606	ANOSCOPY; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
46608	ANOSCOPY; W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
46610	ANOSCOPY; W/REMOV 1 TUMOR/POLYP/LES-FORCEPS/CAUT	Authorization required for non-participating providers.	C	1/1/2022
46611	ANOSCOPY; W/REMOV 1 TUMOR/POLYP/LES-SNARE TECH	Authorization required for non-participating providers.	C	1/1/2022
46612	ANOSCOPY; W/REMOV MX TUMOR/LES-FORCEP/CAUT/SNARE	Authorization required for non-participating providers.	C	1/1/2022
46614	ANOSCOPY; W/CONTRL BLEEDING ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
46615	ANOSCOPY; W/ABLAT TUMOR/LES NOT AMENABLE-FORCEPS	Authorization required for non-participating providers.	C	1/1/2022
46700	ANOPLASTY PLASTIC OR STRICT; ADULT	Authorization required for non-participating providers.	C	1/1/2022
46705	ANOPLASTY PLASTIC OR STRICT; INFANT	Authorization required for non-participating providers.	C	1/1/2022
46706	REPAIR ANAL FISTULA W/FIBRIN GLUE	Authorization required for non-participating providers.	C	1/1/2022
46707	REPAIR ANORECTAL FIST W/PLUG	Authorization required for non-participating providers.	C	1/1/2022
46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	Authorization required for non-participating providers.	C	1/1/2022
46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	Authorization required for non-participating providers.	C	1/1/2022
46715	REPR LOW IMPERFORATE ANUS; W/ANOPERINEAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
46716	REPR LOW IMPERFORATE ANUS; W/TRANSPOSIT FISTULA	Authorization required for non-participating providers.	C	1/1/2022
46730	REPR HIGH IMPERFORATE ANUS; PERINEAL/SACROPERINL	Authorization required for non-participating providers.	C	1/1/2022
46735	REPR HIGH IMPERFORATE ANUS; COMBO APPROACHES	Authorization required for non-participating providers.	C	1/1/2022
46740	REPR HI IMPERFORATE ANUS W/FIST; PERINEL/SACROPR	Authorization required for non-participating providers.	C	1/1/2022
46742	REPR HI IMPERFORAT ANUS W/FIST; COMBO APPROACHES	Authorization required for non-participating providers.	C	1/1/2022
46744	REPR CLOACAL ANOMALY-SACROPERINEAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
46746	REPR CLOACAL ANOMALY-COMBO ABD-SACROPER APPROACH	Authorization required for non-participating providers.	C	1/1/2022

46748	REPR CLOACAL ANOMALY; W/VAG LENGTH-GFT/FLAP	Authorization required for non-participating providers.	C	1/1/2022
46750	SPHINCTEROPLASTY-ANAL-INCONT/PROLAPSE; ADULT	Authorization required for non-participating providers.	C	1/1/2022
46751	SPHINCTEROPLASTY-ANAL-INCONT/PROLAPSE; CHILD	Authorization required for non-participating providers.	C	1/1/2022
46753	GFT RECTAL INCONT &/OR PROLAPSE	Authorization required for non-participating providers.	C	1/1/2022
46754	REMOV THIERSCH WIRE/SUTURE ANAL CANAL	Authorization required for non-participating providers.	C	1/1/2022
46760	SPHINCTEROPLASTY ANAL-ADULT; MUSCL TRANSPL	Authorization required for non-participating providers.	C	1/1/2022
46761	SPHINCTEROPLASTY-ANAL; LEVATOR MUSCL IMBRICATION	Authorization required for non-participating providers.	C	1/1/2022
46900	DESTRCT LES ANUS SIMPL; CHEM	Authorization required for non-participating providers.	C	1/1/2022
46910	DESTRCT LES ANUS SIMPL; ELECTRODESICCATION	Authorization required for non-participating providers.	C	1/1/2022
46916	DESTRCT LES ANUS SIMPL; CRYOSURGERY	Authorization required for non-participating providers.	C	1/1/2022
46917	DESTRCT LES ANUS SIMPL; LASER SURG	Authorization required for non-participating providers.	C	1/1/2022
46922	DESTRCT LES ANUS SIMPL; SURG EXC	Authorization required for non-participating providers.	C	1/1/2022
46924	DESTRCT LES ANUS EXTEN ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
46930	DESTROY INTERNAL HEMORRHOIDS	Authorization required for non-participating providers.	C	1/1/2022
46940	CURET/CAUT ANAL FISSURE (SEPART PROC); INIT	Authorization required for non-participating providers.	C	1/1/2022
46942	CURET/CAUT ANAL FISSURE (SEPART PROC); SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
46945	INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	Authorization required for non-participating providers.	C	1/1/2022
46946	INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	Authorization required for non-participating providers.	C	1/1/2022
46947	HEMORRHOIDOPEXY BY STAPLING	Authorization required for non-participating providers.	C	1/1/2022
46948	INT HRHC TRANSANAL HROID DARTLZI 2+ W/US GDN	Authorization required for non-participating providers.	C	1/1/2022
46999	UNLISTED PROC ANUS	Authorization required for all providers.	Y	1/1/2022
47000	NEEDLE BIOPSY OF LIVER	Authorization required for non-participating providers.	C	1/1/2022
47001	BX LIVER NEEDLE; DONE @ TIME OTH MAJ PROC	Authorization required for non-participating providers.	C	1/1/2022
47010	HEPATOTOMY; OPEN DRAIN ABSC/CYST 1 OR 2 STAGES	Authorization required for non-participating providers.	C	1/1/2022
47015	LAPAROT W/ASPIR/INJ HEPATIC PARASITIC CYST/ABSC	Authorization required for non-participating providers.	C	1/1/2022
47100	BX LIVER WEDGE	Authorization required for non-participating providers.	C	1/1/2022
47120	HEPATECTOMY RESECT LIVER; PART LOBEC	Authorization required for non-participating providers.	C	1/1/2022
47122	HEPATECTOMY RESECT LIVER; TRISEGMENTECTOMY	Authorization required for non-participating providers.	C	1/1/2022
47125	HEPATECTOMY RESECT LIVER; TOT LT LOBEC	Authorization required for non-participating providers.	C	1/1/2022
47130	HEPATECTOMY RESECT LIVER; TOT RT LOBEC	Authorization required for non-participating providers.	C	1/1/2022
47133	DONOR HEPATECT W/PREP ALLOGFT CDVR	Authorization required for all providers.	Y	1/1/2022
47135	LIVER ALLOTRANSPL; ORTHOTOPIC-PART/WHOLE-ANY AGE	Authorization required for all providers.	Y	1/1/2022
47140	DONR HEPATECT LIVE DONR LT LAT SEG	Authorization required for all providers.	Y	1/1/2022
47141	DONR HEPATECT LIVE DONR LT LOBECT	Authorization required for all providers.	Y	1/1/2022
47142	DONR HEPATECT LIVE DONR RT LOBECT	Authorization required for all providers.	Y	1/1/2022
47300	MARSUPIALIZATION CYST/ABSCCESS LIVER	Authorization required for non-participating providers.	C	1/1/2022
47350	MGMT LIVER HEMORR; SIMPL SUT LIVER WOUND/INJURY	Authorization required for non-participating providers.	C	1/1/2022
47360	MGMT LIVER HEMORR; COMPLX SUT W/WO HEPAT ART LIG	Authorization required for non-participating providers.	C	1/1/2022
47361	MGMT LIVER HEMORR; EXPLOR/EXTEN DEBRID/COAG/SUT	Authorization required for non-participating providers.	C	1/1/2022
47362	MGMT LIVER HEMORR; RE-EXPLOR WOUND-REMOV PACKING	Authorization required for non-participating providers.	C	1/1/2022
47370	LAPAROSCOPIC RADIOFREQUENCY ABLATION OF LIVER TUMOR	Authorization required for non-participating providers.	C	1/1/2022
47371	LAPAROSCOPIC CRYOSURGICAL ABLATION OF LIVER TUMOR	Authorization required for non-participating providers.	C	1/1/2022
47379	UNL LAP PROC LIVER	Authorization required for all providers.	Y	1/1/2022
47380	OPEN RADIOFREQUENCY ABLATION OF LIVER TUMOR	Authorization required for non-participating providers.	C	1/1/2022
47381	OPEN CRYOSURGICAL ABLATION OF LIVER TUMOR	Authorization required for non-participating providers.	C	1/1/2022
47382	PERCUTANEOUS RADIOFREQUENCY ABLATION OF LIVER TUMOR	Authorization required for all providers.	Y	1/1/2022
47383	PERQ ABLTJ LVR CRYOABLATION	Authorization required for non-participating providers.	C	1/1/2022
47399	UNLISTED PROC LIVER	Authorization required for all providers.	Y	1/1/2022
47400	HEPATICOTOMY W/EXPLOR/DRAINAGE/REMOV CALCU	Authorization required for non-participating providers.	C	1/1/2022

47420	CHOLEDOCH W/EXPLOR/REMOV CALC; WO SPHINCTEROTOMY	Authorization required for non-participating providers.	C	1/1/2022
47425	CHOLEDOCHOTOMY; W/TRANSDUODENAL SPHINCTEROTOMY	Authorization required for non-participating providers.	C	1/1/2022
47460	TRANSDUODENAL SPHINCTEROTOMY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
47480	INCISION OF GALLBLADDER	Authorization required for non-participating providers.	C	1/1/2022
47490	INCISION OF GALLBLADDER	Authorization required for non-participating providers.	C	1/1/2022
47531	INJECTION FOR CHOLANGIOGRAM	Authorization required for non-participating providers.	C	1/1/2022
47532	INJECTION FOR CHOLANGIOGRAM	Authorization required for non-participating providers.	C	1/1/2022
47533	PLMT BILIARY DRAINAGE CATH	Authorization required for non-participating providers.	C	1/1/2022
47534	PLMT BILIARY DRAINAGE CATH	Authorization required for non-participating providers.	C	1/1/2022
47535	CONVERSION EXT BIL DRG CATH	Authorization required for non-participating providers.	C	1/1/2022
47536	EXCHANGE BILIARY DRG CATH	Authorization required for all providers.	Y	1/1/2022
47537	REMOVAL BILIARY DRG CATH	Authorization required for non-participating providers.	C	1/1/2022
47538	PERQ PLMT BILE DUCT STENT	Authorization required for non-participating providers.	C	1/1/2022
47539	PERQ PLMT BILE DUCT STENT	Authorization required for non-participating providers.	C	1/1/2022
47540	PERQ PLMT BILE DUCT STENT	Authorization required for non-participating providers.	C	1/1/2022
47541	PLMT ACCESS BIL TREE SM BWL	Authorization required for non-participating providers.	C	1/1/2022
47542	DILATE BILIARY DUCT/AMPULLA	Authorization required for non-participating providers.	C	1/1/2022
47543	ENDOLUMINAL BX BILIARY TREE	Authorization required for non-participating providers.	C	1/1/2022
47544	REMOVAL DUCT GLBLDR CALCULI	Authorization required for non-participating providers.	C	1/1/2022
47550	BILI ENDO INTRAOPERATIVE	Authorization required for non-participating providers.	C	1/1/2022
47552	BILIARY ENDO PERQ DX W/SPECI	Authorization required for non-participating providers.	C	1/1/2022
47553	BILI ENDO PERCUT VIA T-TUBE/OTHER; W/BX 1/MX	Authorization required for non-participating providers.	C	1/1/2022
47554	BILI ENDO PERCUT VIA T-TUBE; W/REMOV STONE(S)	Authorization required for non-participating providers.	C	1/1/2022
47555	BILI ENDO VIA T-TUBE; W/DILAT BILI DUCT WO STENT	Authorization required for non-participating providers.	C	1/1/2022
47556	BILI ENDO VIA T-TUBE; W/DILAT BILI DUCT W/STENT	Authorization required for non-participating providers.	C	1/1/2022
47562	LAPAROSCOPY CHOLECYSTECTOMY	Authorization required for all providers.	Y	1/1/2022
47563	LAPAROSCOPY CHOLECYSECTOMY W/CHOLANGIOGRAPHY	Authorization required for all providers.	Y	1/1/2022
47564	LAPAROSCOPY CHOLECYSTECTOMY W/EXPLORATION OF COMMON DUCT	Authorization required for non-participating providers.	C	1/1/2022
47570	LAPAROSCOPY CHOLECYSTOENTEROSTOMY	Authorization required for non-participating providers.	C	1/1/2022
47579	UNLISTED LAPAROSCOPY BILIARY TRACT	Authorization required for all providers.	Y	1/1/2022
47600	CHOLEY	Authorization required for non-participating providers.	C	1/1/2022
47605	CHOLEY; W/CHOLANGIOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
47610	CHOLEY W/EXPLOR COMMON DUCT	Authorization required for non-participating providers.	C	1/1/2022
47612	CHOLEY W/EXPLOR COMMON DUCT; W/CHOLEDOCHOENTEROS	Authorization required for non-participating providers.	C	1/1/2022
47620	CHOLEY; W/TRANSDUODENAL SPHINCTEROTOMY	Authorization required for non-participating providers.	C	1/1/2022
47700	EXPLOR CONGEN ATRESIA BILE DUCTS WO REPR WO BX	Authorization required for non-participating providers.	C	1/1/2022
47701	PORTOENTEROSTOMY	Authorization required for non-participating providers.	C	1/1/2022
47711	EXC BILE DUCT TUMOR W/WO PRIM REPR; EXTRAHEPATIC	Authorization required for non-participating providers.	C	1/1/2022
47712	EXC BILE DUCT TUMOR W/WO PRIM REPR; INTRAHEPATIC	Authorization required for non-participating providers.	C	1/1/2022
47715	EXC CHOLEDOCHAL CYST	Authorization required for non-participating providers.	C	1/1/2022
47720	CHOLECYSTOENTEROSTOMY; DIRECT	Authorization required for non-participating providers.	C	1/1/2022
47721	CHOLECYSTOENTEROSTOMY; W/GASTROENTEROSTOMY	Authorization required for non-participating providers.	C	1/1/2022
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	Authorization required for non-participating providers.	C	1/1/2022
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y W/GASTROENTEROS	Authorization required for non-participating providers.	C	1/1/2022
47760	ANASTOM EXTRAHEPATIC BILIARY DUCTS & GI TRACT	Authorization required for non-participating providers.	C	1/1/2022
47765	ANASTOM INTRAHEPATIC DUCTS & GI TRACT	Authorization required for non-participating providers.	C	1/1/2022
47780	ANASTOM ROUX-EN-Y EXTRAHEPATIC BILI DUCTS & GI TRACT	Authorization required for non-participating providers.	C	1/1/2022
47785	ANASTOM ROUX-EN-Y INTRAHEPATIC DUCTS & GI TRACT	Authorization required for non-participating providers.	C	1/1/2022
47800	RECON PLASTIC EXTRAHEPATIC BILI DUCT W/END-END	Authorization required for non-participating providers.	C	1/1/2022

47801	PLCMT CHOLEDOCHAL STENT	Authorization required for non-participating providers.	C	1/1/2022
47802	U-TUBE HEPATICOENTEROSTOMY	Authorization required for non-participating providers.	C	1/1/2022
47900	SUTURE EXTRAHEP DUCT PRE-EXIST INJURY (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
47999	UNLISTED PROC BILL TRACT	Authorization required for all providers.	Y	1/1/2022
48000	PLCMT DRAINS PERIPANCREATIC-ACUTE PANCREATITIS	Authorization required for non-participating providers.	C	1/1/2022
48001	PLCMT DRAINS; W/CHOLECYSTOS GASTROS & JEJUNOSTMY	Authorization required for non-participating providers.	C	1/1/2022
48020	REMOV PANCREATIC CALCU	Authorization required for non-participating providers.	C	1/1/2022
48100	BX PANCREAS OPEN ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
48102	BX PANCREAS PERCUT NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
48105	RESECTION OR DEBRIDEMENT OF PANCREAS	Authorization required for non-participating providers.	C	1/1/2022
48120	EXC LES PANCREAS	Authorization required for non-participating providers.	C	1/1/2022
48140	PANCREATECTOMY DIST SUBTOT; WO PANCREATIOJEJUNO	Authorization required for non-participating providers.	C	1/1/2022
48145	PANCREATECTOMY DISTAL SUBTL; W/PANCREATIOJEJUNO	Authorization required for non-participating providers.	C	1/1/2022
48146	PANCREATECTOMY DISTAL NEAR-TOT W/PRESERV DUODENM	Authorization required for non-participating providers.	C	1/1/2022
48148	EXC AMPULLA VATER	Authorization required for non-participating providers.	C	1/1/2022
48150	PANCREATECTOMY PROX SUBTL W/PANCREATICODUODENECT	Authorization required for non-participating providers.	C	1/1/2022
48152	PANCREATECTMY W/TOT DUODEN; WO PANCREATIOJEJUNOST	Authorization required for non-participating providers.	C	1/1/2022
48153	PANCREATEC W/NEAR-TOT DUODEN; W/PANCREATIOJEJUNOS	Authorization required for non-participating providers.	C	1/1/2022
48154	PANCREATEC W/NEAR-TOT DUODEN; WO PANCREATIOJEJUNO	Authorization required for non-participating providers.	C	1/1/2022
48155	PANCREATECTOMY TOT	Authorization required for non-participating providers.	C	1/1/2022
48160	PANCREATECTOMY TOT/SUBTOT W/AUTOLOGOUS TRANSPL	Authorization required for all providers.	Y	1/1/2022
48400	INJ PROC INTRAOPERATIVE PANCREATOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
48500	MARSUPIALIZATION CYST PANCREAS	Authorization required for non-participating providers.	C	1/1/2022
48510	EXT DRAIN PSEUDOCYST PANCREAS; OPEN	Authorization required for non-participating providers.	C	1/1/2022
48520	INT ANASTOM PANCREATIC CYST-GI TRACT; DIRECT	Authorization required for non-participating providers.	C	1/1/2022
48540	INT ANASTOM PANCREATIC CYST-GI TRACT; ROUX-EN-Y	Authorization required for non-participating providers.	C	1/1/2022
48545	PANCREATORRHAPHY TRAUMA	Authorization required for non-participating providers.	C	1/1/2022
48547	DUODENAL EXCLUS W/GASTROJEJUNOS-PANCREAT TRAUMA	Authorization required for non-participating providers.	C	1/1/2022
48548	PANCREATIOJEJUNOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
48550	DONOR PANCREATECT W/PREP & MAINTEN ALLOGFT-CADVR	Authorization required for all providers.	Y	1/1/2022
48554	TRANSPC PANCREATIC ALLOGFT	Authorization required for all providers.	Y	1/1/2022
48556	REMOV TRANSPL PANCREATIC ALLOGFT	Authorization required for all providers.	Y	1/1/2022
48999	UNLISTED PROC PANCREAS	Authorization required for all providers.	Y	1/1/2022
49000	EXPLOR LAPAROTOMY-CELIOTOMY W/WO BX (SEP PRO)	Authorization required for all providers.	Y	1/1/2022
49002	REOPENING RECENT LAPAROTOMY	Authorization required for non-participating providers.	C	1/1/2022
49010	EXPLOR RETROPERITONEAL AREA W/WO BX (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
49013	PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	Authorization required for non-participating providers.	C	1/1/2022
49014	REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	Authorization required for non-participating providers.	C	1/1/2022
49020	DRAIN PERITONEAL ABCS-NOT APPENDICEAL; OPEN	Authorization required for non-participating providers.	C	1/1/2022
49040	DRAIN SUBDIAPHRAGMATIC/SUBPHRENIC ABCS; OPEN	Authorization required for non-participating providers.	C	1/1/2022
49060	DRAIN RETROPERITONEAL ABCS; OPEN	Authorization required for non-participating providers.	C	1/1/2022
49062	DRAIN EXTRAPERITONEAL LYMPHOCELE, OPEN	Authorization required for non-participating providers.	C	1/1/2022
49080	PERITONEOCENTESIS-ABD PARACENTESIS; INIT	Authorization required for non-participating providers.	C	1/1/2022
49081	PERITONEOCENTESIS-ABD PARACENTESIS; SUBSQT	Authorization required for non-participating providers.	C	1/1/2022
49082	ABD PARACENTESIS	Authorization required for non-participating providers.	C	1/1/2022
49083	ABD PARACENTESIS W/IMAGING	Authorization required for non-participating providers.	C	1/1/2022
49084	PERITONEAL LAVAGE	Authorization required for non-participating providers.	C	1/1/2022
49180	BX ABD/RETROPERITONEAL MASS PERCUT NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
49185	SCLEROTX FLUID COLLECTION	Authorization required for non-participating providers.	C	1/1/2022

49203	EXC ABD TUM 5 CM OR LESS	Authorization required for non-participating providers.	C	1/1/2022
49204	EXC ABD TUM OVER 5 CM	Authorization required for non-participating providers.	C	1/1/2022
49205	EXC ABD TUM OVER 10 CM	Authorization required for non-participating providers.	C	1/1/2022
49215	EXC PRESACRAL/SACROCOCCYGEAL TUMOR	Authorization required for non-participating providers.	C	1/1/2022
49250	UMBILECTOMY/OMPHALECTOMY-EXC UMBILICUS (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
49255	OMENTECTOMY/EPIPOLECTOMY-RESEC OMENTUM (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
49320	LAPAROSCOPY ABDOMEN PERITONEUM OMENTUM	Authorization required for non-participating providers.	C	1/1/2022
49321	LAPAROSCOPY W/BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
49322	LAPAROSCOPY W/ASPIRATION OF CAVITY OR CYST	Authorization required for non-participating providers.	C	1/1/2022
49323	LAPAROSCOPY W/DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	Authorization required for non-participating providers.	C	1/1/2022
49324	LAP INSERT TUNNEL IP CATH	Authorization required for non-participating providers.	C	1/1/2022
49325	WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER	Authorization required for non-participating providers.	C	1/1/2022
49326	WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE)	Authorization required for non-participating providers.	C	1/1/2022
49327	LAP INS DEVICE FOR RT	Authorization required for non-participating providers.	C	1/1/2022
49329	UNLISTED LAPAROSCOPY ABDOMENT PERITONEUM OMENTUM	Authorization required for all providers.	Y	1/1/2022
49400	INJ AIR/CONTRAST-PERITONEAL CAVITY (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	Authorization required for non-participating providers.	C	1/1/2022
49405	IMAGE CATH FLUID COLXN VISC	Authorization required for non-participating providers.	C	1/1/2022
49406	IMAGE CATH FLUID PERI/RETRO	Authorization required for non-participating providers.	C	1/1/2022
49407	IMAGE CATH FLUID TRNS/VGNL	Authorization required for non-participating providers.	C	1/1/2022
49411	INS MARK ABD/PEL FOR RT PERQ	Authorization required for non-participating providers.	C	1/1/2022
49412	INS DEVICE FOR RT GUIDE OPE	Authorization required for non-participating providers.	C	1/1/2022
49418	INSERT TUN IP CATH PERC	Authorization required for non-participating providers.	C	1/1/2022
49419	INSERT TUN IP CATH W/PORT	Authorization required for non-participating providers.	C	1/1/2022
49420	INSRT INTRAPERITONEAL CANNULA-DRAIN; TEMPORARY	Authorization required for non-participating providers.	C	1/1/2022
49421	INS TUN IP CATH FOR DIAL OP	Authorization required for non-participating providers.	C	1/1/2022
49422	REMOVE TUNNELED IP CATH	Authorization required for non-participating providers.	C	1/1/2022
49423	EXCHG ABSC/CYST DRAIN CATH-RAD GUIDE (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
49424	CONTRAST INJ-ASSESS ABSC VIA PREV PLC CATH (SP)	Authorization required for non-participating providers.	C	1/1/2022
49425	INSRT PERITONEAL-VENOUS SHUNT	Authorization required for non-participating providers.	C	1/1/2022
49426	REVIS PERITONEAL-VENOUS SHUNT	Authorization required for non-participating providers.	C	1/1/2022
49427	INJ PROC-EVAL PREV PLACED PERITON-VENOUS SHUNT	Authorization required for non-participating providers.	C	1/1/2022
49428	LIG PERITONEAL-VENOUS SHUNT	Authorization required for non-participating providers.	C	1/1/2022
49429	REMOV PERITONEAL-VENOUS SHUNT	Authorization required for non-participating providers.	C	1/1/2022
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA	Authorization required for non-participating providers.	C	1/1/2022
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT	Authorization required for non-participating providers.	C	1/1/2022
49440	PLACE GASTROSTOMY TUBE PERC	Authorization required for non-participating providers.	C	1/1/2022
49441	PLACE DUOD/IEJ TUBE PERC	Authorization required for non-participating providers.	C	1/1/2022
49442	PLACE CECOSTOMY TUBE PERC	Authorization required for non-participating providers.	C	1/1/2022
49446	CHANGE G-TUBE TO G-J PERC	Authorization required for non-participating providers.	C	1/1/2022
49450	REPLACE G/C TUBE PERC	Authorization required for non-participating providers.	C	1/1/2022
49451	REPLACE DUOD/IEJ TUBE PERC	Authorization required for non-participating providers.	C	1/1/2022
49452	REPLACE G-J TUBE PERC	Authorization required for non-participating providers.	C	1/1/2022
49460	FIX G/COLON TUBE W/DEVICE	Authorization required for non-participating providers.	C	1/1/2022
49465	FLUORO EXAM OF G/COLON TUBE	Authorization required for non-participating providers.	C	1/1/2022
49491	REP ING HERN PRTERM INFNT; RDOC	Authorization required for non-participating providers.	C	1/1/2022
49492	REP ING HERN PRTERM INFNT; INCAR	Authorization required for non-participating providers.	C	1/1/2022
49495	REP ING HERN FULL TERM <6 MO; RDOC	Authorization required for non-participating providers.	C	1/1/2022
49496	REP ING HERN FULL TERM <6 MO; INCAR	Authorization required for non-participating providers.	C	1/1/2022

49500	REPR INIT ING HERNIA 6 MO-< 5 YR; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49501	REPR INIT ING HERNIA 6MO-<5YR; INCARCERAT/STRANG	Authorization required for non-participating providers.	C	1/1/2022
49505	REPR INIT ING HERNIA 5 YR/MORE; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49507	REPR INIT ING HERNIA 5 YR/MORE; INCARC/STRANGUL	Authorization required for non-participating providers.	C	1/1/2022
49520	REPR RECURRENT ING HERNIA ANY AGE; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49521	REPR RECUR ING HERNIA; INCARCERAT/STRANGULATED	Authorization required for non-participating providers.	C	1/1/2022
49525	REPR ING HERNIA SLIDING ANY AGE	Authorization required for non-participating providers.	C	1/1/2022
49540	REPR LUMBAR HERNIA	Authorization required for non-participating providers.	C	1/1/2022
49550	REPR INIT FEM HERNIA ANY AGE; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49553	REPR INIT FEM HERNIA REDUCIBLE; INCARCER/STRANG	Authorization required for non-participating providers.	C	1/1/2022
49555	REPR RECUR FEM HERNIA; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49557	REPR RECUR FEM HERNIA; INCARCERAT/STRANGULATED	Authorization required for non-participating providers.	C	1/1/2022
49560	REPR INIT INCS/VENTRAL HERNIA; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49561	REPR INIT INCS/VENTRAL HERNIA; INCARCER/STRANGUL	Authorization required for non-participating providers.	C	1/1/2022
49565	REPR RECUR INCS/VENTRAL HERNIA; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49566	REPR RECUR INCS/VENTRAL HERNIA; INCARCER/STRANGU	Authorization required for non-participating providers.	C	1/1/2022
49568	HERNIA REPAIR W/MESH	Authorization required for non-participating providers.	C	1/1/2022
49570	REPR EPIGASTRIC HERNIA; REDUCIBLE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
49572	REPR EPIGASTRIC HERNIA; INCARCERATED/STRANGULATD	Authorization required for non-participating providers.	C	1/1/2022
49580	REPR UMBILICAL HERNIA < 5 YR; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49582	REPR UMBILIC HERNIA <5 YR; INCARCERAT/STRANGULAT	Authorization required for non-participating providers.	C	1/1/2022
49585	REPR UMBILICAL HERNIA 5 YR/OVER; REDUCIBLE	Authorization required for non-participating providers.	C	1/1/2022
49587	REPR UMBILIC HERNIA 5 YR/OVER; INCARCER/STRANGUL	Authorization required for non-participating providers.	C	1/1/2022
49590	REPR SPIGELIAN HERNIA	Authorization required for non-participating providers.	C	1/1/2022
49600	REPR SM OMPHALOCELE W/PRIM CLO	Authorization required for non-participating providers.	C	1/1/2022
49605	REPR LG OMPHALOCELE/GASTROSCHISIS; W/WO PROSTH	Authorization required for non-participating providers.	C	1/1/2022
49606	REPR LG OMPHALOCELE; W/REMOV PROSTH REDUC & CLO	Authorization required for non-participating providers.	C	1/1/2022
49610	REPR OMPHALOCELE; FIRST STAGE	Authorization required for non-participating providers.	C	1/1/2022
49611	REPR OMPHALOCELE; SECOND STAGE	Authorization required for non-participating providers.	C	1/1/2022
49650	LAPAROSCOPY REPAIR INITIAL INGUINAL HERNIA	Authorization required for non-participating providers.	C	1/1/2022
49651	LAPAROSCOPY REPAIR RECURRENT INGUINAL HERNIA	Authorization required for non-participating providers.	C	1/1/2022
49652	LAP VENT/ABD HERNIA REPAIR	Authorization required for non-participating providers.	C	1/1/2022
49653	LAP VENT/ABD HERN PROC COMP	Authorization required for non-participating providers.	C	1/1/2022
49654	LAP INC HERNIA REPAIR	Authorization required for non-participating providers.	C	1/1/2022
49655	LAP INC HERN REPAIR COMP	Authorization required for non-participating providers.	C	1/1/2022
49656	LAP INC HERNIA REPAIR RECUR	Authorization required for non-participating providers.	C	1/1/2022
49657	LAP INC HERN RECUR COMP	Authorization required for non-participating providers.	C	1/1/2022
49659	UNLISTED LAPAROSCOPY HERNIOPLASTY HERNIORRHAPHY HERNIOTOMY	Authorization required for all providers.	Y	1/1/2022
49900	SUTURE SECNDRY ABD WALL EVISCERATION/DEHISCENCE	Authorization required for non-participating providers.	C	1/1/2022
49904	OMENTL FLAP EXTRA-ABDOMINAL	Authorization required for non-participating providers.	C	1/1/2022
49905	OMENTAL FLAP INTRA-ABDOMINAL	Authorization required for non-participating providers.	C	1/1/2022
49906	FREE OMENTAL FLAP W/MICROVASC ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
49999	UNLISTED PROC ABD PERITONEUM & OMENTUM	Authorization required for all providers.	Y	1/1/2022
50010	RENAL EXPLOR WO NECES OTHER SPECIFIC PROC	Authorization required for non-participating providers.	C	1/1/2022
50020	DRAIN PERIRENAL/RENAL ABCS; OPEN	Authorization required for non-participating providers.	C	1/1/2022
50040	NEPHROSTOMY NEPHROTOMY W/DRAINAGE	Authorization required for non-participating providers.	C	1/1/2022
50045	NEPHROTOMY W/EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
50060	NEPHROLITHOTOMY; REMOV CALCU	Authorization required for non-participating providers.	C	1/1/2022
50065	NEPHROLITHOTOMY; SECNDRY SURG FOR CALCU	Authorization required for non-participating providers.	C	1/1/2022

50070	NEPHROLITHOTOMY; COMPLIC BY CONGEN KIDNEY ABN	Authorization required for non-participating providers.	C	1/1/2022
50075	NEPHROLITHOTOMY; REMOV LG STAGHORN CALCU	Authorization required for non-participating providers.	C	1/1/2022
50080	PERCUT NEPHROSTOLITHOTOMY W/WO DILAT; UP TO 2 CM	Authorization required for non-participating providers.	C	1/1/2022
50081	PERCUT NEPHROSTOLITHOTOMY W/WO DILAT; OVER 2 CM	Authorization required for non-participating providers.	C	1/1/2022
50100	TRANSECT/REPOSIT ABERRANT RENAL VESS (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
50120	PYELOTOMY; W/EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
50125	PYELOTOMY; W/DRAINAGE PYELOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
50130	PYELOTOMY; W/REMOV CALCU	Authorization required for non-participating providers.	C	1/1/2022
50135	PYELOTOMY; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
50200	RENAL BX; PERCUT BY TROCAR/NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
50205	RENAL BX; BY SURG EXPOSURE KIDNEY	Authorization required for non-participating providers.	C	1/1/2022
50220	NEPHRECTOMY INCL PART URETERECTOMY W/RIB RESECT	Authorization required for non-participating providers.	C	1/1/2022
50225	NEPHRECT W/PART URETERECT; PREV SURG SAME KIDNEY	Authorization required for non-participating providers.	C	1/1/2022
50230	NEPHRECTOMY; RADICAL W/REGIONAL LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
50234	NEPHRECTOMY W/TOT URETERECTOMY; THRU SAME INCS	Authorization required for non-participating providers.	C	1/1/2022
50236	NEPHRECTOMY W/TOT URETERECTOMY; THRU SEPART INCS	Authorization required for non-participating providers.	C	1/1/2022
50240	NEPHRECTOMY PART	Authorization required for non-participating providers.	C	1/1/2022
50250	CRYOABLATE RENAL MASS OPEN	Authorization required for non-participating providers.	C	1/1/2022
50280	EXC/UNROOFING CYST KIDNEY	Authorization required for non-participating providers.	C	1/1/2022
50290	EXC PERINEPHRIC CYST	Authorization required for non-participating providers.	C	1/1/2022
50300	DONOR NEPHRECTOMY W/PREP/MAINT ALLOGFT; CADAVER	Authorization required for all providers.	Y	1/1/2022
50320	DONOR NEPHRECTOMY W/PREP/MAINT; LIVE DONOR	Authorization required for all providers.	Y	1/1/2022
50340	RECIPIENT NEPHRECTOMY (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
50360	RENAL ALLOTRANSPL; EXCLD DONOR & RECIPIENT NEPHRECT	Authorization required for all providers.	Y	1/1/2022
50365	RENAL ALLOTRANSPL; W/RECIPIENT NEPHRECTOMY	Authorization required for all providers.	Y	1/1/2022
50370	REMOV TRANSPL RENAL ALLOGFT	Authorization required for all providers.	Y	1/1/2022
50380	RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY	Authorization required for all providers.	Y	1/1/2022
50382	RMVL&RPLCMT INTLY DWELLING URTRL STENT	Authorization required for non-participating providers.	C	1/1/2022
50384	RMVL INTLY DWELLING URTRL STENT	Authorization required for non-participating providers.	C	1/1/2022
50385	CHANGE STENT VIA TRANSURETH	Authorization required for non-participating providers.	C	1/1/2022
50386	REMOVE STENT VIA TRANSURETH	Authorization required for non-participating providers.	C	1/1/2022
50387	CHANGE NEPHROURETERAL CATH	Authorization required for non-participating providers.	C	1/1/2022
50389	RMVL NFROS TUBE REQ FLUOR GUID	Authorization required for non-participating providers.	C	1/1/2022
50390	ASPIRAT &/OR INJ RENAL CYST/PELVIS-NEEDLE PERCUT	Authorization required for non-participating providers.	C	1/1/2022
50391	INSTL TX AGT RENL PELV&/URETR THRU EST NEPHROST	Authorization required for non-participating providers.	C	1/1/2022
50396	MANOMETRIC STUDIES THRU NEPHROSTOMY TUBE	Authorization required for non-participating providers.	C	1/1/2022
50400	PYELOPLASTY W/WO PLASTIC ON URETER; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
50405	PYELOPLASTY W/WO PLASTIC ON URETER; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
50430	NIX PX NFROSGRM &/URTRGRM	Authorization required for non-participating providers.	C	1/1/2022
50431	NIX PX NFROSGRM &/URTRGRM	Authorization required for non-participating providers.	C	1/1/2022
50432	PLMT NEPHROSTOMY CATHETER	Authorization required for non-participating providers.	C	1/1/2022
50433	PLMT NEPHROURETERAL CATHETER	Authorization required for non-participating providers.	C	1/1/2022
50434	CONVERT NEPHROSTOMY CATHETER	Authorization required for non-participating providers.	C	1/1/2022
50435	EXCHANGE NEPHROSTOMY CATH	Authorization required for non-participating providers.	C	1/1/2022
50436	PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	Authorization required for all providers.	Y	1/1/2022
50437	PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	Authorization required for all providers.	Y	1/1/2022
50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	Authorization required for non-participating providers.	C	1/1/2022
50520	CLO NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	Authorization required for non-participating providers.	C	1/1/2022
50525	CLO NEPHROVISCERAL FISTULA W/VISCERAL REPR; ABD	Authorization required for non-participating providers.	C	1/1/2022

50526	CLOSE NEPHROVISCERAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
50540	SYMPHYSIOTOMY W/WO PYELOPLASTY UNILAT/BILAT	Authorization required for non-participating providers.	C	1/1/2022
50541	LAPAROSCOPY ABLATION OF RENAL CYSTS	Authorization required for non-participating providers.	C	1/1/2022
50542	LAPARO ABLATE RENAL MASS	Authorization required for non-participating providers.	C	1/1/2022
50543	LAPAROSCPY SURGICAL; PART NEPHRECT	Authorization required for non-participating providers.	C	1/1/2022
50544	LAPAROSCOPY PYELOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
50545	LAP SURG, RAD NEPHRECTOMY	Authorization required for non-participating providers.	C	1/1/2022
50546	LAPAROSCOPY NEPHRECTOMY	Authorization required for non-participating providers.	C	1/1/2022
50547	LAPAROSCOPY DONOR NEPHRECTOMY FROM LIVING DONOR	Authorization required for all providers.	Y	1/1/2022
50548	LAPAROSCOPICALLY ASSISTED NEPHROURETERECTOMY	Authorization required for all providers.	Y	1/1/2022
50549	UNLISTED LAPAROSCOPY RENAL	Authorization required for all providers.	Y	1/1/2022
50551	RENAL ENDO-ESTAB NEPHROSTOMY EXCLUS OF RAD	Authorization required for non-participating providers.	C	1/1/2022
50553	RENAL ENDO-ESTAB NEPHROSTOMY; W/URETERAL CATH	Authorization required for non-participating providers.	C	1/1/2022
50555	RENAL ENDO-ESTAB NEPHROSTOMY; W/BX	Authorization required for non-participating providers.	C	1/1/2022
50557	RENAL ENDO-ESTAB NEPHROSTOMY; W/FULG &/OR INCS	Authorization required for non-participating providers.	C	1/1/2022
50561	RENAL ENDO-ESTAB NEPHROSTOMY; W/REMOV FB/CALCU	Authorization required for non-participating providers.	C	1/1/2022
50562	RENAL ENDO THRU EST OSTOMY; RES TUMR	Authorization required for non-participating providers.	C	1/1/2022
50570	RENAL ENDO-NEPHROTOMY; W/WO IRRIGA EXCLUS OF RAD	Authorization required for non-participating providers.	C	1/1/2022
50572	RENAL ENDO-NEPHROTOMY; W/URETERAL CATH	Authorization required for non-participating providers.	C	1/1/2022
50574	RENAL ENDO-NEPHROTOMY EXCLUS OF RAD; W/BX	Authorization required for non-participating providers.	C	1/1/2022
50575	RENAL ENDO-NEPHROTOMY; W/ENDOPYELOTOMY	Authorization required for non-participating providers.	C	1/1/2022
50576	RENAL ENDO-NEPHROTOMY; W/FULG &/OR INCS W/WO BX	Authorization required for non-participating providers.	C	1/1/2022
50580	RENAL ENDO-NEPHROTOMY EXCLUS OF RAD; REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
50590	LITH EXTRACORPOREAL SHOCK WAVE	Authorization required for non-participating providers.	C	1/1/2022
50592	ABLTJ 1+ RNL TUM PRQ UNI RF	Authorization required for non-participating providers.	C	1/1/2022
50593	PERC CRYO ABLATE RENAL TUM	Authorization required for non-participating providers.	C	1/1/2022
50600	URETEROTOMY W/EXPLOR OR DRAINAGE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
50605	URETEROTOMY INSRT INDWELLING STENT ALL TYPES	Authorization required for non-participating providers.	C	1/1/2022
50606	ENDOLUMINAL BX URTR RNL PLVS	Authorization required for non-participating providers.	C	1/1/2022
50610	URETEROLITHOTOMY; UPPER 1/3 URETER	Authorization required for non-participating providers.	C	1/1/2022
50620	URETEROLITHOTOMY; MID 1/3 URETER	Authorization required for non-participating providers.	C	1/1/2022
50630	URETEROLITHOTOMY; LOWER 1/3 URETER	Authorization required for non-participating providers.	C	1/1/2022
50650	URETERECTOMY W/BLADDER CUFF (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
50660	URETERECTOMY TOT-COMBO ABD/VAG &/OR PERINEAL	Authorization required for non-participating providers.	C	1/1/2022
50684	INJ PROC-URETEROGRAPHY THRU URETEROSTOMY/CATH	Authorization required for non-participating providers.	C	1/1/2022
50686	MANOMETRIC STUDIES THRU URETEROSTOMY/CATH	Authorization required for non-participating providers.	C	1/1/2022
50688	CHANGE URETEROSTOMY TUBE	Authorization required for non-participating providers.	C	1/1/2022
50690	INJ PROC-VISUALIZ ILEAL CONDUIT OF RAD	Authorization required for non-participating providers.	C	1/1/2022
50693	PLMT URETERAL STENT PRQ	Authorization required for non-participating providers.	C	1/1/2022
50694	PLMT URETERAL STENT PRQ	Authorization required for non-participating providers.	C	1/1/2022
50695	PLMT URETERAL STENT PRQ	Authorization required for non-participating providers.	C	1/1/2022
50700	URETEROPLASTY PLASTIC OR URETER	Authorization required for non-participating providers.	C	1/1/2022
50705	URETERAL EMBOLIZATION/OCCL	Authorization required for non-participating providers.	C	1/1/2022
50706	BALLOON DILATE URTRL STRIX	Authorization required for non-participating providers.	C	1/1/2022
50715	URETEROLYSIS W/WO REPOSIT URETER	Authorization required for non-participating providers.	C	1/1/2022
50722	URETEROLYSIS OVARIAN VEIN SYNDROME	Authorization required for non-participating providers.	C	1/1/2022
50725	URETEROLYSIS W/REANASTOM UPPER URIN TRACT	Authorization required for non-participating providers.	C	1/1/2022
50727	REVIS URIN-CUT ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
50728	REVIS URIN-CUT ANASTOM; W/REPR FASCIAL DEFECT	Authorization required for non-participating providers.	C	1/1/2022

50740	URETEROPYELOSTOMY ANAST URETER RENAL PELVIS	Authorization required for non-participating providers.	C	1/1/2022
50750	URETEROCALYCOSTOMY ANASTOM URETER TO RENAL CALYX	Authorization required for non-participating providers.	C	1/1/2022
50760	URETEROURETEROSTOMY	Authorization required for non-participating providers.	C	1/1/2022
50770	TRANSURETEROURETEROSTOMY ANASTOM URETER-CONTRALA	Authorization required for non-participating providers.	C	1/1/2022
50780	URETERONEOCYSTOSTOMY; ANASTOM SNGL URETER	Authorization required for non-participating providers.	C	1/1/2022
50782	URETERONEOCYSTOSTOMY; ANASTOM DUPLIC URETER	Authorization required for non-participating providers.	C	1/1/2022
50783	URETERONEOCYSTOSTOMY; W/EXTEN URETERAL TAILORING	Authorization required for non-participating providers.	C	1/1/2022
50785	URETERONEOCYSTOSTOMY; W/VESICO-PSOAS HITCH	Authorization required for non-participating providers.	C	1/1/2022
50800	URETEROENTEROSTOMY DIREC ANASTOM URETER-INTESTIN	Authorization required for non-participating providers.	C	1/1/2022
50810	URETEROSIGMOIDOSTOMY W/CREAT SIGMOID BLADDER	Authorization required for non-participating providers.	C	1/1/2022
50815	URETEROCOLON CONDUIT INCL BOWEL ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
50820	URETEROILEAL CONDUIT INCL BOWEL ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
50825	CONTINENT DIVERSION INCL BOWEL ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
50830	URIN UNDIVERSION	Authorization required for non-participating providers.	C	1/1/2022
50840	REPL ALL/PART URETER BY BOWEL SEGMENT W/ANASTOM	Authorization required for non-participating providers.	C	1/1/2022
50845	CUT APPENDICO-VESICOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
50860	URETEROSTOMY TRANSPL URETER TO SKIN	Authorization required for non-participating providers.	C	1/1/2022
50900	URETERORRHAPHY SUTURE URETER (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
50920	CLO URETEROCUTANEOUS FISTULA	Authorization required for non-participating providers.	C	1/1/2022
50930	CLO URETEROVISCERAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
50940	DELIGATION URETER	Authorization required for non-participating providers.	C	1/1/2022
50945	LAPAROSCOPY URETEROLITHOTOMY	Authorization required for non-participating providers.	C	1/1/2022
50947	LAP SURG, URETERNEOCYSTOST W/STENT	Authorization required for non-participating providers.	C	1/1/2022
50948	LAP SURG, URETERONEOCYST WO STENT	Authorization required for non-participating providers.	C	1/1/2022
50949	UNL LAP PROC-URETER	Authorization required for all providers.	Y	1/1/2022
50951	URETERAL ENDO-URETEROSTOMY EXCLUS OF RAD SERV	Authorization required for non-participating providers.	C	1/1/2022
50953	URETERAL ENDO-URETEROSTOMY; W/URETERAL CATH	Authorization required for non-participating providers.	C	1/1/2022
50955	URETERAL ENDO-URETEROSTOMY W/WO IRRIGA; W/BX	Authorization required for non-participating providers.	C	1/1/2022
50957	URETERAL ENDO-URETEROSTOMY; W/FULG &/OR INCS	Authorization required for non-participating providers.	C	1/1/2022
50961	URETERAL ENDO-URETEROSTOMY; W/REMOV FB/CALCU	Authorization required for non-participating providers.	C	1/1/2022
50970	URETERAL ENDO-URETEROTOMY EXCLUS OF RAD SERV	Authorization required for non-participating providers.	C	1/1/2022
50972	URETERAL ENDO-URETEROTOMY; W/URETERAL CATH	Authorization required for non-participating providers.	C	1/1/2022
50974	URETERAL ENDO-URETEROTOMY W/WO IRRIGA; W/BX	Authorization required for non-participating providers.	C	1/1/2022
50976	URETERAL ENDO-URETEROTOMY; W/FULG &/OR INCS	Authorization required for non-participating providers.	C	1/1/2022
50980	URETERAL ENDO-URETEROTOMY; W/REMOV FB/CALCU	Authorization required for non-participating providers.	C	1/1/2022
51020	CYSTOTOMY/CYSTOSTOMY; W/FULG &/OR INSRT RADIOACT	Authorization required for non-participating providers.	C	1/1/2022
51030	CYSTOTOMY/CYSTOSTOMY; W/CRYOSURG DESTRUCT LES	Authorization required for non-participating providers.	C	1/1/2022
51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	Authorization required for non-participating providers.	C	1/1/2022
51045	CYSTOTOMY W/INSRT URETERAL CATH/STENT (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
51050	CYSTOLITHOTOMY WO VESICAL NECK RESECT	Authorization required for non-participating providers.	C	1/1/2022
51060	TRANSVESICAL URETEROLITHOTOMY	Authorization required for non-participating providers.	C	1/1/2022
51065	CYSTOTOMY W/STONE BASKET EXTRACT URETERAL CALCU	Authorization required for non-participating providers.	C	1/1/2022
51080	DRAINAGE PERIVESICAL/PREVESICAL SPACE ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
51100	DRAIN BLADDER BY NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
51101	DRAIN BLADDER BY TROCAR/CATH	Authorization required for non-participating providers.	C	1/1/2022
51102	DRAIN BL W/CATH INSERTION	Authorization required for non-participating providers.	C	1/1/2022
51500	EXC URACHAL CYST W/WO UMBILICAL HERNIA REPR	Authorization required for non-participating providers.	C	1/1/2022
51520	CYSTOTOMY; SIMPL EXC VESICAL NECK (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
51525	CYSTOTOMY; EXC BLADDER DIVERTIC 1/MX (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022

51530	CYSTOTOMY; EXC BLADDER TUMOR	Authorization required for non-participating providers.	C	1/1/2022
51535	CYSTOTOMY EXC INCS/REPR URETEROCELE	Authorization required for non-participating providers.	C	1/1/2022
51550	CYSTECTOMY PART; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
51555	CYSTECTOMY PART; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
51565	CYSTECTOMY PART W/REIMPLNT URETER INTO BLADDER	Authorization required for non-participating providers.	C	1/1/2022
51570	CYSTECTOMY COMPLT; (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
51575	CYSTECTOMY COMPLT; W/BILAT PELVIC LYMPHADENECTMY	Authorization required for non-participating providers.	C	1/1/2022
51580	CYSTECTOMY COMPLT W/URETEROSIGMOIDOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
51585	CYSTECTOMY W/URETERSIGMOIDOSTOMY; W/LYMPHADENECT	Authorization required for non-participating providers.	C	1/1/2022
51590	CYSTECTOMY COMPLT W/URETEROILEAL CONDUIT	Authorization required for non-participating providers.	C	1/1/2022
51595	CYSTECTOMY COMPLT W/SIDMOID BLADDER; W/LYMPHADEN	Authorization required for non-participating providers.	C	1/1/2022
51596	CYSTECTOMY COMPLT W/CONTINENT DIVERSION	Authorization required for non-participating providers.	C	1/1/2022
51597	PELVIC EXENTERATION FOR PROSTATIC/URETHRAL MALIG	Authorization required for non-participating providers.	C	1/1/2022
51600	INJ PROC-CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
51605	INJ PROC/PLCMT CHAIN-CONTRAST URETHROCYSTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
51610	INJ PROC RETROGRADE URETHROCYSTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
51700	BLADDER IRRIGA SIMPL LAVAGE &/OR INSTILL	Authorization required for non-participating providers.	C	1/1/2022
51701	INSERTION NON-INDWLL BLADDER CATH	Authorization required for non-participating providers.	C	1/1/2022
51702	INSERT TEMP INDWLL BLADD CATH; SMPL	Authorization required for non-participating providers.	C	1/1/2022
51703	INSRT TEMP INDWELL BLADD CATH; COMP	Authorization required for non-participating providers.	C	1/1/2022
51705	CHANGE CYSTOSTOMY TUBE; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
51710	CHANGE CYSTOSTOMY TUBE; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
51715	ENDO INJ IMPLNT MAT-URETHRE &/OR BLADDER NECK	Authorization required for non-participating providers.	C	1/1/2022
51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT INCLUDING RETENTION TIME	Authorization required for non-participating providers.	C	1/1/2022
51725	SIMPL CYSTOMETROGRAM	Authorization required for non-participating providers.	C	1/1/2022
51726	COMPLX CYSTOMETROGRAM	Authorization required for non-participating providers.	C	1/1/2022
51727	CYSTOMETROGRAM W/UP	Authorization required for non-participating providers.	C	1/1/2022
51728	CYSTOMETROGRAM W/VP	Authorization required for non-participating providers.	C	1/1/2022
51729	CYSTOMETROGRAM W/VP&UP	Authorization required for non-participating providers.	C	1/1/2022
51736	SIMPL UROFLOWMETRY	Authorization required for non-participating providers.	C	1/1/2022
51741	COMPLX UROFLOWMETRY	Authorization required for non-participating providers.	C	1/1/2022
51784	EMG ANAL/URETHRAL SPHINCTER-NOT NEEDLE-ANY TECH	Authorization required for non-participating providers.	C	1/1/2022
51785	NEEDLE EMG STDY ANAL/URETHRAL SPHINCTER ANY TECH	Authorization required for non-participating providers.	C	1/1/2022
51792	STIMULUS EVOKED RESPONSE	Authorization required for non-participating providers.	C	1/1/2022
51797	VOIDING PRESS STDS INTRA-ABDOMINAL VOID	Authorization required for non-participating providers.	C	1/1/2022
51798	MSR PVR U&/BLADD CAPACTY US NON-IMG	Authorization required for non-participating providers.	C	1/1/2022
51800	CYSTOPLASTY/CYSTOURETHROPLASTY WO RESECT VESICAL	Authorization required for non-participating providers.	C	1/1/2022
51820	CYSTOURETHROPLASTY W/UNILAT/BILAT URETERONEOCYST	Authorization required for non-participating providers.	C	1/1/2022
51840	ANT VESICOURETHROPEXY/URETHROPEXY; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
51841	ANT VESICOURETHROPEXY/URETHROPEXY; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
51845	ABD-VAG VESICAL NECK SUSPEN W/WO ENDO CONTRL	Authorization required for non-participating providers.	C	1/1/2022
51860	CYSTORRHAPHY WOUND/INJURY/RUPT; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
51865	CYSTORRHAPHY WOUND/INJURY/RUPT; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
51880	CLO CYSTOSTOMY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
51900	CLO VESICOVAGINAL FISTULA ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
51920	CLO VESICOUTERINE FISTULA	Authorization required for non-participating providers.	C	1/1/2022
51925	CLO VESICOUTERINE FISTULA; W/HYST	Authorization required for non-participating providers.	C	1/1/2022
51940	CLO BLADDER EXSTROPHY	Authorization required for non-participating providers.	C	1/1/2022
51960	ENTEROCYSTOPLASTY INCL BOWEL ANASTOM	Authorization required for non-participating providers.	C	1/1/2022

51980	CUT VESICOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
51990	LAPAROSCOPY URETHRAL SUSPENSION FOR STRESS INCONTINENCE	Authorization required for non-participating providers.	C	1/1/2022
51992	LAPAROSCOPY SLING OPERATION FOR STRESS INCONTINENCE	Authorization required for non-participating providers.	C	1/1/2022
51999	UNLIS LAPS PX BLDR	Authorization required for all providers.	Y	1/1/2022
52000	CYSTOURETHROSCOPY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
52001	CYSTURTHRSCP IRRG&EVC MX OBST CLOT	Authorization required for non-participating providers.	C	1/1/2022
52005	CYSTOURETHROSCOPY W/URETERAL CATH EXCLUS-RAD	Authorization required for non-participating providers.	C	1/1/2022
52007	CYSTOURETHROSCOPY EXCLUS-RAD SERV; W/BRUSH BX	Authorization required for non-participating providers.	C	1/1/2022
52010	CYSTOURETHROSCOPY W/EJACULATORY DUCT CATH	Authorization required for non-participating providers.	C	1/1/2022
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	Authorization required for non-participating providers.	C	1/1/2022
52214	CYSTOURETHROSCOPY W/FULG TRIGONE/BLADDER NECK	Authorization required for non-participating providers.	C	1/1/2022
52224	CYSTOURETHROSCOPY W/FULG/TX MINOR (< 0.5CM) LES	Authorization required for non-participating providers.	C	1/1/2022
52234	CYSTOURETHROSCOPY W/FULG &/OR RESECT; SM TUMOR	Authorization required for non-participating providers.	C	1/1/2022
52235	CYSTOURETHROSCOPY W/FULG &/OR RESECT; MED TUMOR	Authorization required for non-participating providers.	C	1/1/2022
52240	CYSTOURETHROSCOPY W/FULG &/OR RESECT; LG TUMOR	Authorization required for non-participating providers.	C	1/1/2022
52250	CYSTOURETHROSCOPY W/INSRT RADIOACT SUBSTANCE	Authorization required for non-participating providers.	C	1/1/2022
52260	CYSTOURETHROSCOPY W/DILAT BLADDER; GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
52265	CYSTOURETHROSCOPY W/DILAT BLADDER; LOCAL ANES	Authorization required for non-participating providers.	C	1/1/2022
52270	CYSTOURETHROSCOPY W/INT URETHROTOMY; FE	Authorization required for non-participating providers.	C	1/1/2022
52275	CYSTOURETHROSCOPY W/INT URETHROTOMY; MALE	Authorization required for non-participating providers.	C	1/1/2022
52276	CYSTOURETHROSCOPY W/DIREC VISION INT URETHROTOMY	Authorization required for non-participating providers.	C	1/1/2022
52277	CYSTOURETHROSCOPY W/RESECT EXT SPHINCTER	Authorization required for non-participating providers.	C	1/1/2022
52281	CYSTOURETHROSCOPY W/CALIBRAT &/OR DILAT URETHRAL	Authorization required for non-participating providers.	C	1/1/2022
52282	CYSTOURETHROSCOPY W/INSRT URETHRAL STENT	Authorization required for non-participating providers.	C	1/1/2022
52283	CYSTOURETHROSCOPY W/STEROID INJ INTO STRICT	Authorization required for non-participating providers.	C	1/1/2022
52285	CYSTOURETHROSCOPY TX FE URETHRAL SYNDROME	Authorization required for non-participating providers.	C	1/1/2022
52287	CYSTOSCOPY CHEMODENERVATION	Authorization required for non-participating providers.	C	1/1/2022
52290	CYSTOURETHROSCOPY; W/URETERAL MEATOTOMY	Authorization required for non-participating providers.	C	1/1/2022
52300	CYSTOURETHROSCOPY; W/RESECT ORTHOTOP URETEROCELE	Authorization required for non-participating providers.	C	1/1/2022
52301	CYSTOURETHROSCOPY; W/RESECT ECTOPIC URETEROCELE	Authorization required for non-participating providers.	C	1/1/2022
52305	CYSTOURETHROSCOPY; W/INCS BLADDER DIVERTIC	Authorization required for non-participating providers.	C	1/1/2022
52310	CYSTOURETHROSCOPY W/REMOV FB (SEP PRO); SIMPL	Authorization required for non-participating providers.	C	1/1/2022
52315	CYSTOURETHROSCOPY W/REMOV FB (SEP PRO); COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
52317	LITH: CRUSH CALCULI-BLADDER; SIMPL/SM (< 2.5 CM)	Authorization required for non-participating providers.	C	1/1/2022
52318	LITH: CRUSH CALCULI-BLADDER; COMPLIC/LG (>2.5 CM)	Authorization required for non-participating providers.	C	1/1/2022
52320	CYSTOURETHROSCOPY; W/REMOV URETERAL CALCULI	Authorization required for non-participating providers.	C	1/1/2022
52325	CYSTOURETHROSCOPY; W/FRAGMNT URETERAL CALCULI	Authorization required for non-participating providers.	C	1/1/2022
52327	CYSTOURETHROSCOPY; W/SUBURETER INJ IMPLNT MAT	Authorization required for non-participating providers.	C	1/1/2022
52330	CYSTOURETHROSCOPY; W/MANIP WO REMOV CALCULI	Authorization required for non-participating providers.	C	1/1/2022
52332	CYSTOURETHROSCOPY W/INSRT INDWELLING STENT	Authorization required for non-participating providers.	C	1/1/2022
52334	CYSTOURETHROSCOPY W/INSRT GUIDE WIRE THRU KIDNEY	Authorization required for non-participating providers.	C	1/1/2022
52341	CYSTOURETHROSCOPY W/TX URETER STRIC	Authorization required for non-participating providers.	C	1/1/2022
52342	CYSTOURTHROSCOPY W/TX UPJ STRICT	Authorization required for non-participating providers.	C	1/1/2022
52343	CYSTOURETHSCPY, TX INTRARENAL STRIC	Authorization required for non-participating providers.	C	1/1/2022
52344	CYSTURETHSCPY W/URETERSOPY TX STRI	Authorization required for non-participating providers.	C	1/1/2022
52345	CYSTOURETH/URETERSOPY TX UPJ STRIC	Authorization required for non-participating providers.	C	1/1/2022
52346	CYSTOURETH/URETERSOPY TX RENL STRI	Authorization required for non-participating providers.	C	1/1/2022
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSOPY DIAGNOSTIC	Authorization required for non-participating providers.	C	1/1/2022
52352	CYSURETH/URETR/PYELSCPY, REMOV CALC	Authorization required for non-participating providers.	C	1/1/2022

52353	CYSURETH/URETR/PYELSCPY LITHOTRPS	Authorization required for non-participating providers.	C	1/1/2022
52354	CYSTURETH-URETR&/PYELSCPY; BX&/FULG	Authorization required for non-participating providers.	C	1/1/2022
52355	CYSTURETH-URETR&/PYELSCPY; RES TUMR	Authorization required for non-participating providers.	C	1/1/2022
52356	CYSTO/URETRO W/LITHOTRIPSY	Authorization required for non-participating providers.	C	1/1/2022
52400	CYSTURETHSCPY W/RESECT CONGEN VALV	Authorization required for non-participating providers.	C	1/1/2022
52402	CYSTURETHRSCPY TRNSURETH RES/INCI EJACULAT DUCTS	Authorization required for non-participating providers.	C	1/1/2022
52441	CYSTOURETHRO W/IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
52442	CYSTOURETHRO W/ADDL IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
52450	TRANSURETHRAL INCS PROSTATE	Authorization required for non-participating providers.	C	1/1/2022
52500	REVISION OF BLADDER NECK	Authorization required for non-participating providers.	C	1/1/2022
52601	T U R P INCL CONTRL POSTOP BLEEDING COMPLT	Authorization required for non-participating providers.	C	1/1/2022
52630	REMOVE PROSTATE REGROWTH	Authorization required for non-participating providers.	C	1/1/2022
52640	TRANSURETH RESEC; POSTOP BLADDER NECK CONTRACTUR	Authorization required for non-participating providers.	C	1/1/2022
52647	NON-CONTACT LASER COAGULATION PROSTATE COMPLT	Authorization required for non-participating providers.	C	1/1/2022
52648	CONTACT LASER VAPORIZA PROSTATE W/WO TURP COMPLT	Authorization required for non-participating providers.	C	1/1/2022
52649	PROSTATE LASER ENUCLEATION	Authorization required for non-participating providers.	C	1/1/2022
52700	TRANSURETHRAL DRAINAGE PROSTATIC ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
53000	URETHROTOMY EXT (SEPART PROC); PENDULOUS URETHRA	Authorization required for non-participating providers.	C	1/1/2022
53010	URETHROTOMY EXT (SEPART PROC); PERINEAL URETHRA	Authorization required for non-participating providers.	C	1/1/2022
53020	MEATOTOMY CUT MEATUS (SEPART PROC); EX INFANT	Authorization required for non-participating providers.	C	1/1/2022
53025	MEATOTOMY CUTTING MEATUS (SEPART PROC); INFANT	Authorization required for non-participating providers.	C	1/1/2022
53040	DRAINAGE DEEP PERIURETHRAL ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
53060	DRAINAGE SKENE'S GLAND ABSCESS/CYST	Authorization required for non-participating providers.	C	1/1/2022
53080	DRAIN PERINEAL URIN EXTRAVASAT; UNCOMP (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
53085	DRAINAGE PERINEAL URIN EXTRAVASATION; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
53200	BX URETHRA	Authorization required for non-participating providers.	C	1/1/2022
53210	URETHRECTOMY TOT INCL CYSTOSTOMY; FE	Authorization required for non-participating providers.	C	1/1/2022
53215	URETHRECTOMY TOT INCL CYSTOSTOMY; MALE	Authorization required for non-participating providers.	C	1/1/2022
53220	EXC/FULG CARCINOMA URETHRA	Authorization required for non-participating providers.	C	1/1/2022
53230	EXC URETHRAL DIVERTIC (SEPART PROC); FE	Authorization required for non-participating providers.	C	1/1/2022
53235	EXC URETHRAL DIVERTIC (SEPART PROC); MALE	Authorization required for non-participating providers.	C	1/1/2022
53240	MARSUPIALIZATION URETHRAL DIVERTIC MALE/FE	Authorization required for non-participating providers.	C	1/1/2022
53250	EXC BULBOURETHRAL GLAND	Authorization required for non-participating providers.	C	1/1/2022
53260	EXC/FULG; URETHRAL POLYP DISTAL URETHRA	Authorization required for non-participating providers.	C	1/1/2022
53265	EXC/FULG; URETHRAL CARUNCLE	Authorization required for non-participating providers.	C	1/1/2022
53270	EXC/FULG; SKENE'S GLANDS	Authorization required for non-participating providers.	C	1/1/2022
53275	EXC/FULG; URETHRAL PROLAPSE	Authorization required for non-participating providers.	C	1/1/2022
53400	URETHROPLASTY; 1ST STAGE-FISTULA/DIVERTIC/STRICT	Authorization required for non-participating providers.	C	1/1/2022
53405	URETHROPLASTY; 2ND STAGE INCL URIN DIVERSION	Authorization required for non-participating providers.	C	1/1/2022
53410	URETHROPLASTY 1-STAGE RECON MALE ANT URETHRA	Authorization required for non-participating providers.	C	1/1/2022
53415	URETHROPLASTY 1 STAGE RECON PROSTATIC URETHRA	Authorization required for non-participating providers.	C	1/1/2022
53420	URETHROPLASTY 2-STAGE RECON URETHRA; 1ST STAGE	Authorization required for non-participating providers.	C	1/1/2022
53425	URETHROPLASTY, 2-STAGE RECON URETHRA; 2ND STAGE	Authorization required for non-participating providers.	C	1/1/2022
53430	URETHROPLASTY RECON FE URETHRA	Authorization required for all providers.	Y	1/1/2022
53431	URETHROPLASTY	Authorization required for non-participating providers.	C	1/1/2022
53440	SLING OP CORR MALE URIN INCONT	Authorization required for non-participating providers.	C	1/1/2022
53442	REMV/REV SLING MALE URIN INCONT	Authorization required for non-participating providers.	C	1/1/2022
53444	INSERTION OF TANDEM CUFF	Authorization required for non-participating providers.	C	1/1/2022
53445	OR-CORRECT URIN INCONT W/PLCMT SPHINCTER	Authorization required for non-participating providers.	C	1/1/2022

53446	REMOVAL OF URETHRAL/BLADDER NECK SPHINCTER	Authorization required for non-participating providers.	C	1/1/2022
53447	REMOV/REPR/REPLAC INFLATABLE SPHINCTER	Authorization required for non-participating providers.	C	1/1/2022
53448	REMOVAL/REPLACEMENT OF URETHRAL/BLADDER NECK SPHINCTER	Authorization required for non-participating providers.	C	1/1/2022
53449	SURG CORRECT HYDRAULIC ABNL INFLATABLE SPHINCTER	Authorization required for non-participating providers.	C	1/1/2022
53450	URETHROMEATOPASTY W/MUCOS ADVANCEMENT	Authorization required for non-participating providers.	C	1/1/2022
53460	URETHROMEATOPASTY W/PART EXC DISTAL URETHRL SEG	Authorization required for non-participating providers.	C	1/1/2022
53500	URETHROLYS TRNSVAG 2 OPN CYSTOURETH	Authorization required for non-participating providers.	C	1/1/2022
53502	URETHRORRHAPHY SUTURE URETHRAL WOUND/INJURY; FE	Authorization required for non-participating providers.	C	1/1/2022
53505	URETHRORRHAPHY SUTURE URETHRAL WOUND; PENILE	Authorization required for non-participating providers.	C	1/1/2022
53510	URETHRORRHAPHY SUTURE URETHRAL WOUND PERINEAL	Authorization required for non-participating providers.	C	1/1/2022
53515	URETHRORRHAPHY SUTURE WOUND; PROSTATOMEMBRANOUS	Authorization required for non-participating providers.	C	1/1/2022
53520	CLO URETHROSTOMY FISTULA MALE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
53600	DILAT URETHRAL STRICT-SOUND DILAT-MALE; INIT	Authorization required for non-participating providers.	C	1/1/2022
53601	DILAT URETHRAL STRICT-SOUND/DILAT-MALE; SUBSQT	Authorization required for non-participating providers.	C	1/1/2022
53605	DILAT URETHRAL STRICT-MALE-GEN/CONDUCTION ANES	Authorization required for non-participating providers.	C	1/1/2022
53620	DILAT URETHRAL STRICT-FILLIFORM-MALE; INIT	Authorization required for non-participating providers.	C	1/1/2022
53621	DILAT URETHRAL STRICT-FILLIFORM-MALE; SUBSQT	Authorization required for non-participating providers.	C	1/1/2022
53660	DILAT FE URETHRA INCL SUPPOSITORY; INIT	Authorization required for non-participating providers.	C	1/1/2022
53661	DILAT FE URETHRA INCL SUPPOSITORY; SUBSQT	Authorization required for non-participating providers.	C	1/1/2022
53665	DILAT FE URETHRA GEN/CONDUCTION ANES	Authorization required for non-participating providers.	C	1/1/2022
53850	TRNSURETHRAL DESTRUC PROSTATE; MICROWAV THERMOTX	Authorization required for non-participating providers.	C	1/1/2022
53852	TRNSURETHRAL DESTRUC PROSTATE; RADIOFRQ THERMOTX	Authorization required for non-participating providers.	C	1/1/2022
53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Authorization required for all providers.	Y	1/1/2022
53855	INSERT PROST URETHRAL STENT	Authorization required for non-participating providers.	C	1/1/2022
53860	TRANSURETHRAL RF TREATMENT	Authorization required for non-participating providers.	C	1/1/2022
53899	UNLISTED PROC URIN SYST	Authorization required for all providers.	Y	1/1/2022
54000	SLITTING PREPUCE DORSAL/LAT (SEPART PROC); NB	Authorization required for non-participating providers.	C	1/1/2022
54001	SLITTING PREPUCE DORSAL/LAT (SEPART PROC); EX NB	Authorization required for non-participating providers.	C	1/1/2022
54015	I&D PENIS DEEP	Authorization required for non-participating providers.	C	1/1/2022
54050	DESTRCT LES PENIS SIMPL; CHEM	Authorization required for non-participating providers.	C	1/1/2022
54055	DESTRCT LES PENIS SIMPL; ELECTRODESICCATION	Authorization required for non-participating providers.	C	1/1/2022
54056	DESTRCT LES PENIS SIMPL; CRYOSURGERY	Authorization required for non-participating providers.	C	1/1/2022
54057	DESTRCT LES PENIS SIMPL; LASER SURG	Authorization required for non-participating providers.	C	1/1/2022
54060	DESTRCT LES PENIS SIMPL; SURG EXC	Authorization required for non-participating providers.	C	1/1/2022
54065	DESTRCT LES PENIS EXTEN ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
54100	BX PENIS; CUT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
54105	BX PENIS; DEEP STRUCT	Authorization required for non-participating providers.	C	1/1/2022
54110	EXC PENILE PLAQUE	Authorization required for non-participating providers.	C	1/1/2022
54111	EXC PENILE PLAQUE; W/GFT TO 5 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
54112	EXC PENILE PLAQUE; W/GFT > 5 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
54115	REMOV FB FROM DEEP PENILE TISS	Authorization required for non-participating providers.	C	1/1/2022
54120	AMPUTA PENIS; PART	Authorization required for non-participating providers.	C	1/1/2022
54125	AMPUTA PENIS; COMPLT	Authorization required for all providers.	Y	1/1/2022
54130	AMPUTA PENIS RAD; W/BILAT INGUINOFEM LYMPHADENEC	Authorization required for non-participating providers.	C	1/1/2022
54135	AMPUTA PENIS RAD; W/BILAT PELVIC LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
54150	CIRCUMCISION USING CLAMP OR OTH DEVICE W/REG DORSAL PENILE OR RING	Authorization required for non-participating providers.	C	1/1/2022
54160	CIRCUMCISION SURG EXC OTH THN CLAMP,DEVICE,DORS SLNEONATE (<28	Authorization required for non-participating providers.	C	1/1/2022
54161	CIRCUMCISION SURG EXC OTH THAN CLAMP,DEVICE, DORSAL SLIT (28+ DAYS)	Authorization required for non-participating providers.	C	1/1/2022
54162	LYSIS OF PENILE CIRCUMCISION	Authorization required for non-participating providers.	C	1/1/2022

54163	REPAIR OF INCOMPLETE CIRCUMCISION	Authorization required for non-participating providers.	C	1/1/2022
54164	FRENULOTOMY OF THE PENIS	Authorization required for non-participating providers.	C	1/1/2022
54200	INJ PROC PEYRONIE DISEASE	Authorization required for non-participating providers.	C	1/1/2022
54205	INJ PROC PEYRONIE DISEASE; W/SURG EXPOSURE PLAQ	Authorization required for non-participating providers.	C	1/1/2022
54220	IRRIGA CORPORA CAVERNOSA PRIAPISM	Authorization required for non-participating providers.	C	1/1/2022
54230	INJ PROC CORPORA CAVERNOSOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
54231	DYNAMIC CAVERNOSOMETRY INCL INJ VASOACTIVE DRUGS	Authorization required for non-participating providers.	C	1/1/2022
54235	INJ CORPORA CAVERNOSA W/PHARMACOLOGIC AGENT	Authorization required for non-participating providers.	C	1/1/2022
54250	NOCTURNAL PENILE TUMESCENCE &/OR RIGIDITY TEST	Authorization required for non-participating providers.	C	1/1/2022
54300	PLASTIC OPERAT PENIS-STRAIGHT CHORDEE	Authorization required for non-participating providers.	C	1/1/2022
54304	PLASTIC OPERAT PENIS W/WO TRANSPLE PREPUCE	Authorization required for non-participating providers.	C	1/1/2022
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPR; < 3 CM	Authorization required for non-participating providers.	C	1/1/2022
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPR; > 3 CM	Authorization required for non-participating providers.	C	1/1/2022
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPR; W/GFT	Authorization required for non-participating providers.	C	1/1/2022
54318	URETHROPLASTY 3RD STAGE RELEAS PENIS FRM SCROTUM	Authorization required for non-participating providers.	C	1/1/2022
54322	1 STAGE DISTAL HYPOSPADIAS REPR; W/SIMPL ADVANCE	Authorization required for non-participating providers.	C	1/1/2022
54324	1 STAGE DISTAL HYPOSPADIAS REPR; W/URETHROPLASTY	Authorization required for non-participating providers.	C	1/1/2022
54326	1 STAGE DISTAL HYPOSPADIAS REPR; MOBILIZ URETHRA	Authorization required for non-participating providers.	C	1/1/2022
54328	1 STAGE DISTAL HYPOSPADIAS REPR; W/EXTEN DISSECT	Authorization required for non-participating providers.	C	1/1/2022
54332	1 STAGE PROX PENILE REPR REQUIR EXTEN DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
54336	1 STAGE PERINEAL HYPOSPADIAS REPR W/DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	Authorization required for all providers.	Y	1/1/2022
54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS AND URTP	Authorization required for non-participating providers.	C	1/1/2022
54348	RPR HYPOSPADIAS COMPLCTJS DSJ AND URTP FLAP/GRF	Authorization required for non-participating providers.	C	1/1/2022
54352	REVISION PRIOR HYPOSPADIAS REPAIR DSJ AND EXC RCNSTJ	Authorization required for non-participating providers.	C	1/1/2022
54360	PLASTIC OR PENIS TO CORRECT ANGULATION	Authorization required for all providers.	Y	1/1/2022
54380	PLASTIC OR PENIS EPISPADIAS DISTAL-EXT SPHINCTER	Authorization required for non-participating providers.	C	1/1/2022
54385	PLASTIC OR PENIS EPISPADIAS; W/INCONT	Authorization required for non-participating providers.	C	1/1/2022
54390	PLASTIC OR PENIS EPISPADIAS; W/EXSTROPHY BLADDER	Authorization required for non-participating providers.	C	1/1/2022
54400	INSRT PENILE PROSTH; NON-INFLATABLE	Authorization required for non-participating providers.	C	1/1/2022
54401	INSRT PENILE PROSTH; INFLATABLE	Authorization required for non-participating providers.	C	1/1/2022
54405	INSRT INFLATBL PENILE PROSTH W/PLCMT PUMP/CYLIND	Authorization required for non-participating providers.	C	1/1/2022
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BILAT	Authorization required for non-participating providers.	C	1/1/2022
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT	Authorization required for non-participating providers.	C	1/1/2022
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZ-PRIADISM	Authorization required for non-participating providers.	C	1/1/2022
54437	REPAIR CORPOREAL TEAR	Authorization required for non-participating providers.	C	1/1/2022
54438	REPLANTATION OF PENIS	Authorization required for non-participating providers.	C	1/1/2022
54440	PLASTIC OR PENIS INJURY	Authorization required for non-participating providers.	C	1/1/2022
54450	FORESKIN MANIP INCL LYSIS PREPUTIAL ADHESIONS	Authorization required for non-participating providers.	C	1/1/2022
54500	BX TESTIS NEEDLE (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
54505	BX TESTIS INCS (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
54512	EXC EXTRAPARENCHYMAL LES TESTIS	Authorization required for non-participating providers.	C	1/1/2022
54520	ORCHIECTOMY SIMPL W/WO TESTICULAR PROSTH	Authorization required for all providers.	Y	1/1/2022
54522	ORCHIECTOMY-PART	Authorization required for non-participating providers.	C	1/1/2022
54530	ORCHIECTOMY RADICAL TUMOR; ING APPROACH	Authorization required for non-participating providers.	C	1/1/2022
54535	ORCHIECTOMY RADICAL TUMOR; W/ABD EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
54550	EXPLOR UNDESCENDED TESTIS	Authorization required for non-participating providers.	C	1/1/2022
54560	EXPLOR UNDESCENDED TESTIS W/ABD EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
54600	REDUCTION TORSION TESTIS-SURG W/WO FIX CONTRALAT	Authorization required for non-participating providers.	C	1/1/2022

54620	FIXA CONTRALATERAL TESTIS (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
54640	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
54650	ORCHIOPEXY ABD APPROACH INTRA-ABD TESTIS	Authorization required for non-participating providers.	C	1/1/2022
54660	INSRT TESTICULAR PROSTH (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
54670	SUTURE/REPR TESTICULAR INJURY	Authorization required for non-participating providers.	C	1/1/2022
54680	TRANSPL TESTIS TO THIGH	Authorization required for all providers.	Y	1/1/2022
54690	LAPAROSCOPY ORCHIECTOMY	Authorization required for all providers.	Y	1/1/2022
54692	LAPAROSCOPY ORCHIOPEXY FOR INTRA ABDOMINAL TESTIS	Authorization required for non-participating providers.	C	1/1/2022
54699	UNLISTED LAPAROSCOPY TESTIS	Authorization required for all providers.	Y	1/1/2022
54700	I&D EPIDIDYMIS TESTIS &/OR SCROTAL SPACE	Authorization required for non-participating providers.	C	1/1/2022
54800	BX EPIDIDYMIS NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
54830	EXC LOCAL LES EPIDIDYMIS	Authorization required for non-participating providers.	C	1/1/2022
54840	EXC SPERMATOCELE W/WO EPIDIDYMECTOMY	Authorization required for non-participating providers.	C	1/1/2022
54860	EPIDIDYMECTOMY; UNILAT	Authorization required for non-participating providers.	C	1/1/2022
54861	EPIDIDYMECTOMY; BILAT	Authorization required for non-participating providers.	C	1/1/2022
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
54900	EPIDIDYMOVASOSTOMY ANASTOM EPIDIDY-VAS; UNILAT	Authorization required for non-participating providers.	C	1/1/2022
54901	EPIDIDYMOVASOSTOMY ANASTOM EPIDIDY-VAS; BILAT	Authorization required for non-participating providers.	C	1/1/2022
55000	PUNCT ASPIRAT HYDROCELE TUNICA VAG W/WO INJ MEDS	Authorization required for non-participating providers.	C	1/1/2022
55040	EXC HYDROCELE; UNILAT	Authorization required for non-participating providers.	C	1/1/2022
55041	EXC HYDROCELE; BILAT	Authorization required for non-participating providers.	C	1/1/2022
55060	REPR TUNICA VAG HYDROCELE	Authorization required for non-participating providers.	C	1/1/2022
55100	DRAINAGE SCROTAL WALL ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
55110	SCROTAL EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
55120	REMOV FB SCROTUM	Authorization required for non-participating providers.	C	1/1/2022
55150	RESECT SCROTUM	Authorization required for all providers.	Y	1/1/2022
55175	SCROTOPLASTY; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
55180	SCROTOPLASTY; COMPLIC	Authorization required for all providers.	Y	1/1/2022
55200	VASOTOMY CANNULIZ W/WO INCS VAS (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
55250	VASECTOMY UNILAT/BILAT (SEP PRO) W/POSTOP SEMEN	Authorization required for non-participating providers.	C	1/1/2022
55300	VASOTOMY-VASOGMS/SEMINAL VESICULOGMS UNI/BILAT	Authorization required for non-participating providers.	C	1/1/2022
55400	VASOVASOSTOMY VASOVASORRHAPHY	Authorization required for all providers.	Y	1/1/2022
55500	EXC HYDROCELE SPERMATIC CORD UNILAT (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
55520	EXC LES SPERMATIC CORD (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
55530	EXC VARICOCELE/LIG SPERMATIC VEINS; (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
55535	EXC VARICOCELE/LIG SPERMATIC VEINS; ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
55540	EXC VARICOCELE/LIG SPERMATIC VEINS; W/HERNIA REPR	Authorization required for non-participating providers.	C	1/1/2022
55550	LAPAROSCOPY W/LIGATION OF SPERMATIC VEINS FOR VARICOCELE	Authorization required for non-participating providers.	C	1/1/2022
55559	UNLISTED LAPAROSCOPY SPERMATIC CORD	Authorization required for all providers.	Y	1/1/2022
55600	VESICULOTOMY	Authorization required for non-participating providers.	C	1/1/2022
55605	VESICULOTOMY; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
55650	VESICULECTOMY ANY APPROACH	Authorization required for non-participating providers.	C	1/1/2022
55680	EXC MULLERIAN DUCT CYST	Authorization required for non-participating providers.	C	1/1/2022
55700	BX PROSTATE; NEEDLE/PUNCH SNGL/MX ANY APPROACH	Authorization required for non-participating providers.	C	1/1/2022
55705	BX PROSTATE; INCS ANY APPROACH	Authorization required for non-participating providers.	C	1/1/2022
55706	PROSTATE SATURATION SAMPLING	Authorization required for non-participating providers.	C	1/1/2022
55720	PROSTATOMY EXT DRAIN PROSTATIC ABSCESS; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
55725	PROSTATOMY EXT DRAIN PROSTATIC ABSCESS; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
55801	PROSTATECTOMY PERINEAL SUBTL	Authorization required for non-participating providers.	C	1/1/2022

55810	PROSTATECTOMY PERINEAL RADICAL	Authorization required for non-participating providers.	C	1/1/2022
55812	PROSTATECTOMY PERINEAL RAD; W/LYMPH NODE BX	Authorization required for non-participating providers.	C	1/1/2022
55815	PROSTATECTOMY PERINEAL; W/BILAT PELVIC LYMPHADEN	Authorization required for non-participating providers.	C	1/1/2022
55821	PROSTATECTOMY; SUPRAPUBIC SUBTL 1/2 STAGES	Authorization required for non-participating providers.	C	1/1/2022
55831	PROSTATECTOMY; RETROPUBIC SUBTL	Authorization required for non-participating providers.	C	1/1/2022
55840	PROSTATECTOMY RETROPUBIC RAD W/WO NERV SPARING	Authorization required for non-participating providers.	C	1/1/2022
55842	PROSTATECTOMY RETROPUBIC RAD; W/LYMPH NODE BX	Authorization required for non-participating providers.	C	1/1/2022
55845	PROSTATECTOMY RETROPUBIC RAD; W/BILAT LYMPHADEN	Authorization required for non-participating providers.	C	1/1/2022
55860	EXPOSURE PROSTATE-INSRT RADIOACTIVE SUBSTANCE	Authorization required for non-participating providers.	C	1/1/2022
55862	EXPOS PROSTATE-INSRT RADIOACT; W/LYMPH NODE BX	Authorization required for non-participating providers.	C	1/1/2022
55865	EXPOSURE PROSTATE-INSRT RADIOACT; W/BILAT LYMPH	Authorization required for non-participating providers.	C	1/1/2022
55866	LAPARO RADICAL PROSTATECTOM	Authorization required for all providers.	Y	1/1/2022
55873	CRYOSURG ABLATION-PROSTATE	Authorization required for non-participating providers.	C	1/1/2022
55874	TPRNL PLMT BIODEGRDABL MATRL	Authorization required for all providers.	Y	1/1/2022
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE	Authorization required for non-participating providers.	C	1/1/2022
55876	PLACE RT DEVICE/MARKER PROS	Authorization required for non-participating providers.	C	1/1/2022
55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Authorization required for non-participating providers.	C	1/1/2022
55899	UNLISTED PROC MALE GENIT SYST	Authorization required for all providers.	Y	1/1/2022
55920	PLACE NEEDLES PELVIC FOR RT	Authorization required for non-participating providers.	C	1/1/2022
56405	I&D VULVA/PERINEAL ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
56420	I&D BARTHOLIN'S GLAND ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
56440	MARSUPIALIZATION BARTHOLIN'S GLAND CYST	Authorization required for non-participating providers.	C	1/1/2022
56441	LYSIS LABIAL ADHESIONS	Authorization required for non-participating providers.	C	1/1/2022
56442	HYMENOTOMY, SIMPLE INCISION	Authorization required for non-participating providers.	C	1/1/2022
56501	DESTRUCT LES VULVA; SIMPL ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
56515	DESTRUCT LES VULVA; EXTEN ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
56605	BX VULVA/PERINEUM (SEPART PROC); 1 LES	Authorization required for non-participating providers.	C	1/1/2022
56606	BX VULVA/PERINEUM (SEP PRO); EA SEP ADD LES	Authorization required for non-participating providers.	C	1/1/2022
56620	VULVECTOMY SIMPL; PART	Authorization required for all providers.	Y	1/1/2022
56625	VULVECTOMY SIMPL; COMPLT	Authorization required for all providers.	Y	1/1/2022
56630	VULVECTOMY RADICAL PART	Authorization required for all providers.	Y	1/1/2022
56631	VULVECTOMY RAD PART; W/UNILAT INGUINFEM LYMPHAD	Authorization required for all providers.	Y	1/1/2022
56632	VULVECT RAD PART; W/BILAT INGUINFEM LYMPHADNECT	Authorization required for all providers.	Y	1/1/2022
56633	VULVECTOMY RADICAL COMPLT	Authorization required for all providers.	Y	1/1/2022
56634	VULVECTOMY RAD COMPLT; W/UNILAT INGUINFEM LYMPH	Authorization required for all providers.	Y	1/1/2022
56637	VULVECTOMY RAD COMPLT; W/BILAT INGUINFEM LYMPH	Authorization required for all providers.	Y	1/1/2022
56640	VULVECTOMY RAD COMPLT W/INGUINFEM/ILIAC LYMPH	Authorization required for all providers.	Y	1/1/2022
56700	PART HYMENECTOMY/REVIS HYMENAL RING	Authorization required for all providers.	Y	1/1/2022
56740	EXC BARTHOLIN'S GLAND/CYST	Authorization required for non-participating providers.	C	1/1/2022
56800	PLASTIC REPR INTROITUS	Authorization required for all providers.	Y	1/1/2022
56805	CLITOROPLASTY INTERSEX STATE	Authorization required for all providers.	Y	1/1/2022
56810	PERINEOPLASTY REPR PERINEUM NON-OB (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
56820	COLPOSCOPY OF THE VULVA;	Authorization required for non-participating providers.	C	1/1/2022
56821	COLPOSCOPY OF THE VULVA; W/BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
57000	COLPOTOMY; W/EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
57010	COLPOTOMY; W/DRAINAGE PELVIC ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
57020	COLPOCENTESIS (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
57022	INCIS & DRAIN VAG HEMAT, POST-OB	Authorization required for non-participating providers.	C	1/1/2022
57023	INCIS & DRAIN VAG HEMAT, NON-OB	Authorization required for non-participating providers.	C	1/1/2022

57061	DESTRUCT VAG LES; SIMPL ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
57065	DESTRUCT VAG LES; EXTEN ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
57100	BX VAG MUCOS; SIMPL (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
57105	BX VAG MUCOS; EXTEN REQUIRING SUTURE	Authorization required for non-participating providers.	C	1/1/2022
57106	VAGINECTOMY PART REMOV VAG WALL;	Authorization required for non-participating providers.	C	1/1/2022
57107	VAGINECT PART REMOV VAG WALL; REMOV PARAVAG TISS	Authorization required for non-participating providers.	C	1/1/2022
57109	VAGINECT PART REMOV VAG WALL; W/TOT LYMPHADENECT	Authorization required for non-participating providers.	C	1/1/2022
57110	VAGINECT COMPLT REMOV VAG WALL;	Authorization required for all providers.	Y	1/1/2022
57111	VAGINECT COMPLT REMOV VAG WALL; REMOV PARAVAG	Authorization required for non-participating providers.	C	1/1/2022
57120	COLPOCLEISIS	Authorization required for non-participating providers.	C	1/1/2022
57130	EXC VAG SEPTUM	Authorization required for non-participating providers.	C	1/1/2022
57135	EXC VAG CYST/TUMOR	Authorization required for non-participating providers.	C	1/1/2022
57150	IRRIGA VAG &/OR APPLIC MEDICAMENT-TX BACTERIAL	Authorization required for non-participating providers.	C	1/1/2022
57155	INSERT UTERI TANDEM/OVOIDS	Authorization required for non-participating providers.	C	1/1/2022
57156	INS VAG BRACHYTX DEVICE	Authorization required for non-participating providers.	C	1/1/2022
57160	FIT/INSRT PESSARY-OTH INTRAVAGIN SUPPORT DEVICE	Authorization required for non-participating providers.	C	1/1/2022
57170	DIAPHRAGM/CERV CAP FITTING W/INSTRUC	Authorization required for non-participating providers.	C	1/1/2022
57180	INTRO HEMOSTATIC AGENT VAG HEMORR (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
57200	COLPORRHAPHY SUTURE INJURY VAG	Authorization required for non-participating providers.	C	1/1/2022
57210	COLPOPERINEORRHAPHY SUTURE INJURY VAG	Authorization required for non-participating providers.	C	1/1/2022
57220	PLASTIC OR URETHRAL SPHINCTER VAG APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57230	PLASTIC REPR URETHROCELE	Authorization required for non-participating providers.	C	1/1/2022
57240	ANTERIOR COLPORRHAPHY	Authorization required for non-participating providers.	C	1/1/2022
57250	POST COLPORRHAPHY REPR RECTOCELE W/WO PERINEORRH	Authorization required for non-participating providers.	C	1/1/2022
57260	CMBN ANT PST COLPRHY	Authorization required for non-participating providers.	C	1/1/2022
57265	CMBN AP COLPRHY W/NTRCL RPR	Authorization required for non-participating providers.	C	1/1/2022
57267	INSRT MESH/OTH REPR PELV FLR EA SITE VAG APRCH	Authorization required for non-participating providers.	C	1/1/2022
57268	REPR ENTEROCELE VAG APPROACH (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
57270	REPR ENTEROCELE ABD APPROACH (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
57280	COLPOPEXY ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57282	SACROSPINOUS LIGAMNT FIXA PROLAPSE VAG	Authorization required for non-participating providers.	C	1/1/2022
57283	COLPOPEXY VAGNIAL; INTRA-PERITONEAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	Authorization required for non-participating providers.	C	1/1/2022
57285	REPAIR PARAVAG DEFECT VAG	Authorization required for non-participating providers.	C	1/1/2022
57287	REMOV/REVIS STRESS INCONT SLING	Authorization required for non-participating providers.	C	1/1/2022
57288	SLING OPERATION FOR STRESS INCONT	Authorization required for non-participating providers.	C	1/1/2022
57289	PEREYRA PROC INCL ANT COLPORRHAPHY	Authorization required for non-participating providers.	C	1/1/2022
57291	CONSTRUCTION ARTIFICIAL VAG; WO GFT	Authorization required for all providers.	Y	1/1/2022
57292	CONSTRUCTION ARTIFICIAL VAG; W/GFT	Authorization required for all providers.	Y	1/1/2022
57295	REVI RMVL PROSTC VAG GRF VAG APPR	Authorization required for non-participating providers.	C	1/1/2022
57296	OPEN ABDOMINAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57300	CLO RECTOVAG FISTULA; VAG/TRANSANAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57305	CLO RECTOVAGINAL FISTULA; ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57307	CLO RECTOVAG FIST; ABD W/CONCOMITANT COLOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
57308	CLO RECTOVAG FIST; TRNSPERIT APPROACH W/RECONSTR	Authorization required for non-participating providers.	C	1/1/2022
57310	CLO URETHROVAGINAL FISTULA	Authorization required for non-participating providers.	C	1/1/2022
57311	CLO URETHROVAG FIST; W/BULBOCAVERNOSUS TRANSPL	Authorization required for non-participating providers.	C	1/1/2022
57320	CLO VESICOVAGINAL FISTULA; VAG APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57330	CLO VESICOVAG FIST; TRANSVESICAL & VAG APPROACH	Authorization required for non-participating providers.	C	1/1/2022

57335	VAGINOPLASTY INTERSEX STATE	Authorization required for all providers.	Y	1/1/2022
57400	DILATION OF VAGINA	Authorization required for non-participating providers.	C	1/1/2022
57410	PELVIC EXAMINATION	Authorization required for non-participating providers.	C	1/1/2022
57415	REMOVE VAGINAL FOREIGN BODY	Authorization required for non-participating providers.	C	1/1/2022
57420	COLPSCPY ENTIRE VAG W/CERV IF PRS;	Authorization required for non-participating providers.	C	1/1/2022
57421	COLPSCPY VAG W/CERV IF PRS; W/BX	Authorization required for non-participating providers.	C	1/1/2022
57423	REPAIR PARAVAG DEFECT LAP	Authorization required for non-participating providers.	C	1/1/2022
57425	LAPAROSCOPY SURGICAL COLPOPEXY	Authorization required for all providers.	Y	1/1/2022
57426	REVISE PROSTH VAG GRAFT LAP	Authorization required for non-participating providers.	C	1/1/2022
57452	COLPOSCOPY CERV INCL UP/ADJ VAGINA;	Authorization required for non-participating providers.	C	1/1/2022
57454	COLPSCPY CERV UP/ADJ VAG; BX&CURET	Authorization required for non-participating providers.	C	1/1/2022
57455	COLPOSCOPY CERV W/UP VAG; W/BX CERV	Authorization required for non-participating providers.	C	1/1/2022
57456	COLPSCPY CERV UP VAG;ENDOCERV CURET	Authorization required for non-participating providers.	C	1/1/2022
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP BX	Authorization required for non-participating providers.	C	1/1/2022
57461	COLPSCPY CERV VAG;LOOP ELEC CONIZAT	Authorization required for non-participating providers.	C	1/1/2022
57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
57500	BIOPSY CERVIX 1/MLT OR EXCISION OF LESION	Authorization required for non-participating providers.	C	1/1/2022
57505	ENDOCERVICAL CURET	Authorization required for non-participating providers.	C	1/1/2022
57510	CAUT CERV; ELEC/THERMAL	Authorization required for non-participating providers.	C	1/1/2022
57511	CAUT CERV; CRYOCAUTERY INIT/REPEAT	Authorization required for non-participating providers.	C	1/1/2022
57513	CAUT CERV; LASER ABLATION	Authorization required for non-participating providers.	C	1/1/2022
57520	CONIZATION CERV W/WO D&C W/WO REPR; KNIFE/LASER	Authorization required for non-participating providers.	C	1/1/2022
57522	CONIZATN CERV W/WO D&C W/WO REPR; LOOP ELEC EXC	Authorization required for non-participating providers.	C	1/1/2022
57530	TRACHELECTOMY AMPUTA CERV (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
57531	RAD TRACHELECTOMY W/BIL TOT PELV LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
57540	EXC CERV STUMP ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57545	EXC CERV STUMP ABD APPROACH; W/PELVIC FLOOR REPR	Authorization required for non-participating providers.	C	1/1/2022
57550	EXC CERV STUMP VAG APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57555	EXC CERV STUMP VAG; W/ANT &/OR POST REPR	Authorization required for non-participating providers.	C	1/1/2022
57556	EXC CERV STUMP VAG APPROACH; W/REPR ENTEROCELE	Authorization required for non-participating providers.	C	1/1/2022
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	Authorization required for non-participating providers.	C	1/1/2022
57700	CERCLAGE UTERINE CERV NON-OB	Authorization required for non-participating providers.	C	1/1/2022
57720	TRACHELORRHAPHY PLASTIC REPR CERV-VAG APPROACH	Authorization required for non-participating providers.	C	1/1/2022
57800	DILAT CERV CANAL INSTRUM (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
58100	ENDOMETRIAL BX W/WO ENDOCERV BX (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
58120	DILAT & CURET DX &/OR THERAP (NON OB)	Authorization required for non-participating providers.	C	1/1/2022
58140	MYOMECT 1-4MYOM 250 GM/<&/SURFC;ABD	Authorization required for non-participating providers.	C	1/1/2022
58145	MYOMECT 1-4MYOM 250 GM/<&/SURFC;VAG	Authorization required for non-participating providers.	C	1/1/2022
58146	MYOMECT 5/>MYOMA&/TOT WT>250 GM ABD	Authorization required for non-participating providers.	C	1/1/2022
58150	TOT ABD HYST W/WO REMOV TUBE(S) - OVARY(S)	Authorization required for all providers.	Y	1/1/2022
58152	TOT ABD HYST; W/COLPO-URETHROCYSOTPEXY	Authorization required for all providers.	Y	1/1/2022
58180	SUPRACERV ABD HYST W/WO REMOV TUBE(S) - OVARY(S)	Authorization required for all providers.	Y	1/1/2022
58200	TAH INCL PART VAGINECT W/LYMPH NODE SAMPL	Authorization required for all providers.	Y	1/1/2022
58210	RAD ABD HYST W/BILAT TOT PELVIC LYMPHADENECTOMY	Authorization required for all providers.	Y	1/1/2022
58240	PELVIC EXENTERATION FOR GYN MALIG W/TOT ABD HYST	Authorization required for non-participating providers.	C	1/1/2022
58260	VAG HYST UTERUS 250 GRAMS OR LESS;	Authorization required for all providers.	Y	1/1/2022
58262	VAG HYST UTRUS 250 GMS/<; REMV T&/O	Authorization required for all providers.	Y	1/1/2022
58263	VAG HYST UTRUS 250 GM/<;REP ENTERCL	Authorization required for all providers.	Y	1/1/2022

58267	VAG HYST 250 GM/;<CLPO-URTHRCYSTPYX	Authorization required for all providers.	Y	1/1/2022
58270	VAG HYST UTRUS 250 GM/;<REP ENTROCL	Authorization required for all providers.	Y	1/1/2022
58275	VAG HYST W/TOT/PART COLPECTOMY	Authorization required for all providers.	Y	1/1/2022
58280	VAG HYST W/TOT/PART COLPECTOMY; W/REPR ENTEROCEL	Authorization required for all providers.	Y	1/1/2022
58285	VAG HYST RADICAL	Authorization required for all providers.	Y	1/1/2022
58290	VAG HYST UTERUS > 250 GRAMS;	Authorization required for all providers.	Y	1/1/2022
58291	VAG HYST UTRUS>250 GMS; REMV T&/O	Authorization required for all providers.	Y	1/1/2022
58292	VAG HYST UTRUS>250 GM; T&/O ENTROCL	Authorization required for all providers.	Y	1/1/2022
58294	VAG HYST UTRUS >250 GM;REP ENTEROCL	Authorization required for all providers.	Y	1/1/2022
58300	INSRT INTRAUTERINE DEVICE	Authorization required for non-participating providers.	C	1/1/2022
58301	REMOV INTRAUTERINE DEVICE	Authorization required for non-participating providers.	C	1/1/2022
58340	CATH&INTRO SALINE/CONTRAST SIS/HSG	Authorization required for non-participating providers.	C	1/1/2022
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Authorization required for non-participating providers.	C	1/1/2022
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	Authorization required for non-participating providers.	C	1/1/2022
58356	ENDOMET CRYOABLAT W/US GUID INCL ENDOMETRL CURET	Authorization required for non-participating providers.	C	1/1/2022
58400	UTERINE SUSPEN W/WO SHORTEN LIGAMNT; (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
58410	UTERINE SUSPEN; W/PRESACRAL SYMPATHECTOMY	Authorization required for non-participating providers.	C	1/1/2022
58520	HYSTERORRHAPHY REPR RUPT UTERUS (NON-OB)	Authorization required for non-participating providers.	C	1/1/2022
58540	HYSTEROPLASTY REPR UTERINE ANOMALY	Authorization required for non-participating providers.	C	1/1/2022
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY	Authorization required for all providers.	Y	1/1/2022
58542	WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Authorization required for all providers.	Y	1/1/2022
58543	LAPAROSCOPY, SURGICAL, SUPERACERVICAL HYSTERECTOMY	Authorization required for all providers.	Y	1/1/2022
58544	WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Authorization required for all providers.	Y	1/1/2022
58545	LAP MYOMCT;1-4 MYOM 250 GM/;<S/SURFC	Authorization required for non-participating providers.	C	1/1/2022
58546	LAP MYOMCT;5/>MYOM&/MYOM TOT>250 GM	Authorization required for non-participating providers.	C	1/1/2022
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY	Authorization required for all providers.	Y	1/1/2022
58550	LAP SURG VAG HYST UTRUS 250 GMS/;<;	Authorization required for all providers.	Y	1/1/2022
58552	LAP VAG HYST UTRUS 250 GMS/;<; T&/O	Authorization required for all providers.	Y	1/1/2022
58553	LAP W/VAG HYST UTRUS > 250 GMS;	Authorization required for all providers.	Y	1/1/2022
58554	LAP VAG HYST UTRUS>250 GM;REMV T&/O	Authorization required for all providers.	Y	1/1/2022
58555	HYSTEROSCOPY DIAGNOSTIC	Authorization required for non-participating providers.	C	1/1/2022
58558	HYSTEROSCOPY W/SAMPLING OF ENDOMETRIUM AND/OR POLYPECTOMY W/WO D&C	Authorization required for non-participating providers.	C	1/1/2022
58559	LAPAROSCOPY W/LYSIS OF INTRAUTERINE ADHESIONS	Authorization required for non-participating providers.	C	1/1/2022
58560	HYSTEROSCOPY W/DIVISION OR RESECTION OF INTRAUTERINE SEPTUM	Authorization required for non-participating providers.	C	1/1/2022
58561	HYSTEROSCOPY W/REMOVAL OF LEIOMYOMATA	Authorization required for non-participating providers.	C	1/1/2022
58562	HYSTEROSCOPY W/REMOVAL OF IMPACTED FOREIGN BODY	Authorization required for non-participating providers.	C	1/1/2022
58563	HYSTEROSCOPY W/ENDOMETRIAL ABLATION	Authorization required for non-participating providers.	C	1/1/2022
58565	HYSTEROSC;BIL FALLP TUBE CANNULAT PLCMT PRM IMPL	Authorization required for non-participating providers.	C	1/1/2022
58570	TLH UTERUS 250 G OR LESS	Authorization required for all providers.	Y	1/1/2022
58571	TLH W/T/O 250 G OR LESS	Authorization required for all providers.	Y	1/1/2022
58572	TLH UTERUS OVER 250 G	Authorization required for all providers.	Y	1/1/2022
58573	TLH W/T/O UTERUS OVER 250 G	Authorization required for all providers.	Y	1/1/2022
58575	LAPS TOT HYST RESJ MAL	Authorization required for non-participating providers.	C	1/1/2022
58578	UNLISTED LAPAROSCOPY UTERUS	Authorization required for all providers.	Y	1/1/2022
58579	UNLISTED HYSTERSCOPY UTERUS	Authorization required for all providers.	Y	1/1/2022
58600	LIG/TRANSECT FALLOPIAN TUBE ABD/VAG UNI/BILAT	Authorization required for non-participating providers.	C	1/1/2022
58605	LIG/TRANSECT FALLOPIAN TUBE-SAME HOSP (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
58611	LIG/TRANSECT FALLOPIAN TUBE-W/C SECT/INTRA-ABD	Authorization required for non-participating providers.	C	1/1/2022
58615	OCCLUD FALLOPIAN TUBE-DEVICE VAG/SUPRAPUBIC	Authorization required for non-participating providers.	C	1/1/2022

58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	Authorization required for all providers.	Y	1/1/2022
58661	LAPAROSCOPY W/REMOVAL OF ADNEXAL STRUCTURES	Authorization required for all providers.	Y	1/1/2022
58662	LAPAROSCOPY W/FULGURATION OR EXCISION OF LESIONS OF OVARY	Authorization required for all providers.	Y	1/1/2022
58670	LAPAROSCOPY W/FULGURATION OF OVIDUCTS	Authorization required for non-participating providers.	C	1/1/2022
58671	LAPAROSCOPY WITH OCCLUSION OF OVIDUCTS	Authorization required for non-participating providers.	C	1/1/2022
58673	LAPAROSCOPY W/SALPINGOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
58674	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	Authorization required for non-participating providers.	C	1/1/2022
58679	UNLISTED LAPAROSCOPY OVIDUCT OVARY	Authorization required for all providers.	Y	1/1/2022
58700	SALPINGECTOMY COMPLT/PART UNI/BILAT (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
58720	SALPINGO-OOPHORECTOMY COMPLT/PART (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
58740	LYSIS ADHESIONS	Authorization required for non-participating providers.	C	1/1/2022
58800	DRAIN OVARIAN CYST UNI/BILAT (SEPART PROC); VAG	Authorization required for non-participating providers.	C	1/1/2022
58805	DRAIN OVARIAN CYST UNI/BILAT (SEPART PROC) ABD	Authorization required for non-participating providers.	C	1/1/2022
58820	DRAIN OVARIAN ABSC; VAG APPROACH OPEN	Authorization required for non-participating providers.	C	1/1/2022
58822	DRAINAGE OVARIAN ABSCESS; ABD APPROACH	Authorization required for non-participating providers.	C	1/1/2022
58825	TRANSPOSITION OVARY	Authorization required for non-participating providers.	C	1/1/2022
58900	BX OVARY UNILAT/BILAT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
58925	OVARIAN CYSTECTOMY UNILAT/BILAT	Authorization required for non-participating providers.	C	1/1/2022
58940	OOPHORECTOMY PART/TOT UNILAT/BILAT	Authorization required for all providers.	Y	1/1/2022
58943	OOPHORECTOMY; OVARIAN MALIG W/LYMPH NODE BX	Authorization required for non-participating providers.	C	1/1/2022
58950	RESECT OVARIAN,TUBAL OR PRIMARY PERITONEAL MALIGN W BILAT	Authorization required for non-participating providers.	C	1/1/2022
58951	RESECT OVARIAN MALIG; W/TAH LTD LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
58952	RESECT OVARIAN MALIG; W/RADICAL DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
58953	HYSTERECTOMY/REMOVAL OF TUBES/OVARIES W/RADICAL DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
58954	HYSTERECTOMY/REMOVAL OF TUBES/OVARIES W/RADICAL DISSECTION/LYMPHADEN	Authorization required for non-participating providers.	C	1/1/2022
58956	BIL SALPINGOOPHORECT W/TOT OMENTECT TAH MALIG	Authorization required for non-participating providers.	C	1/1/2022
58957	RESECTION (TUMOR DEBULKING)	Authorization required for non-participating providers.	C	1/1/2022
58958	PELVIC LYMPHADENECTOMY / LIMITED PARA-AORTIC LYMPHADENECTOMY	Authorization required for non-participating providers.	C	1/1/2022
58960	LAPAROTOMY STAGING/RESTAGING OVARIAN MALIG	Authorization required for non-participating providers.	C	1/1/2022
58999	UNLISTED PROC FE GENIT SYST	Authorization required for all providers.	Y	1/1/2022
59000	AMNIOCENTESIS ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
59001	THERAPEUTIC AMNIOTIC FLUID REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
59012	CORDOCENTESIS ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
59015	CHORIONIC VILLUS SAMPL ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
59020	FETAL CONTRACTION STRESS TEST	Authorization required for non-participating providers.	C	1/1/2022
59025	FETAL NON-STRESS TEST	Authorization required for non-participating providers.	C	1/1/2022
59030	FETAL SCLP BLD SAMPL	Authorization required for non-participating providers.	C	1/1/2022
59050	FETAL MONITOR-LABOR-CONS MD; SUPRVIS & INTRP	Authorization required for non-participating providers.	C	1/1/2022
59070	TRANSABD AMNIONIFUS INCL US GUID	Authorization required for non-participating providers.	C	1/1/2022
59074	FETAL FL DRAIN INCL ULTRASOUND GUID	Authorization required for non-participating providers.	C	1/1/2022
59076	FETAL SHNT PLCMT INCL US GUID	Authorization required for non-participating providers.	C	1/1/2022
59100	HYSTEROTOMY ABD	Authorization required for non-participating providers.	C	1/1/2022
59120	SURG TX ECTOPIC PG; REQ SALPINGECT &/OR OOPHOREC	Authorization required for non-participating providers.	C	1/1/2022
59121	SURG TX ECTOPIC PG; WO SALPINGECT &/OR OOPHORECT	Authorization required for non-participating providers.	C	1/1/2022
59130	SURG TX ECTOPIC PG; ABD PG	Authorization required for non-participating providers.	C	1/1/2022
59135	SURG TX ECTOPIC PG; UTERINE PG REQ TOT HYST	Authorization required for non-participating providers.	C	1/1/2022
59136	SURG TX ECTOPIC PG; UTERINE PG PART RESEC UTERUS	Authorization required for non-participating providers.	C	1/1/2022
59140	SURG TX ECTOPIC PG; CERV W/EVACUATION	Authorization required for non-participating providers.	C	1/1/2022
59150	LAP TX ECTOPIC PG; WO SALPINGECT &/OR OOPHORECT	Authorization required for non-participating providers.	C	1/1/2022

59151	LAP TX ECTOPIC PG; W/SALPINGECT &/OR OOPHORECT	Authorization required for non-participating providers.	C	1/1/2022
59160	CURET PP	Authorization required for non-participating providers.	C	1/1/2022
59200	INSRT CERV DILAT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
59300	EPISIOTOMY OR VAGINAL REPAIR	Authorization required for non-participating providers.	C	1/1/2022
59320	CERCLAGE CERV DURING PG; VAG	Authorization required for non-participating providers.	C	1/1/2022
59325	CERCLAGE CERV DURING PG; ABD	Authorization required for non-participating providers.	C	1/1/2022
59350	HYSTERORRHAPHY RUPT UTERUS	Authorization required for non-participating providers.	C	1/1/2022
59409	VAG DELIV ONLY	Authorization required for non-participating providers.	C	1/1/2022
59410	VAG DELIV ONLY; INCL PP CARE	Authorization required for all providers.	Y	1/1/2022
59412	EXT CEPHALIC VERSION W/WO TOCOLYSIS (ADD TO DEL)	Authorization required for all providers.	Y	1/1/2022
59414	DELIV PLACENTA (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
59430	PP CARE ONLY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
59514	C DELIV ONLY;	Authorization required for non-participating providers.	C	1/1/2022
59515	C DELIV ONLY; INCL PP CARE	Authorization required for non-participating providers.	C	1/1/2022
59525	SUBTL/TOT HYST AFTER CESAREAN DELIV	Authorization required for non-participating providers.	C	1/1/2022
59612	VAG DELIV ONLY AFTER PREV C DELIV;	Authorization required for all providers.	Y	1/1/2022
59614	VAG DELIV ONLY AFTER PREV C DELIV; INCL PP CARE	Authorization required for non-participating providers.	C	1/1/2022
59620	C DELIV ONLY AFT VAG TRY-PREV C DELIV;	Authorization required for non-participating providers.	C	1/1/2022
59622	C DELIV ONLY AFT VAG TRY-PREV C DELIV; INCL PP	Authorization required for non-participating providers.	C	1/1/2022
59812	TX INCOMPL AB ANY TRIMESTER COMPLT SURGICALLY	Authorization required for non-participating providers.	C	1/1/2022
59820	TX MISSED AB COMPLT SURGICALLY; FIRST TRIMESTER	Authorization required for non-participating providers.	C	1/1/2022
59821	TX MISSED AB COMPLT SURG; 2ND TRIMESTER	Authorization required for non-participating providers.	C	1/1/2022
59830	TX SEPTIC AB COMPLT SURGICALLY	Authorization required for non-participating providers.	C	1/1/2022
59840	INDUCED AB BY DILAT & CURET	Authorization required for non-participating providers.	C	1/1/2022
59841	INDUCED AB BY DILAT & EVACUATION	Authorization required for non-participating providers.	C	1/1/2022
59850	INDUCED AB BY INTRA-AMNIOTIC INJ INCL HOSP ADMIN	Authorization required for all providers.	Y	1/1/2022
59851	INDUCED AB BY INTRA-AMNIOTIC INJ; W/D&C	Authorization required for all providers.	Y	1/1/2022
59855	INDUCED AB BY VAG SUPPOS W/WO CERV DIL;	Authorization required for all providers.	Y	1/1/2022
59856	INDUCED AB-VAG SUPPOS W/WO CERV DIL; W/D&C/EVAC	Authorization required for all providers.	Y	1/1/2022
59857	INDUCED AB-VAG SUPPOS W/WO CERV DIL; W/HYSTEROT	Authorization required for all providers.	Y	1/1/2022
59870	UTERINE EVACUATION & CURET HYDATIDIFORM MOLE	Authorization required for non-participating providers.	C	1/1/2022
59871	REMOV CERCLAGE SUT UNDER ANES (NOT LOCAL)	Authorization required for non-participating providers.	C	1/1/2022
59897	UNLIST FETL INVASV PROC W/US GUID	Authorization required for all providers.	Y	1/1/2022
59898	UNLISTED LAPAROSCOPY MATERNITY CARE AND DELIVERY	Authorization required for all providers.	Y	1/1/2022
59899	UNLISTED PROC MATERN CARE & DELIV	Authorization required for non-participating providers.	C	1/1/2022
60000	I&D THYROID GLAND CYST INFECTION	Authorization required for non-participating providers.	C	1/1/2022
60100	BX THYROID PERCUT CORE NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	Authorization required for non-participating providers.	C	1/1/2022
60210	PART THYROID LOBEC UNILAT; W/WO ISTHMUSECTOMY	Authorization required for non-participating providers.	C	1/1/2022
60212	PART THYROID LOBEC UNILAT; W/CONTRALAT SUBTL LOB	Authorization required for non-participating providers.	C	1/1/2022
60220	TOT THYROID LOBEC UNILAT; W/WO ISTHMUSECTOMY	Authorization required for non-participating providers.	C	1/1/2022
60225	TOT THYROID LOBEC UNILAT; W/CONTRALAT SUBTL LOBE	Authorization required for non-participating providers.	C	1/1/2022
60240	THYROIDECTOMY TOT/COMPLT	Authorization required for all providers.	Y	1/1/2022
60252	THYROIDECTOMY TOT/SUBTL-MALIG; W/LTD NECK DISSEC	Authorization required for all providers.	Y	1/1/2022
60254	THYROIDECTOMY TOT/SUBTL-MALIG; W/RAD NECK DISSEC	Authorization required for non-participating providers.	C	1/1/2022
60260	THYROIDECTOMY-REMOV REMAIN TISS-PREV REMOV PORTN	Authorization required for non-participating providers.	C	1/1/2022
60270	THYROIDECTOMY INCL SUBSTERNAL GLAND; STERNAL SPLIT	Authorization required for non-participating providers.	C	1/1/2022
60271	THYROIDECTOMY INCL SUBSTERNAL GLAND; CERV APPROA	Authorization required for non-participating providers.	C	1/1/2022
60280	EXC THYROID GLAND CYST/SINUS	Authorization required for non-participating providers.	C	1/1/2022

60281	EXC THYROID GLAND CYST/SINUS; RECURRENT	Authorization required for non-participating providers.	C	1/1/2022
60300	ASPIR/INJ THYROID CYST	Authorization required for non-participating providers.	C	1/1/2022
60500	PARATHYROIDECTOMY/EXPLOR PARATHYROID	Authorization required for all providers.	Y	1/1/2022
60502	PARATHYROIDECTOMY/EXPLOR PARATHYROID; RE-EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
60505	PARATHYROIDECTOMY; W/MEDIASTINAL EXPLOR	Authorization required for non-participating providers.	C	1/1/2022
60512	PARATHYROID AUTOTRANSP	Authorization required for non-participating providers.	C	1/1/2022
60520	THYMECTOMY PART/TOT; TRANSCERV (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
60521	THYMECTOMY PART/TOT; STERN SPLIT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
60522	THYMECTOMY; W/RADICAL MEDIASTIN DISSEC (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
60540	ADRENALECTOMY/EXPLOR ADRENAL GLAND (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
60545	ADRENALECTOMY (SEP PRO); W/EXC RETROPERIT TUMOR	Authorization required for non-participating providers.	C	1/1/2022
60600	EXC CAROTID BODY TUMOR; WO EXC CAROTID ART	Authorization required for non-participating providers.	C	1/1/2022
60605	EXC CAROTID BODY TUMOR; W/EXC CAROTID ART	Authorization required for non-participating providers.	C	1/1/2022
60650	LAPAROSCOPY ADRENALECTOMY	Authorization required for non-participating providers.	C	1/1/2022
60659	UNLISTED LAPAROSCOPY ENDOCRINE SYSTEM	Authorization required for all providers.	Y	1/1/2022
60699	UNLISTED PROC ENDOCRINE SYST	Authorization required for all providers.	Y	1/1/2022
61000	SUBDURAL TAP-FONTANELLE INFANT UNI/BILAT; INIT	Authorization required for non-participating providers.	C	1/1/2022
61001	SUBDURAL TAP-FONTANELLE INFANT; SUBSQ TAPS	Authorization required for all providers.	Y	1/1/2022
61020	VENTRICULAR PUNCT-PREV BURR HOLE/SUTURE; WO INJ	Authorization required for non-participating providers.	C	1/1/2022
61026	VENTRICULAR PUNCT-THRU SUTURE; W/INJ DRUG-DX/TX	Authorization required for non-participating providers.	C	1/1/2022
61050	CISTERNA/LAT CERV PUNCT; WO INJ (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
61055	INJECTION INTO BRAIN CANAL	Authorization required for non-participating providers.	C	1/1/2022
61070	PUNCT SHUNT TUBING/RESERVOIR-ASPIRAT/INJ PROC	Authorization required for non-participating providers.	C	1/1/2022
61105	TWIST DRILL HOLE SUBDURAL/VENT PUNCT;	Authorization required for non-participating providers.	C	1/1/2022
61107	TWIST DRILL HOLE(S) FOR SUBDUR,INTRACERAB OR VENTR PUNCTUREFOR	Authorization required for non-participating providers.	C	1/1/2022
61108	TWIST DRILL HOLE; EVACUAT &/OR DRAIN HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
61120	BURR HOLE VENT PUNCT	Authorization required for non-participating providers.	C	1/1/2022
61140	BURR HOLE/TREPHINE; W/BX-BRAIN/INTRACRAN LES	Authorization required for non-participating providers.	C	1/1/2022
61150	BURR HOLE/TREPHINE; W/DRAIN BRAIN ABSCESS/CYST	Authorization required for non-participating providers.	C	1/1/2022
61151	BURR HOLE; W/SUBSQ TAPPING INTRACRAN ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
61154	BURR HOLE W/EVACUATION &/OR DRAIN HEMATOMA	Authorization required for non-participating providers.	C	1/1/2022
61156	BURR HOLE; W/ASPIRAT HEMATOMA/CYST INTRACEREBRAL	Authorization required for non-participating providers.	C	1/1/2022
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	Authorization required for non-participating providers.	C	1/1/2022
61215	INSRT SUBQ RESERVOIR/PUMP-CONNECT TO VENT CATH	Authorization required for non-participating providers.	C	1/1/2022
61250	BURR HOLE/TREPHINE-SUPRATENTOR-NO OTHER SURG	Authorization required for non-participating providers.	C	1/1/2022
61253	BURR HOLE/TREPHINE-INFRA TENTORIAL-UNILAT/BILAT	Authorization required for non-participating providers.	C	1/1/2022
61304	CRANIECTOMY/CRANIOTOMY EXPLOR; SUPRATENTORIAL	Authorization required for non-participating providers.	C	1/1/2022
61305	CRANIECTOMY/CRANIOTOMY EXPLOR; INFRA TENTORIAL	Authorization required for non-participating providers.	C	1/1/2022
61312	CRANIECTOMY-HEMATOMA-SUPRATENT; EXTRA/SUBDURAL	Authorization required for non-participating providers.	C	1/1/2022
61313	CRANIECTOMY-HEMATOMA-SUPRATENT; INTRACEREBRAL	Authorization required for non-participating providers.	C	1/1/2022
61314	CRANIECTOMY-HEMATOMA-INFRA TENT; EXTRA/SUBDURAL	Authorization required for non-participating providers.	C	1/1/2022
61315	CRANIECTOMY-HEMATOMA-INFRA TENT; INTRACEREBELLAR	Authorization required for non-participating providers.	C	1/1/2022
61316	INCI & SUBQ PLMCT CRANIAL BONE GFT	Authorization required for non-participating providers.	C	1/1/2022
61320	CRANIECTOMY DRAIN INTRACRAN ABSCESS; SUPRATENT	Authorization required for non-participating providers.	C	1/1/2022
61321	CRANIECTOMY DRAIN INTRACRAN ABSCESS; INFRA TENT	Authorization required for non-participating providers.	C	1/1/2022
61322	CRANI/CRANIOT NO EVAC HEMAT;NO LOBCT	Authorization required for non-participating providers.	C	1/1/2022
61323	CRANI/CRANIOT NO EVAC HEMAT; LOBECT	Authorization required for non-participating providers.	C	1/1/2022
61330	DECOMP ORBIT ONLY TRANSCRANIAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
61333	EXPLOR ORBIT; W/REMOV LES	Authorization required for non-participating providers.	C	1/1/2022

61340	SUBTEMPORAL CRANIAL DECOMPRESSION	Authorization required for non-participating providers.	C	1/1/2022
61343	CRANIECTOMY-SUBOCCIPIT W/LAMINEC W/WO DURAL GFT	Authorization required for non-participating providers.	C	1/1/2022
61345	OTHER CRANIAL DECOMP POST FOSSA	Authorization required for non-participating providers.	C	1/1/2022
61450	CRANIECTOMY-SUBTEMPORAL-SECT GASSERIAN GANGLION	Authorization required for non-participating providers.	C	1/1/2022
61458	CRANIECTOMY SUBOCCIPITAL; EXPLOR CRANIAL NERV	Authorization required for non-participating providers.	C	1/1/2022
61460	CRANIECTOMY SUBOCCIPIT; SECT-1/MORE CRANIAL NERV	Authorization required for non-participating providers.	C	1/1/2022
61500	CRANIECTOMY; W/EXC TUMOR/OTHER BONE LES-SKULL	Authorization required for non-participating providers.	C	1/1/2022
61501	CRANIECTOMY; OSTEOMYELITIS	Authorization required for non-participating providers.	C	1/1/2022
61510	CRANIECTOMY; EXC BRAIN TUMOR-SUPRATENTORIAL	Authorization required for non-participating providers.	C	1/1/2022
61512	CRANIECTOMY; EXC MENINGOMA-SUPRATENTORIAL	Authorization required for non-participating providers.	C	1/1/2022
61514	CRANIECTOMY; EXC BRAIN ABSCESS-SUPRATENTORIAL	Authorization required for non-participating providers.	C	1/1/2022
61516	CRANIECTOMY; EXC/FENESTRATION CYST-SUPRATENT	Authorization required for non-participating providers.	C	1/1/2022
61517	IMPL BRAIN INTRACAVITARY CHEMO AGT	Authorization required for non-participating providers.	C	1/1/2022
61518	CRANIECTOMY-EXC TUMOR-POST FOSSA; EX MENINGIOMA	Authorization required for non-participating providers.	C	1/1/2022
61519	CRANIECTOMY-EXC TUMOR-POST FOSSA; MENINGIOMA	Authorization required for non-participating providers.	C	1/1/2022
61520	CRANIECTOMY-POST FOSSA; CEREBELLOPONTINE ANGLE	Authorization required for non-participating providers.	C	1/1/2022
61521	CRANIECTOMY-EXC TUMOR; MIDLINE TUMOR @ BASE SKUL	Authorization required for non-participating providers.	C	1/1/2022
61522	CRANIECTOMY INFRA TENTORIAL; EXC BRAIN ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
61524	CRANIECTOMY INFRA TENTORIAL; EXC/FENESTRAT CYST	Authorization required for non-participating providers.	C	1/1/2022
61526	CRANIECTOMY-TRANSTEMPORAL-EXC CEREBELLOPONTINE	Authorization required for non-participating providers.	C	1/1/2022
61530	CRANIECTOMY; COMBO W/POST FOSSA CRANIOTOMY	Authorization required for non-participating providers.	C	1/1/2022
61531	SUBDURAL IMPLNT STRIP ELECTRODES THRU BURR HOLE	Authorization required for non-participating providers.	C	1/1/2022
61533	CRANIOTOMY W/ELEVAT FLAP; IMPLNT ELECTRODE ARRAY	Authorization required for non-participating providers.	C	1/1/2022
61534	CRANIOTOMY W/ELEV FLAP; EXC EPILEPTOGENIC FOCUS	Authorization required for non-participating providers.	C	1/1/2022
61535	CRANIOTOMY W/FLAP; REMOVE ELECT ARRAY (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
61536	CRANIOTOMY W/FLAP; EXC CEREBRAL EPILEPTOGENIC	Authorization required for non-participating providers.	C	1/1/2022
61537	CRANIOT LOBECT TEMPORL W/O ECOG	Authorization required for non-participating providers.	C	1/1/2022
61538	CRANIOT W/FLAP LOBECTOMY TEMP LOBE	Authorization required for non-participating providers.	C	1/1/2022
61539	CRANIOT W/FLAPLOBECT-NOT TEMP LOBE	Authorization required for non-participating providers.	C	1/1/2022
61540	CRANIOT LOBECT NO TEMPORL NO ECOG	Authorization required for non-participating providers.	C	1/1/2022
61541	CRANIOTOMY W/FLAP; TRANSECTION CORPUS CALLOSUM	Authorization required for non-participating providers.	C	1/1/2022
61543	CRANIOTOMY PART HEMISPHERECTOMY	Authorization required for non-participating providers.	C	1/1/2022
61544	CRANIOTOMY W/FLAP; COAGULATION CHOROID PLEXUS	Authorization required for non-participating providers.	C	1/1/2022
61545	CRANIOTOMY W/FLAP; EXC CRANIOPHARYNGIOMA	Authorization required for non-participating providers.	C	1/1/2022
61546	CRANIOTOMY-HYPOPHYSECTOMY-INTRACRAN APPROACH	Authorization required for non-participating providers.	C	1/1/2022
61548	HYPOPHYSECTOMY-TRANSNASAL NONSTEREOTACTIC	Authorization required for non-participating providers.	C	1/1/2022
61550	CRANIECTOMY-CRANIOSYNOSTOSIS; 1 CRANIAL SUTURE	Authorization required for non-participating providers.	C	1/1/2022
61552	CRANIECTOMY-CRANIOSYNOSTOSIS; MX CRANIAL SUTURES	Authorization required for non-participating providers.	C	1/1/2022
61556	CRANIOTOMY-CRANIOSYNOSTOSIS; FRONTAL BONE FLAP	Authorization required for non-participating providers.	C	1/1/2022
61557	CRANIOTOMY CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	Authorization required for non-participating providers.	C	1/1/2022
61558	EXTEN CRANIECTOMY-CRANIOSYNOSTOSIS; NOT REQ GFT	Authorization required for non-participating providers.	C	1/1/2022
61559	EXTEN CRANIECTOMY; RECONTOUR W/OSTEOTOM/AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
61563	EXC INTRA & EXTRACRAN BEN TUMOR; WO OPTIC NERV	Authorization required for non-participating providers.	C	1/1/2022
61564	EXC INTRA & EXTRACRAN BEN TUMOR; W/OPTIC NERV	Authorization required for non-participating providers.	C	1/1/2022
61566	CRANIOT SELCTV AMYGDALOHIPPOCAMPECT	Authorization required for non-participating providers.	C	1/1/2022
61567	CRANIOT MX SUBPIAL TRANSECT W/ECOG	Authorization required for non-participating providers.	C	1/1/2022
61570	CRANIECTOMY/CRANIOTOMY; W/EXC FB FROM BRAIN	Authorization required for non-participating providers.	C	1/1/2022
61571	CRANIECT/CRANIOT; W/TX PENETRATING WOUND BRAIN	Authorization required for non-participating providers.	C	1/1/2022
61575	TRANSORAL APPROACH SKULL BASE-BX/DECOMP/EXC LES	Authorization required for non-participating providers.	C	1/1/2022

61576	TRANSORAL APPROACH SKULL BASE; W/SPLIT TONGUE	Authorization required for non-participating providers.	C	1/1/2022
61580	CRANIOFAC-ANT CRAN FOSSA; XTRDURL WO MAXILLECTMY	Authorization required for non-participating providers.	C	1/1/2022
61581	CRANIOFAC-ANT CRAN FOSSA; XTRDURL INCL MAXILLECT	Authorization required for non-participating providers.	C	1/1/2022
61582	CRANIOFAC APPROACH; EXTRDURL ELEVAT FRONTAL LOBE	Authorization required for non-participating providers.	C	1/1/2022
61583	CRANIOFAC APPROACH; EXTRDURL RESECT FRONTAL LOBE	Authorization required for non-participating providers.	C	1/1/2022
61584	ORBITOCRANIAL APPROACH; WO ORBITAL EXENTERATION	Authorization required for non-participating providers.	C	1/1/2022
61585	ORBITOCRANIAL APPROACH; W/ORBITAL EXENTERATION	Authorization required for non-participating providers.	C	1/1/2022
61586	BICORONAL/TRANSZYGO/LEFORT APPRCH-ANT CRAN FOSSA	Authorization required for non-participating providers.	C	1/1/2022
61590	INFRATEMP APPROACH-MID FOSSA INCL PAROTIDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
61591	INFRATEMP APPROACH-MID FOSSA INCL MASTOIDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
61592	ORBITOCRAN ZYGOMATIC APPROACH INCL OSTEOTOMY ZYG	Authorization required for non-participating providers.	C	1/1/2022
61595	TRANSTEMP APPROACH-POST FOSSA INCL MASTOIDECT	Authorization required for non-participating providers.	C	1/1/2022
61596	TRANSCOCHLEAR APPROACH INCL LABYRINTHECTOMY	Authorization required for non-participating providers.	C	1/1/2022
61597	TRANSCONDYL APPROACH INCL RESECT C1-C3 BODY(S)	Authorization required for non-participating providers.	C	1/1/2022
61598	TRANSPETROSAL APPROACH INCL LIG SUPERIOR SINUS	Authorization required for non-participating providers.	C	1/1/2022
61600	RESECT/EXC LES BASE ANT CRAN FOSSA; EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
61601	RESECT/EXC LES BASE ANT CRAN FOSSA; INTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
61605	RESECT/EXC LES INFRATEMPORAL FOSSA; EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
61606	RESECT/EXC LES INFRATEMPORAL FOSSA; INTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
61607	RESECT/EXC LES PARASELLAR AREA; EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
61608	RESECT/EXC LES PARASELLAR; INTRADURAL INCL REPR	Authorization required for non-participating providers.	C	1/1/2022
61611	TRANSECT/LIG CAROTID ART-PETROUS CANAL; WO REPR	Authorization required for non-participating providers.	C	1/1/2022
61613	OBLIT CAROTID ANEURY/AV MALFORM/FIST-DISSECTION	Authorization required for non-participating providers.	C	1/1/2022
61615	RESECT/EXC LES POST CRAN FOSSA; EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
61616	RESECT/EXC LES POST CRAN FOSSA; INTRADURAL W/REP	Authorization required for non-participating providers.	C	1/1/2022
61618	SECNDRY REPR DURA FOLLOWING SURG; FREE TISS GFT	Authorization required for non-participating providers.	C	1/1/2022
61619	SECNDRY REPR DURA; LOCAL/REGION PEDICL/MYOQ FLAP	Authorization required for non-participating providers.	C	1/1/2022
61623	ENDOVSC TMP BALLN ART OCCL HEAD/NCK	Authorization required for non-participating providers.	C	1/1/2022
61624	TRNSCATH PERM OCCL/EMBOLIZ PERQ;CNS	Authorization required for non-participating providers.	C	1/1/2022
61626	TRNSCATH PERM OCCL PERQ; NON-CNS	Authorization required for non-participating providers.	C	1/1/2022
61630	BALO ANGIOP ICRA PRQ	Authorization required for non-participating providers.	C	1/1/2022
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	Authorization required for non-participating providers.	C	1/1/2022
61640	BALO DILAT ICRA PRQ 1ST VSL	Authorization required for non-participating providers.	C	1/1/2022
61641	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	Authorization required for non-participating providers.	C	1/1/2022
61642	PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	Authorization required for non-participating providers.	C	1/1/2022
61645	PERQ ART M-THROMBECT &/NFS	Authorization required for non-participating providers.	C	1/1/2022
61650	EVASC PRLNG ADMN RX AGNT 1ST	Authorization required for non-participating providers.	C	1/1/2022
61651	EVASC PRLNG ADMN RX AGNT ADD	Authorization required for non-participating providers.	C	1/1/2022
61680	SURG INTRACRAN AV MALFORM; SUPRATENTORIAL SIMPL	Authorization required for non-participating providers.	C	1/1/2022
61682	SURG INTRACRAN AV MALFORM; SUPRATENTORIAL COMPLX	Authorization required for non-participating providers.	C	1/1/2022
61684	SURG INTRACRAN AV MALFORM; INFRATENTORIAL SIMPL	Authorization required for non-participating providers.	C	1/1/2022
61686	SURG INTRACRAN AV MALFORM; INFRATENTORIAL COMPLX	Authorization required for non-participating providers.	C	1/1/2022
61690	SURG INTRACRAN AV MALFORM; DURAL SIMPL	Authorization required for non-participating providers.	C	1/1/2022
61692	SURG INTRACRAN AV MALFORM; DURAL COMPLX	Authorization required for non-participating providers.	C	1/1/2022
61697	COMPLX ANEUR INTRACRAN, CARDTD CIRC	Authorization required for non-participating providers.	C	1/1/2022
61698	COMPLX ANEUR INTRACRAN, VERTEB-BASI	Authorization required for non-participating providers.	C	1/1/2022
61700	SURG ANEURY INTRACRAN APPROACH; CAROTID CIRCULAT	Authorization required for non-participating providers.	C	1/1/2022
61702	SURG ANEURY INTRACRAN; VERTEBRAL-BASILAR CIRCULA	Authorization required for non-participating providers.	C	1/1/2022
61703	SURG INTRACRAN ANEURY-CERV-APPLIC CLAMP-CAROTID	Authorization required for non-participating providers.	C	1/1/2022

61705	SURG ANEURY; INTRACRAN & CERV OCCLUD CAROTID ART	Authorization required for non-participating providers.	C	1/1/2022
61708	SURG ANEURY; INTRACRAN ELECTROTHROMBOSIS	Authorization required for non-participating providers.	C	1/1/2022
61710	SURG ANEURY; INTRA-ART EMBOLIZATION/BALLOON CATH	Authorization required for non-participating providers.	C	1/1/2022
61711	ANASTOM ART EXTRACRANIAL-INTRACRAN ART	Authorization required for non-participating providers.	C	1/1/2022
61781	SCAN PROC CRANIAL INTRA	Authorization required for non-participating providers.	C	1/1/2022
61782	SCAN PROC CRANIAL EXTRA	Authorization required for non-participating providers.	C	1/1/2022
61783	SCAN PROC SPINAL	Authorization required for non-participating providers.	C	1/1/2022
61850	TWIST DRILL-IMPLNT NEUROSTIM ELECTRODE; CORTICAL	Authorization required for non-participating providers.	C	1/1/2022
61860	CRANIECTOMY IMPLNT ELECTROD CEREBRAL; CORTICAL	Authorization required for non-participating providers.	C	1/1/2022
61880	REVIS/REMOV INTRACRAN NEUROSTIMULATOR ELECTRODES	Authorization required for non-participating providers.	C	1/1/2022
61885	INCS & SUBQ PLCMT CRANIAL NEUROSTIM GEN/RECEIVER	Authorization required for all providers.	Y	1/1/2022
61886	INCISION AND SUBCUTANEOUS PLACEMENT CRANIAL NEUROSTIMULATOR	Authorization required for all providers.	Y	1/1/2022
61888	REVIS/REMOV CRANIAL NEUROSTIM PULSE GEN/RECEIVER	Authorization required for all providers.	Y	1/1/2022
62000	ELEVATION DEPRESSED SKULL FX; SIMPL EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
62005	ELEVAT SKULL FX; COMPOUND/COMMUNUTED EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
62010	ELEVAT SKULL FX; W/REPR DURA &/OR DEBRID BRAIN	Authorization required for non-participating providers.	C	1/1/2022
62100	CRANIOT-REPR DURAL/CSF LEAK INCL SURG-OTORRHEA	Authorization required for non-participating providers.	C	1/1/2022
62115	REDUCT CRANIOMEGALIC SKULL; NOT REQ BONE GFT	Authorization required for non-participating providers.	C	1/1/2022
62117	REDUCT CRANIOMEGALIC SKULL; W/CRANIOT & RECON	Authorization required for non-participating providers.	C	1/1/2022
62120	REPR ENCEPHALOCELE SKULL VAULT INCL CRANIOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
62121	CRANIOTOMY REPR ENCEPHALOCELE SKULL BASE	Authorization required for non-participating providers.	C	1/1/2022
62140	CRANIOPLASTY SKULL DEFECT; UP TO 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
62141	CRANIOPLASTY SKULL DEFECT; > 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
62142	REMOV BONE FLAP/PROSTH PLATE-SKULL	Authorization required for non-participating providers.	C	1/1/2022
62143	REPLAC BONE FLAP/PROSTH PLATE-SKULL	Authorization required for non-participating providers.	C	1/1/2022
62145	CRANIOPLASTY-SKULL DEFECT W/REPARATIVE BRAIN SURG	Authorization required for non-participating providers.	C	1/1/2022
62146	CRANIOPLASTY W/AUTOGFT; UP TO 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
62147	CRANIOPLASTY W/AUTOGFT; > 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
62148	INCI&RETREV SUBQ CRANL BG CRANIPLST	Authorization required for non-participating providers.	C	1/1/2022
62160	NEUROENDO IC PLCMT VENT CATH SHNT	Authorization required for non-participating providers.	C	1/1/2022
62161	NEUROENDO IC;DISSCT ADHS FENS SEPTM	Authorization required for non-participating providers.	C	1/1/2022
62162	NEUROENDO IC;EXC COLLOID CYST CATH	Authorization required for non-participating providers.	C	1/1/2022
62164	NEUROENDO IC; EXC BRAIN TUMR CATH	Authorization required for non-participating providers.	C	1/1/2022
62165	NEUROENDO IC; EXC PITUIT TUMR	Authorization required for non-participating providers.	C	1/1/2022
62180	VENTRICULOCISTERNOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
62190	CREAT SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL	Authorization required for non-participating providers.	C	1/1/2022
62192	CREAT SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL	Authorization required for non-participating providers.	C	1/1/2022
62194	REPLAC/IRRIGA SUBARACHNOID/SUBDURAL CATH	Authorization required for non-participating providers.	C	1/1/2022
62200	VENTRICULOCISTERNOSTOMY THIRD VENTRICLE	Authorization required for non-participating providers.	C	1/1/2022
62201	VENTRCULOCISTRNOST 3RD VENT;STEREOT	Authorization required for non-participating providers.	C	1/1/2022
62220	CREAT SHUNT; VENTRICULO-ATRIAL/JUGULAR/AURICUL	Authorization required for non-participating providers.	C	1/1/2022
62223	CREAT SHUNT; VENTRICULO-PERITONEAL/-PLEURAL	Authorization required for non-participating providers.	C	1/1/2022
62225	REPLAC/IRRIGA VENTRICULAR CATH	Authorization required for non-participating providers.	C	1/1/2022
62230	REPLAC/REVIS CSF SHUNT/OBSTRUC VALV/DISTAL CATH	Authorization required for non-participating providers.	C	1/1/2022
62252	REPROGRAM PROGRAMMABLE CSF SHUNT	Authorization required for non-participating providers.	C	1/1/2022
62256	REMOV COMPLT CSF SHUNT SYST; WO REPLAC	Authorization required for non-participating providers.	C	1/1/2022
62258	REMOV COMPLT CSF SHUNT; W/REPLAC-SIMILAR SHUNT	Authorization required for non-participating providers.	C	1/1/2022
62263	PERQ LYSIS EPID ADHES MX; 2/> DAY	Authorization required for all providers.	Y	1/1/2022
62264	PERQ LYSIS EPIDURL ADHES MX; 1 DAY	Authorization required for all providers.	Y	1/1/2022

62267	INTERDISCAL PERQ ASPIR DX	Authorization required for non-participating providers.	C	1/1/2022
62268	PERCUT ASPIRAT SPINAL CORD CYST/SYRINX	Authorization required for non-participating providers.	C	1/1/2022
62269	BX SPINAL CORD PERCUT NEEDLE	Authorization required for non-participating providers.	C	1/1/2022
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	Authorization required for non-participating providers.	C	1/1/2022
62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	Authorization required for non-participating providers.	C	1/1/2022
62273	*INJ LUMBAR EPIDURAL BLD/CLOT PATCH	Authorization required for non-participating providers.	C	1/1/2022
62280	INJ NEUROLYTIC SUBSTANCE; SUBARACHNOID	Authorization required for all providers.	Y	1/1/2022
62281	INJ NEUROLYTIC SUBSTANCE; EPIDURAL/CERV/THORACIC	Authorization required for all providers.	Y	1/1/2022
62282	INJ NEUROLYTIC SUBSTANCE; EPIDURAL/LUMBAR/CAUDAL	Authorization required for all providers.	Y	1/1/2022
62284	INJECTION FOR MYELOGRAM	Authorization required for non-participating providers.	C	1/1/2022
62287	DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62290	NIX PX DISCOGRAPHY LUMBAR	Authorization required for non-participating providers.	C	1/1/2022
62291	NIX PX DISCOGRAPHY CRV/THRC	Authorization required for non-participating providers.	C	1/1/2022
62292	INJ PROC-CHEMONUCLEOLYSIS-DISK; 1/MX LUMBAR	Authorization required for non-participating providers.	C	1/1/2022
62294	INJ PROC ART-OCCLUD AV MALFORM SPINAL	Authorization required for non-participating providers.	C	1/1/2022
62302	MYELOGRAPHY LUMBAR INJECTION	Authorization required for non-participating providers.	C	1/1/2022
62303	MYELOGRAPHY LUMBAR INJECTION	Authorization required for non-participating providers.	C	1/1/2022
62304	MYELOGRAPHY LUMBAR INJECTION	Authorization required for non-participating providers.	C	1/1/2022
62305	MYELOGRAPHY LUMBAR INJECTION	Authorization required for non-participating providers.	C	1/1/2022
62320	NIX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Services are administered by NIA.	C	1/1/2022
62321	NIX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Services are administered by NIA.	C	1/1/2022
62322	NIX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Services are administered by NIA.	C	1/1/2022
62323	NIX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Services are administered by NIA.	C	1/1/2022
62324	NIX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Authorization required for all providers.	Y	1/1/2022
62325	NIX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Authorization required for all providers.	Y	1/1/2022
62326	NIX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Authorization required for all providers.	Y	1/1/2022
62327	NIX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Authorization required for all providers.	Y	1/1/2022
62328	DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	Authorization required for non-participating providers.	C	1/1/2022
62329	THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	Authorization required for non-participating providers.	C	1/1/2022
62350	IMPLNT/REVIS THECAL/EPIDUR CATH; WO LAMINECT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62351	IMPLNT/REVIS INTHECAL/EPIDUR CATH; W/LAMINECT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62355	REMOV PREV IMPLNT INTRATHECAL/EPIDURAL CATH	Authorization required for non-participating providers.	C	1/1/2022
62360	IMPLNT/REPLAC DEVIC-EPIDUR DRUG INFUS; SUBQ RESV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62361	IMPLNT/REPLAC DEVIC-EPIDUR INFUS; NONPROGRM PUMP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62362	IMPLNT/REPLAC DEVIC-EPIDUR INFUS; PROGRAMBLE PUMP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62365	REMOV PREV IMPLNT SUBQ RESERVOIR/PUMP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62367	ANALYZE SPINE INFUS PUMP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62368	ELEC ANALYS PROGRAMBLE IMPLNT PUMP; W/REPROGRAM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62369	ANAL SP INF PMP W/REPRG&FILL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62370	ANL SP INF PMP W/MDREPRG&FIL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
62380	NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63003	LAMINECT W/EXPLOR WO FACETECT 1-2 VERTEB; THORAC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63005	LAMINECT W/EXPLOR 1-2 VERTEB; LUMBAR EX SPONDYLO	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63011	LAMINECTOMY W/EXPLOR 1-2 VERTEB SEGMT; SACRAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63012	LAMINECT W/REMOV ABNL FACETS-SPONDYLOLIST LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63015	LAMINECTOMY W/EXPLOR > 2 VERTEBRAL SEGMT; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63016	LAMINECT W/EXPLOR > 2 VERTEBRAL SEGMT; THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63017	LAMINECTOMY W/EXPLOR > 2 VERTEBRAL SEGMT; LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

63020	NECK SPINE DISK SURGERY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63030	LOW BACK DISK SURGERY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63035	SPINAL DISK SURGERY ADD-ON	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63040	LAMINOTOMY W/DECOMP NERV ROOT RE-EXPLOR; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63042	LAMINOTOMY W/DECOMP NERV ROOT RE-EXPLOR; LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63043	LAMINOTOMY ADDL CERVICAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63044	LAMINOTOMY ADDL LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63045	LAM FACETECTOMY AND FORAMOTOMY 1 VRT SGM CERVICAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63046	LAM FACETECTOMY AND FORAMOTOMY 1 VRT SGM THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63047	LAM FACETECTOMY AND FORAMOTOMY 1 VRT SGM LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63048	LAM FACETECTOMY AND FORAMOT 1 VRT SGM EA ADDL SGM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63050	LAMINOPLASTY CERV W/DECOMP SP CRD 2/> VERT SEG;	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63051	LAMINOPLASTY CERV 2/> SEG; RECON POST BONY ELEM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63055	TRANSPEDICULAR APPROACH SNGL SEGMENT; THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63056	TRANSPEDICULAR APPROACH SNGL SEGMENT; LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63057	TRANSPEDICULAR APPROACH SNGL SEGMENT; EA ADD SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63064	COSTOVERTEBRAL W/DECOMP THORACIC; SNGL SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63066	COSTOVERTEBRAL W/DECOMP THORACIC; EA ADD SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63075	DISKECTOMY ANT W/DECOMP; CERV SNGL INTERSPACE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63076	DISKECTOMY ANT W/DECOMP; CERV EA ADD INTERSPACE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63077	DISKECTOMY ANT W/DECOMP; THORACIC 1 INTERSPACE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63078	DISKECTOMY ANT; THORACIC EA ADD INTERSPACE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63081	VERTEBRAL CORPECTOMY-ANT W/DECOMP; CERV 1 SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63082	VERTEBRAL CORPECTOMY-ANT; CERV EA ADD SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63085	VERTEBRAL CORPECT TRANSTHORACIC; THORACIC 1 SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63086	VERTEBRAL CORPECT TRANSTHOR; THORACIC EA AD SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63087	VERTEBRAL CORPECTOMY LOW THORACIC/LUMBAR; 1 SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63088	VERTEBRAL CORPECTOMY LOW THORACIC/LUMBAR; EA ADD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63090	VERTEBRAL CORPECTOMY TRANSPERITON LUMB/SACRAL; 1	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63091	VERTEBRAL CORPECTOMY LUMBAR/SACRAL; EA ADD SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63101	VERT CORPCT SC&/NRV ROOT THOR 1 SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63102	VERT CORPCT SC&/NRV ROOT LUMB 1 SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63103	VERT CORPCT SC&/NRV ROOT T/L EA ADD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63170	LAMINECTOMY W/MYELOTOMY CERV/THORACIC/THORACOLUM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63172	LAMINECTOMY W/DRAIN CYST; TO SUBARACHNOID SPACE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63173	LAMINECT DRAIN CYSTPERITON/PLEURAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63185	LAMINECTOMY W/RHIZOTOMY; 1 OR 2 SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63190	LAMINECTOMY W/RHIZOTOMY; MORE THAN 2 SEGMENT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63191	LAMINECTOMY W/SECT SPINAL ACCES NERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63192	#N/A	Authorization required for non-participating providers.	C	1/1/2022
63194	LAMINECTOMY W/SECT 1 SPINOTHALAMIC TRACT; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63195	LAMINECTOMY W/SECT 1 SPINOTHALAM TRACT; THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63196	LAMINECTOMY W/SECT BOTH SPINOTHALAMIC; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63197	LAM W/CORDOTOMY SCTJ SPINOTHALAMIC TRC 1STG THRC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63198	LAMINECTOMY-2 STAGES WITHIN 14 DA; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63199	LAMINECTOMY-2 STAGES WITHIN 14 DA; THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63200	LAMINECTOMY W/RELEASE TETHERED CORD LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63250	LAMINECTOMY-EXC/OCCLOUD AV MALFORM CORD; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63251	LAMINECTOMY-EXC/OCCLOUD AV MALFORM CORD; THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022

63252	LAMINECTOMY-EXC AV MALFORM CORD; THORACOLUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63265	LAMINECTOMY-EXC INTRASPINAL LES-EXTRADURAL; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63266	LAMINECTOMY-EXC LES-EXTRADURAL; THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63267	LAMINECTOMY-EXC LES-EXTRADURAL; LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63268	LAMINECTOMY-EXC LES-EXTRADURAL; SACRAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63270	LAMINECTOMY-EXC INTRASPINAL LES-INTRADURAL; CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63271	LAMINECTOMY-EXC LES-INTRADURAL; THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63272	LAMINECTOMY-EXC LES INTRADURAL; LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63273	LAMINECTOMY-EXC LES-INTRADURAL; SACRAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63275	LAMINECTOMY BX/EXC NEOPLSM; EXTRADURAL-CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63276	LAMINECTOMY BX/EXC NEOPLSM; EXTRADURAL-THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63277	LAMINECTOMY BX/EXC NEOPLSM; EXTRADURAL-LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63278	LAMINECTOMY BX/EXC NEOPLSM; EXTRADURAL-SACRAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63280	LAMINECTOMY-NEOPLSM; INTRADURAL EXTRAMEDUL CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63281	LAMINECTOMY-NEOPLSM; INTRADUR EXTRAMEDUL THORAC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63282	LAMINECTOMY-NEOPLSM; INTRADUR EXTRAMEDUL LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63283	LAMINECTOMY-BX/EXC NEOPLSM; INTRADURAL SACRAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63285	LAMINECTOMY; INTRADURAL INTRAMEDULLARY CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63286	LAMINECTOMY; INTRADURAL INTRAMEDULLARY THORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63287	LAMINECT; INTRADURAL INTRAMEDULLARY THORACOLUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63290	LAMINECTOMY; COMBO EXTRA-INTRADUR LES ANY LEVEL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63295	OSTEOPLASTIC RECON DORS SP FLW PRIM INTRASP PROC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63300	VERTEBRAL CORPECTOMY 1 SEGMT; EXTRADURAL CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63301	VERTEB CORPECT; EXTRADURAL THORAC-TRANSTHORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63302	VERTEB CORPECT; EXTRADURAL THORAC-THORACOLUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63303	VERTEB CORPECT; LUMBAR/SACRAL TRANSPERITONEAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63304	VERTEBRAL CORPECTOMY 1 SEGMT; INTRADURAL CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63305	VERTEB CORPECT; INTRADURAL THORAC-TRANSTHORACIC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63306	VERTEB CORPECT; INTRADURAL THORAC-THORACOLUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63307	VERTEB CORPECT; INTRADUR LUMB/SACRAL-TRANSPERITO	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63308	VERTEBRAL CORPECTOMY 1 SEGMT; EA ADD SEGMT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63600	CREAT LES-SPINAL CORD-STEREOTACTIC METHD PERCUT	Authorization required for all providers.	Y	1/1/2022
63610	STEREOTACTIC STIM-CORD-PERCUT SEP PRO WO SURG	Authorization required for all providers.	Y	1/1/2022
63620	SRS SPINAL LESION	Authorization required for all providers.	Y	1/1/2022
63650	PERCUT IMPLNT ELECTRODE ARRAY; EPIDURAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63655	LAMINECT IMPLNT ELECTRODE/PLATE/PADDLE EPIDURAL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63661	REMOVE SPINE ELTRD PERQ ARAY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63662	REMOVE SPINE ELTRD PLATE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63663	REVISE SPINE ELTRD PERQ ARAY	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63664	REVISE SPINE ELTRD PLATE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63685	INCS & SUBQ PLCMT SPINAL NEUROSTIM PULSE GEN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63688	REVIS/REMOV IMPLNT SPINAL NEUROSTIM PULSE GEN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
63700	REPR MENINGOCELE; LESS THAN 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
63702	REPR MENINGOCELE; LARGER THAN 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
63704	REPR MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
63706	REPR MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	Authorization required for non-participating providers.	C	1/1/2022
63707	REPR DURAL/CSF LEAK NOT REQUIRING LAMINECTOMY	Authorization required for non-participating providers.	C	1/1/2022
63709	REPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAMINECT	Authorization required for non-participating providers.	C	1/1/2022
63710	DURAL GFT SPINAL	Authorization required for non-participating providers.	C	1/1/2022

63740	CREAT SHUNT LUMBAR SUBARACH-PERITON; W/LAMINECT	Authorization required for non-participating providers.	C	1/1/2022
63741	CREAT SHUNT LUMBAR; PERCUT WO LAMINECTOMY	Authorization required for non-participating providers.	C	1/1/2022
63744	REPLAC IRRIGA/REVIS LUMBOSUBARACHNOID SHUNT	Authorization required for non-participating providers.	C	1/1/2022
63746	REMOV LUMBOSUBARACHNOID SHUNT SYST WO REPLAC	Authorization required for non-participating providers.	C	1/1/2022
64400	INJECTION AA AND /STRD TRIGEMINAL NERVE EACH BRANCH	Authorization required for all providers.	Y	1/1/2022
64405	INJECTION AA AND /STRD GREATER OCCIPITAL NERVE	Authorization required for all providers.	Y	1/1/2022
64408	INJECTION AA AND /STRD VAGUS NERVE	Authorization required for all providers.	Y	1/1/2022
64415	INJECTION AA AND /STRD BRACHIAL PLEXUS	Authorization required for all providers.	Y	1/1/2022
64416	INJECTION AA AND /STRD BRACHIAL PLEXUS CONT NFS CATH	Authorization required for all providers.	Y	1/1/2022
64417	INJECTION AA AND /STRD AXILLARY NERVE	Authorization required for all providers.	Y	1/1/2022
64418	INJECTION AA AND /STRD SUPRASCAPULAR NERVE	Authorization required for all providers.	Y	1/1/2022
64420	INJECTION AA AND /STRD INTERCOSTAL NRV SINGLE LVL	Authorization required for all providers.	Y	1/1/2022
64421	INJECTION AA AND /STRD INTERCOSTAL NRV EA ADDL LVL	Authorization required for all providers.	Y	1/1/2022
64425	INJECTION AA AND /STRD ILIOINGUINAL IH NERVES	Authorization required for non-participating providers.	C	1/1/2022
64430	INJECTION AA AND /STRD PUDENDAL NERVE	Authorization required for all providers.	Y	1/1/2022
64435	INJECTION AA AND /STRD PARACERVICAL NERVE	Authorization required for non-participating providers.	C	1/1/2022
64445	INJECTION AA AND /STRD SCIATIC NERVE	Authorization required for all providers.	Y	1/1/2022
64446	INJECTION AA AND /STRD SCIATIC NERVE CONT NFS CATH	Authorization required for all providers.	Y	1/1/2022
64447	INJECTION AA AND /STRD FEMORAL NERVE	Authorization required for all providers.	Y	1/1/2022
64448	INJECTION AA AND /STRD FEMORAL NERVE CONT NFS CATH	Authorization required for all providers.	Y	1/1/2022
64449	INJECTION AA AND /STRD LUMBAR PLEXUS CONT NFS CATH	Authorization required for all providers.	Y	1/1/2022
64450	INJECTION AA AND /STRD OTHER PERIPHERAL NERVE/BRANCH	Authorization required for all providers.	Y	1/1/2022
64455	NIX AA AND /STRD PLANTAR COMMON DIGITAL NERVES	Authorization required for non-participating providers.	C	1/1/2022
64461	PVB THORACIC SINGLE INJ SITE	Authorization required for all providers.	Y	1/1/2022
64462	PVB THORACIC 2ND+ INJ SITE	Authorization required for all providers.	Y	1/1/2022
64463	PVB THORACIC CONT INFUSION	Authorization required for all providers.	Y	1/1/2022
64479	NIX AA AND /STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	Services are administered by NIA.	C	1/1/2022
64483	NIX AA AND /STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	Services are administered by NIA.	C	1/1/2022
64486	TAP BLOCK UNIL BY INJECTION	Authorization required for all providers.	Y	1/1/2022
64487	TAP BLOCK UNI BY INFUSION	Authorization required for all providers.	Y	1/1/2022
64488	TAP BLOCK BI INJECTION	Authorization required for all providers.	Y	1/1/2022
64489	TAP BLOCK BI BY INFUSION	Authorization required for all providers.	Y	1/1/2022
64490	INJ PARAVERT F JNT C/T 1 LEV	Services are administered by NIA.	C	1/1/2022
64493	INJ PARAVERT F JNT L/S 1 LEV	Services are administered by NIA.	C	1/1/2022
64505	INJ ANES AGENT; SPHENOPALATINE GANGLION	Authorization required for all providers.	Y	1/1/2022
64510	INJ ANES AGENT; STELLATE GANGLION	Authorization required for all providers.	Y	1/1/2022
64517	INJ ANES AGT SUP HYPOGASTR PLEXUS	Authorization required for all providers.	Y	1/1/2022
64520	INJ ANES AGENT; LUMBAR/THORACIC	Authorization required for all providers.	Y	1/1/2022
64530	INJ ANES AGENT; CELIAC PLEXUS W/WO RAD MONITOR	Authorization required for all providers.	Y	1/1/2022
64553	IMPLANT NEUROELECTRODES	Authorization required for all providers.	Y	1/1/2022
64555	IMPLANT NEUROELECTRODES	Authorization required for all providers.	Y	1/1/2022
64560	PERCUT IMPLNT NEUROSTIM ELECTRODES; AUTONOMIC	Authorization required for all providers.	Y	1/1/2022
64561	IMPLANT NEUROELECTRODES	Authorization required for all providers.	Y	1/1/2022
64566	NEUROELTRD STIM POST TIBIAL	Authorization required for all providers.	Y	1/1/2022
64568	OPEN IMPLANTATION CRANIAL NERVE NEA AND PULSE GEN	Authorization required for all providers.	Y	1/1/2022
64569	REVISE/REPL VAGUS N ELTRD	Authorization required for non-participating providers.	C	1/1/2022
64570	REMOVE VAGUS N ELTRD	Authorization required for non-participating providers.	C	1/1/2022
64573	INCS IMPLNT NEUROSTIM ELECTRODES; CRANIAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64575	OPEN IMPLANTATION NEA PERIPHERAL NERVE	Authorization required for all providers.	Y	1/1/2022
64577	INCS IMPLNT NEUROSTIM ELECTRODES; AUTONOMIC	Authorization required for non-participating providers.	C	1/1/2022

64580	OPEN IMPLANTATION NEA NEUROMUSCULAR	Authorization required for all providers.	Y	1/1/2022
64581	OPEN IMPLANTATION NEA SACRAL NERVE	Authorization required for all providers.	Y	1/1/2022
64585	REVISE/REMOVE NEUROELECTRODE	Authorization required for all providers.	Y	1/1/2022
64590	INSERTOR REPLACE PERIPHERAL OR GASTRIC NEUROSTIM PULSE GEN OR	Authorization required for all providers.	Y	1/1/2022
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIM PULSE GEN	Authorization required for all providers.	Y	1/1/2022
64600	DESTRCT TRIGEMINAL; SUPRAORBITAL/INFRAORBITAL	Authorization required for all providers.	Y	1/1/2022
64605	DESTRCT TRIGEMINAL; 2ND & 3RD DIV @ FORAMEN OVAL	Authorization required for non-participating providers.	C	1/1/2022
64610	DESTRCT TRIGEMINAL; 2ND & 3RD DIV W/RADIOLOGIC	Authorization required for all providers.	Y	1/1/2022
64611	CHEMODENERV SALIV GLANDS	Authorization required for non-participating providers.	C	1/1/2022
64612	DESTROY NERVE FACE MUSCLE	Authorization required for non-participating providers.	C	1/1/2022
64615	CHEMODENERV MUSC MIGRAINE	Authorization required for non-participating providers.	C	1/1/2022
64616	CHEMODENERV MUSC NECK DYSTON	Authorization required for non-participating providers.	C	1/1/2022
64617	CHEMODENER MUSCLE LARYNX EMG	Authorization required for non-participating providers.	C	1/1/2022
64620	DESTRCT BY NEUROLYTIC AGENT; INTERCOSTAL NERV	Authorization required for all providers.	Y	1/1/2022
64622	DESTRCT; PARAVERTEB FACET JT NERV LUMBAR-1 LEVEL	Authorization required for all providers.	Y	1/1/2022
64623	DESTRCT; FACET JT NERV LUMBAR EA ADD LEVEL	Authorization required for non-participating providers.	C	1/1/2022
64626	DESTRUCTION BY NEUROLYTIC AGENT CERV/THOR SINGLE LEVEL	Authorization required for all providers.	Y	1/1/2022
64627	DESTRUCTION BY NEUROLYTIC AGENT CERV/THOR EACH ADDL LEVEL	Authorization required for all providers.	Y	1/1/2022
64630	DESTRCT BY NEUROLYTIC AGENT; PUDENDAL NERV	Authorization required for all providers.	Y	1/1/2022
64632	N BLOCK INJ COMMON DIGIT	Authorization required for all providers.	Y	1/1/2022
64633	DESTROY CERV/THOR FACET JNT	Services are administered by NIA.	C	1/1/2022
64635	DESTROY LUMB/SAC FACET JNT	Services are administered by NIA.	C	1/1/2022
64640	DESTRCT; OTHER PERIPHERAL NERV/BRANCH	Authorization required for all providers.	Y	1/1/2022
64642	CHEMODENERV 1 EXTREMITY 1-4	Authorization required for non-participating providers.	C	1/1/2022
64643	CHEMODENERV 1 EXTREM 1-4 EA	Authorization required for non-participating providers.	C	1/1/2022
64644	CHEMODENERV 1 EXTREM 5/> MUS	Authorization required for all providers.	Y	1/1/2022
64645	CHEMODENERV 1 EXTREM 5/> EA	Authorization required for non-participating providers.	C	1/1/2022
64646	CHEMODENERV TRUNK MUSC 1-5	Authorization required for non-participating providers.	C	1/1/2022
64647	CHEMODENERV TRUNK MUSC 6/>	Authorization required for non-participating providers.	C	1/1/2022
64650	CHEMODNRVTJ ECCRINE GLNDS BTH AX	Authorization required for all providers.	Y	1/1/2022
64653	CHEMODNRVTJ ECCRINE GLNDS OTH AREA PR D	Authorization required for all providers.	Y	1/1/2022
64680	DESTRCT W/WO RAD MON CELIAC PLEXUS	Authorization required for all providers.	Y	1/1/2022
64681	DESTRUC NEURLYT SUP HYPOGASTRIC PLEX	Authorization required for all providers.	Y	1/1/2022
64702	NEUROPLASTY; DIGITAL 1/BOTH SAME DIGIT	Authorization required for non-participating providers.	C	1/1/2022
64704	NEUROPLASTY; NERV HAND/FT	Authorization required for non-participating providers.	C	1/1/2022
64708	REVISE ARM/LEG NERVE	Authorization required for non-participating providers.	C	1/1/2022
64712	REVISION OF SCIATIC NERVE	Authorization required for non-participating providers.	C	1/1/2022
64713	REVISION OF ARM NERVE(S)	Authorization required for non-participating providers.	C	1/1/2022
64714	REVISE LOW BACK NERVE(S)	Authorization required for non-participating providers.	C	1/1/2022
64716	NEUROPLASTY &/OR TRANSPOSITION; CRANIAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64718	NEUROPLASTY &/OR TRANSPOSIT; ULNAR NERV @ ELBOW	Authorization required for non-participating providers.	C	1/1/2022
64719	NEUROPLASTY &/OR TRANSPOSIT; ULNAR NERV @ WRIST	Authorization required for non-participating providers.	C	1/1/2022
64721	NEUROPLASTY &/OR TRANSP; MEDIUM @ CARPAL TUNNEL	Authorization required for all providers.	Y	1/1/2022
64722	DECOMP; UNSPECIFIED NERV (SPECIFY)	Authorization required for non-participating providers.	C	1/1/2022
64726	DECOMP; PLANTAR DIGITAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64727	INT NEUROLYSIS REQUIRING USE OR MICRO	Authorization required for non-participating providers.	C	1/1/2022
64732	TRANSECTION/AVULSION SUPRAORBITAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64734	TRANSECTION/AVULSION INFRAORBITAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64736	TRANSECTION/AVULSION MENTAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64738	TRANSECT/AVULSION INFERIOR ALVEOLAR NERV-OSTEOT	Authorization required for non-participating providers.	C	1/1/2022

64740	TRANSECTION/AVULSION LINGUAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64742	TRANSECT/AVULSION FACIAL NERV DIFF/COMPLT	Authorization required for non-participating providers.	C	1/1/2022
64744	TRANSECTION/AVULSION GREATER OCCIPT NERV	Authorization required for non-participating providers.	C	1/1/2022
64746	TRANSECTION/AVULSION PHRENIC NERV	Authorization required for non-participating providers.	C	1/1/2022
64755	TRANSECTION/AVULSION VAGI LTD TO PROX STOMACH	Authorization required for non-participating providers.	C	1/1/2022
64760	TRANSECTION/AVULSION VAGUS NERV ABD	Authorization required for non-participating providers.	C	1/1/2022
64763	TRANSECT/AVULSION OBTURATOR NERV EXTRAPELVIC	Authorization required for non-participating providers.	C	1/1/2022
64766	TRANSECT/AVULSION OBTURATOR NERV INTRAPELVIC	Authorization required for non-participating providers.	C	1/1/2022
64771	TRANSECT/AVULSION OTHER CRANIAL NERV EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
64772	TRANSECT/AVULSION OTHER SPINAL NERV EXTRADURAL	Authorization required for non-participating providers.	C	1/1/2022
64774	EXC NEUROMA; CUT NERV SURGICALLY IDENT	Authorization required for non-participating providers.	C	1/1/2022
64776	EXC NEUROMA; DIGITAL NERV 1/BOTH SAME DIGIT	Authorization required for non-participating providers.	C	1/1/2022
64778	EXC NEUROMA; DIGITAL NERV EA ADD DIGIT	Authorization required for non-participating providers.	C	1/1/2022
64782	EXC NEUROMA; HAND/FT EX DIGITAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64783	EXC NEUROMA; HAND/FT EA ADD NERV EX SAME DIGIT	Authorization required for non-participating providers.	C	1/1/2022
64784	EXC NEUROMA; MAJOR PERIPHERAL NERV EX SCIATIC	Authorization required for non-participating providers.	C	1/1/2022
64786	EXC NEUROMA; SCIATIC NERV	Authorization required for non-participating providers.	C	1/1/2022
64787	IMPLNT NERV END INTO BONE/MUSCL	Authorization required for non-participating providers.	C	1/1/2022
64788	EXC NEUROFIBROMA/NEUROLEMMOMA; CUT NERV	Authorization required for non-participating providers.	C	1/1/2022
64790	EXC NEUROFIBROMA/NEUROLEMMOMA; MAJ PERIPHERAL	Authorization required for non-participating providers.	C	1/1/2022
64792	EXC NEUROFIBROMA/NEUROLEMMOMA; EXTEN	Authorization required for non-participating providers.	C	1/1/2022
64795	BX NERV	Authorization required for non-participating providers.	C	1/1/2022
64802	SYMPATHECTOMY CERV	Authorization required for non-participating providers.	C	1/1/2022
64804	SYMPATHECTOMY CERVICOTHORACIC	Authorization required for non-participating providers.	C	1/1/2022
64809	SYMPATHECTOMY THORACOLUMBAR	Authorization required for non-participating providers.	C	1/1/2022
64818	SYMPATHECTOMY LUMBAR	Authorization required for non-participating providers.	C	1/1/2022
64820	SYMPATHECTOMY DIG ARTS W/MAGNIFICA-EA DIGIT	Authorization required for non-participating providers.	C	1/1/2022
64821	SYMPATHECTOMY	Authorization required for non-participating providers.	C	1/1/2022
64822	SYMPATHECTOMY	Authorization required for non-participating providers.	C	1/1/2022
64823	SYMPATHECTOMY	Authorization required for non-participating providers.	C	1/1/2022
64831	SUTURE DIGITAL NERV HAND/FT; 1 NERV	Authorization required for non-participating providers.	C	1/1/2022
64832	SUTURE DIGITAL NERV HAND/FT; EA ADD DIGITAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	Authorization required for non-participating providers.	C	1/1/2022
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	Authorization required for non-participating providers.	C	1/1/2022
64836	SUTURE 1 NERVE ULNAR MOTOR	Authorization required for non-participating providers.	C	1/1/2022
64837	SUTURE EA ADD NERV HAND/FT	Authorization required for non-participating providers.	C	1/1/2022
64840	SUTURE POST TIBIAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64856	SUTURE MAJ NERV ARM/LEG EX-SCIATIC; W/TRANSPPOSIT	Authorization required for non-participating providers.	C	1/1/2022
64857	SUTURE MAJ NERV ARM/LEG; WO TRANSPPOSIT	Authorization required for non-participating providers.	C	1/1/2022
64858	SUTURE SCIATIC NERV	Authorization required for non-participating providers.	C	1/1/2022
64859	SUTURE EA ADD MAJOR PERIPHERAL NERV	Authorization required for non-participating providers.	C	1/1/2022
64861	SUTURE BRACHIAL PLEXUS	Authorization required for non-participating providers.	C	1/1/2022
64862	SUTURE LUMBAR PLEXUS	Authorization required for non-participating providers.	C	1/1/2022
64864	SUTURE FACIAL NERV; EXTRACRANIAL	Authorization required for non-participating providers.	C	1/1/2022
64865	SUTURE FACIAL NERV; INFRATEMPORAL W/WO GFT	Authorization required for non-participating providers.	C	1/1/2022
64866	ANASTOM; FACIAL-SPINAL ACCES	Authorization required for non-participating providers.	C	1/1/2022
64868	ANASTOM; FACIAL-HYPOGLOSSAL	Authorization required for non-participating providers.	C	1/1/2022
64872	SUTURE NERV; REQUIRING SECNDRY/DELAYED SUTURE	Authorization required for non-participating providers.	C	1/1/2022
64874	SUTURE NERV; REQ EXTEN MOBILIZAT/TRANSPPOSIT NERV	Authorization required for non-participating providers.	C	1/1/2022

64876	SUTURE NERV; REQUIRING SHORTENING BONE EXTREM	Authorization required for non-participating providers.	C	1/1/2022
64885	NERV GFT HEAD/NECK; UP TO 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64886	NERV GFT HEAD/NECK; MORE THAN 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64890	NERV GFT 1 STRAND HAND/FT; UP TO 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64891	NERV GFT 1 STRAND HAND/FT; > 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64892	NERV GFT 1 STRAND ARM/LEG; UP TO 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64893	NERV GFT 1 STRAND ARM/LEG; > 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64895	NERV GFT MX STRAND HAND/FT; UP TO 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64896	NERV GFT MX STRAND HAND/FT; > 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64897	NERV GFT MX STRAND ARM/LEG; UP TO 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64898	NERV GFT MX STRAND ARM/LEG; > 4 CM LENGTH	Authorization required for non-participating providers.	C	1/1/2022
64901	NERV GFT EA ADD NERV; SNGL STRAND	Authorization required for non-participating providers.	C	1/1/2022
64902	NERV GFT EA ADD NERV; MX STRANDS	Authorization required for non-participating providers.	C	1/1/2022
64905	NERV PEDICLE TRANSF; FIRST STAGE	Authorization required for non-participating providers.	C	1/1/2022
64907	NERV PEDICLE TRANSF; SECOND STAGE	Authorization required for non-participating providers.	C	1/1/2022
64910	NERVE RPAIR WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT	Authorization required for non-participating providers.	C	1/1/2022
64911	WITH AUTOGENOUS VEIN GRAFT	Authorization required for non-participating providers.	C	1/1/2022
64912	NRV RPR W/NRV ALGRFT 1ST	Authorization required for all providers.	Y	1/1/2022
64913	NRV RPR W/NRV ALGRFT EA ADDL	Authorization required for non-participating providers.	C	1/1/2022
64999	UNLISTED PROC NERV SYST	Authorization required for all providers.	Y	1/1/2022
65091	EVISCERATION OCULAR CONTENTS; WO IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
65093	EVISCERATION OCULAR CONTENTS; W/IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
65101	ENUCLEATION EYE; WO IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
65103	ENUCLEAT EYE; W/IMPLNT MUSCL NOT ATTACHED-IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
65105	ENUCLEATION EYE; W/IMPLNT MUSCL ATTACHED-IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
65110	EXENTERATION ORBIT REMOV ORBITAL CONTENTS; ONLY	Authorization required for non-participating providers.	C	1/1/2022
65112	EXENTERATION ORBITAL CONTENTS; W/REMOV BONE	Authorization required for non-participating providers.	C	1/1/2022
65114	EXENTERAT ORBITAL CONTENTS; W/MUSCL/MYOCUT FLAP	Authorization required for non-participating providers.	C	1/1/2022
65125	MODIF OCULAR IMPLNT W/PLC/REPLC PEGS (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
65130	INSRT OCULAR IMPLNT SECNDRY; AFTER EVISCERATION	Authorization required for non-participating providers.	C	1/1/2022
65135	INSRT OCULAR IMPLNT SECNDRY; AFTER ENUCLEATION	Authorization required for non-participating providers.	C	1/1/2022
65140	INSRT OCULAR IMPLNT; ENUCLEAT-MUSCL ATTACH-IMPLT	Authorization required for non-participating providers.	C	1/1/2022
65150	REINSRT OCULAR IMPLNT; W/WO CONJUNC GFT	Authorization required for non-participating providers.	C	1/1/2022
65155	REINSRT OCULAR IMPLNT; W/FOREIGN MAT REINFORCE	Authorization required for non-participating providers.	C	1/1/2022
65175	REMOV OCULAR IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
65205	REMOV FB EXT EYE; CONJUNC SUPERF	Authorization required for non-participating providers.	C	1/1/2022
65210	REMOV FB EXT EYE; CONJUNC EMBEDDED/SUBCONJUNC	Authorization required for non-participating providers.	C	1/1/2022
65220	REMOV FB EXT EYE; CORNEAL WO SLIT LAMP	Authorization required for non-participating providers.	C	1/1/2022
65222	REMOV FB EXT EYE; CORNEAL W/SLIT LAMP	Authorization required for non-participating providers.	C	1/1/2022
65235	REMOV FB IO; FROM ANT CHAMBER/LENS	Authorization required for non-participating providers.	C	1/1/2022
65260	REMOV FB IO; POST SEGMT-MAGNETIC EXTRACTION	Authorization required for non-participating providers.	C	1/1/2022
65265	REMOV FB IO; POST SEGMT NONMAGNETIC EXTRACTION	Authorization required for non-participating providers.	C	1/1/2022
65270	REPR LACERAT; CONJUNC W/WO LACERAT SCLERA	Authorization required for non-participating providers.	C	1/1/2022
65272	REPR LACERAT; CONJUNC BY MOBILIZA WO HOSP	Authorization required for non-participating providers.	C	1/1/2022
65273	REPR LACERAT; CONJUNC BY MOBILIZA W/HOSP	Authorization required for non-participating providers.	C	1/1/2022
65275	REPR LACERAT; CORNEA NONPERFORAT W/WO REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
65280	REPR LACERAT; CORNEA PERFORATING WO UVEAL TISS	Authorization required for non-participating providers.	C	1/1/2022
65285	REPR LACERAT; CORNEA W/REPOSIT/RESECT UVEAL TISS	Authorization required for non-participating providers.	C	1/1/2022
65286	REPR LACERAT; APPLIC TISS GLUE WOUNDS CORNEA	Authorization required for non-participating providers.	C	1/1/2022

65290	REPR WOUND EXTRAOCULAR MUSCL/TENDON &/OR TENON'S	Authorization required for non-participating providers.	C	1/1/2022
65400	EXC LES CORNEA EX PTERYGIUM	Authorization required for non-participating providers.	C	1/1/2022
65410	BX CORNEA	Authorization required for non-participating providers.	C	1/1/2022
65420	EXC/TRANSPOSITION PTERYGIUM; WO GFT	Authorization required for non-participating providers.	C	1/1/2022
65426	EXC/TRANSPOSITION PTERYGIUM; W/GFT	Authorization required for non-participating providers.	C	1/1/2022
65430	SCRAPING CORNEA DX SMEAR &/OR CULTURE	Authorization required for non-participating providers.	C	1/1/2022
65435	REMOV CORNEAL EPITHELIUM; W/WO CHEMOCAUTERIZAT	Authorization required for non-participating providers.	C	1/1/2022
65436	REMOV CORNEAL EPITHELIUM; W/APPLIC CHELAT AGENT	Authorization required for non-participating providers.	C	1/1/2022
65450	DESTRCT LES CORNEA-CRYOTHERAPY/PHOTOCOAGULATION	Authorization required for non-participating providers.	C	1/1/2022
65600	MX PUNCTURES ANT CORNEA	Authorization required for non-participating providers.	C	1/1/2022
65710	CORNEAL TRANSPLANT	Authorization required for non-participating providers.	C	1/1/2022
65730	CORNEAL TRANSPLANT	Authorization required for all providers.	Y	1/1/2022
65750	KERATOPLASTY; PENETRATING (APHAKIA)	Authorization required for non-participating providers.	C	1/1/2022
65755	KERATOPLASTY; PENETRATING (PSEUDOAPHAKIA)	Authorization required for non-participating providers.	C	1/1/2022
65756	CORNEAL TRNSPL ENDOTHELIAL	Authorization required for all providers.	Y	1/1/2022
65760	KERATOMILEUSIS	Authorization required for all providers.	Y	1/1/2022
65765	KERATOPHAKIA	Authorization required for all providers.	Y	1/1/2022
65767	EPIKERATOPLASTY	Authorization required for all providers.	Y	1/1/2022
65770	KERATOPROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
65772	CORNEAL RELAXING INCS CORRECT INDUCE ASTIGMATISM	Authorization required for all providers.	Y	1/1/2022
65775	CORNEAL WEDGE RESECT CORRECT INDUCED ASTIGMATISM	Authorization required for all providers.	Y	1/1/2022
65778	COVER EYE W/MEMBRANE	Authorization required for non-participating providers.	C	1/1/2022
65779	COVER EYE W/MEMBRANE SUTURE	Authorization required for non-participating providers.	C	1/1/2022
65780	OCULAR RECONST TRANSPLANT	Authorization required for non-participating providers.	C	1/1/2022
65781	OCULR RECNRN LMBL STEM CELL ALLGFT	Authorization required for non-participating providers.	C	1/1/2022
65782	OCULR RECNRN LMBL CONJNCT AUTOGFT	Authorization required for non-participating providers.	C	1/1/2022
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Authorization required for all providers.	Y	1/1/2022
65800	DRAINAGE OF EYE	Authorization required for non-participating providers.	C	1/1/2022
65805	PARACENTESIS ANT CHAMB (SEP PROC); RELEAS AQUEOUS	Authorization required for non-participating providers.	C	1/1/2022
65810	PARACENTESIS (SEPART PROC); W/REMOV VITREOUS	Authorization required for non-participating providers.	C	1/1/2022
65815	PARACENTESIS (SEPART PROC); W/REMOV BLD	Authorization required for non-participating providers.	C	1/1/2022
65820	GONIOTOMY	Authorization required for non-participating providers.	C	1/1/2022
65850	TRABECULOTOMY AB EXT	Authorization required for non-participating providers.	C	1/1/2022
65855	TRABECULOPLASTY LASER SURG	Authorization required for non-participating providers.	C	1/1/2022
65860	SEVERING ADHESIONS ANT SEGMT LASER (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
65865	SEVERING ADHESIONS (SEP PROC); GONIOSYNECHIAE	Authorization required for non-participating providers.	C	1/1/2022
65870	SEVERING ADHESIONS (SEPART PROC); ANT SYNECHIAE	Authorization required for non-participating providers.	C	1/1/2022
65875	SEVERING ADHESIONS (SEPART PROC); POST SYNECHIAE	Authorization required for non-participating providers.	C	1/1/2022
65880	SEVERING ADHESIONS (SEPART PROC); CORNEOVITREAL	Authorization required for non-participating providers.	C	1/1/2022
65900	REMOV EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	Authorization required for non-participating providers.	C	1/1/2022
65920	REMOV IMPLNT MAT ANT SEGMT EYE	Authorization required for non-participating providers.	C	1/1/2022
65930	REMOV BLD CLOT ANT SEGMT EYE	Authorization required for non-participating providers.	C	1/1/2022
66020	INJ ANT CHAMBER (SEPART PROC); AIR/LIQUID	Authorization required for non-participating providers.	C	1/1/2022
66030	INJ ANT CHAMBER (SEPART PROC); MEDS	Authorization required for non-participating providers.	C	1/1/2022
66130	EXC LES SCLERA	Authorization required for non-participating providers.	C	1/1/2022
66150	FISTULIZAT SCLERA-GLAU; TREPHINAT W/IRIDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
66155	FISTULIZAT SCLERA; THERMOCAUTERIZATION W/IRIDECT	Authorization required for non-participating providers.	C	1/1/2022
66160	FISTULIZAT SCLERA; SCLERECTOMY W/PUNCH W/IRIDECT	Authorization required for non-participating providers.	C	1/1/2022
66170	FISTULIZAT SCLER;TRABECULECT AB EXT-NO OTHR SURG	Authorization required for non-participating providers.	C	1/1/2022

66172	FISTULIZAT SCLERA; TRABECULECT AB EXT W/SCARRING	Authorization required for non-participating providers.	C	1/1/2022
66174	TRANSLUM DIL EYE CANAL	Authorization required for non-participating providers.	C	1/1/2022
66175	TRNSLUM DIL EYE CANAL W/STN	Authorization required for non-participating providers.	C	1/1/2022
66179	AQUEOUS SHUNT EYE W/O GRAFT	Authorization required for non-participating providers.	C	1/1/2022
66180	AQUEOUS SHUNT EYE W/GRAFT	Authorization required for non-participating providers.	C	1/1/2022
66183	INSERT ANT DRAINAGE DEVICE	Authorization required for non-participating providers.	C	1/1/2022
66184	REVISION OF AQUEOUS SHUNT	Authorization required for non-participating providers.	C	1/1/2022
66225	REPR SCLERAL STAPHYLOMA; W/GFT	Authorization required for non-participating providers.	C	1/1/2022
66250	REVIS/REPR OPERATIVE WOUND ANT SEGMENT	Authorization required for non-participating providers.	C	1/1/2022
66500	IRIDOTOMY-STAB INCS (SEP PRO); EX TRANSFIXION	Authorization required for non-participating providers.	C	1/1/2022
66505	IRIDOTOMY-STAB INCS (SEP PRO); W/TRANSFIXION	Authorization required for non-participating providers.	C	1/1/2022
66600	IRIDECTOMY W/CORNEOSCLERAL SECT; REMOVE LES	Authorization required for non-participating providers.	C	1/1/2022
66605	IRIDECTOMY W/CORNEOSCLERAL SECT; W/CYCLECTOMY	Authorization required for non-participating providers.	C	1/1/2022
66625	IRIDECTOMY; PERIPHERAL GLAU (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
66630	IRIDECTOMY; SECTOR GLAU (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
66635	IRIDECTOMY; 'OPTICAL' (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
66680	REPR IRIS CILIARY BODY	Authorization required for non-participating providers.	C	1/1/2022
66682	SUTURE IRIS CILIARY BODY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
66700	CILIARY BODY DESTRUCT; DIATHERMY	Authorization required for non-participating providers.	C	1/1/2022
66710	CILIARY BODY DESTRUCT; CYCLOPHOTOCOAGULATION	Authorization required for non-participating providers.	C	1/1/2022
66711	ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	Authorization required for non-participating providers.	C	1/1/2022
66720	CILIARY BODY DESTRUCT; CRYOTHERAPY	Authorization required for non-participating providers.	C	1/1/2022
66740	DESTRUCTION CILIARY BODY	Authorization required for non-participating providers.	C	1/1/2022
66761	REVISION OF IRIS	Authorization required for non-participating providers.	C	1/1/2022
66762	IRIDOPLASTY BY PHOTOCOAGULATION	Authorization required for non-participating providers.	C	1/1/2022
66770	DESTRUCT CYST/LES IRIS/CILIARY BODY	Authorization required for non-participating providers.	C	1/1/2022
66820	DISCISSION SECNDRY MEMBRN CATARACT; STAB INCS	Authorization required for non-participating providers.	C	1/1/2022
66821	DISCISSION SECNDRY MEMBRN CATARACT; LASER SURG	Authorization required for non-participating providers.	C	1/1/2022
66825	REPOSIT IO LENS PROSTH REQ INCS (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
66830	REMOVE 2ND MEMBRN CATARACT W/CORNEO-SCLERAL SECT	Authorization required for non-participating providers.	C	1/1/2022
66840	REMOVE LENS MAT; ASPIRAT TECH 1/MORE STAGES	Authorization required for non-participating providers.	C	1/1/2022
66850	REMOVE LENS MAT; PHACOFRAGMENTAT TECH W/ASPIRAT	Authorization required for non-participating providers.	C	1/1/2022
66852	REMOVE LENS MAT; PARS PLANA APPROACH W/WO VITRECT	Authorization required for non-participating providers.	C	1/1/2022
66920	REMOVE LENS MAT; INTRACAPSULAR	Authorization required for non-participating providers.	C	1/1/2022
66930	REMOVE LENS MAT; INTRACAPSULAR DISLOC LENS	Authorization required for non-participating providers.	C	1/1/2022
66940	REMOVE LENS MAT; EXTRACAPSULAR	Authorization required for all providers.	Y	1/1/2022
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	Authorization required for non-participating providers.	C	1/1/2022
66983	INTRACAPSULAR CATARACT EXTRAC W/INSRT IOL PROSTH	Authorization required for non-participating providers.	C	1/1/2022
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	Authorization required for all providers.	Y	1/1/2022
66985	INSRT IOL PROSTH (SECNDRY IMPLNT)	Authorization required for non-participating providers.	C	1/1/2022
66986	EXCHG IO LENS	Authorization required for non-participating providers.	C	1/1/2022
66987	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	Authorization required for non-participating providers.	C	1/1/2022
66988	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	Authorization required for non-participating providers.	C	1/1/2022
66999	UNLISTED PROC ANT SEGMENT EYE	Authorization required for all providers.	Y	1/1/2022
67005	REMOVE VITREOUS ANT APPROACH; PART REMOVE	Authorization required for non-participating providers.	C	1/1/2022
67010	REMOVE VITREOUS ANT; SUBTL REMOVE W/MECH VITRECT	Authorization required for non-participating providers.	C	1/1/2022
67015	ASPIRAT/RELEASE VITREOUS/SUBRETINAL FLUID	Authorization required for non-participating providers.	C	1/1/2022
67025	INJ VITREOUS SUBSTITUTE-W/WO ASPIRAT (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
67027	IMPLNT INTRAVITREAL DRUG DELIV SYST	Authorization required for non-participating providers.	C	1/1/2022

67028	INTRAVITREAL INJ-PHARMACOLOGIC AGENT (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
67030	DISCISSION VITREOUS STRANDS PARS PLANA APPROACH	Authorization required for non-participating providers.	C	1/1/2022
67031	SEVERING VITREOUS STRANDS/MEMBRN-LASER SURG	Authorization required for non-participating providers.	C	1/1/2022
67036	VITRECTOMY MECH PARS PLANA APPROACH	Authorization required for non-participating providers.	C	1/1/2022
67039	VITRECTOMY MECH; W/FOCAL ENDOLASER PHOTOCOAGULAT	Authorization required for non-participating providers.	C	1/1/2022
67040	VITRECTOMY MECH; W/ENDOLASER PANRETINAL PHOTOCOAG	Authorization required for non-participating providers.	C	1/1/2022
67041	VIT FOR MACULAR PUCKER	Authorization required for non-participating providers.	C	1/1/2022
67042	VIT FOR MACULAR HOLE	Authorization required for non-participating providers.	C	1/1/2022
67043	VIT FOR MEMBRANE DISSECT	Authorization required for non-participating providers.	C	1/1/2022
67101	REPAIR DETACHED RETINA CRTX	Authorization required for non-participating providers.	C	1/1/2022
67105	REPAIR DETACHED RETINA PC	Authorization required for non-participating providers.	C	1/1/2022
67107	REPAIR DETACHED RETINA	Authorization required for non-participating providers.	C	1/1/2022
67108	REPR RETINAL DETACHMENT; W/VITRECTOMY ANY METHD	Authorization required for non-participating providers.	C	1/1/2022
67110	REPR RETINAL DETACHMENT; INJ AIR/OTHER GAS	Authorization required for non-participating providers.	C	1/1/2022
67113	REPAIR RETINAL DETACH CPLX	Authorization required for non-participating providers.	C	1/1/2022
67115	RELEASE ENCIRCLING MAT	Authorization required for non-participating providers.	C	1/1/2022
67120	REMOV IMPLNT MAT POST SEGMT; EXTRAOCULAR	Authorization required for non-participating providers.	C	1/1/2022
67121	REMOV IMPLNT MAT POST SEGMT; IO	Authorization required for non-participating providers.	C	1/1/2022
67141	PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	Authorization required for non-participating providers.	C	1/1/2022
67145	PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	Authorization required for non-participating providers.	C	1/1/2022
67208	DESTRCT LOCALIZ LES RETINA; CRYOTHERAPY/DIATHERM	Authorization required for non-participating providers.	C	1/1/2022
67210	DESTRCT LOCALIZ LES RETINA; PHOTOCOAGULATION	Authorization required for non-participating providers.	C	1/1/2022
67218	DESTRCT LOCALIZ LES RETINA; RADIATION-IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
67220	DESTRUC LOCALIZ LES CHOROID-1/> SESSIONS-LASER	Authorization required for non-participating providers.	C	1/1/2022
67221	DESTRUC LES CHOROID, PHOTODYNA THPY	Authorization required for non-participating providers.	C	1/1/2022
67225	OCULAR PHOTODYNAMIC THERAPY	Authorization required for non-participating providers.	C	1/1/2022
67227	DSTRJ EXTENSIVE RETINOPATHY	Authorization required for non-participating providers.	C	1/1/2022
67228	TREATMENT X10SV RETINOPATHY	Authorization required for non-participating providers.	C	1/1/2022
67229	TR RETINAL LES PRETERM INF	Authorization required for non-participating providers.	C	1/1/2022
67250	SCLERAL REINFORCEMENT (SEPART PROC); WO GFT	Authorization required for non-participating providers.	C	1/1/2022
67255	SCLERAL REINFORCEMENT (SEPART PROC); W/GFT	Authorization required for non-participating providers.	C	1/1/2022
67299	UNLISTED PROC POST SEGMT	Authorization required for all providers.	Y	1/1/2022
67311	STRABISMUS SURG; 1 HORIZONTAL MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67312	STRABISMUS SURG; 2 HORIZONTAL MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67314	STRABISMUS SURG; 1 VERTICAL MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67316	STRABISMUS SURG; 2/MORE VERTICAL MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67318	STRABISMUS SURG ANY PROC SUPER OBLIQ MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67320	TRANSPOSITION PROC-ANY EXTRAOCULAR MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67331	STRABISMUS SURG-PT W/PREV EYE SURG	Authorization required for non-participating providers.	C	1/1/2022
67332	STRABISMUS SURG-PT W/SCARRING EXTRAOCULAR MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67334	STRABISMUS SURG-POST FIXA SUTURE TECH W/WO MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67340	STRABISMUS SURG EXPLOR &/OR REPR DETACHED MUSCL	Authorization required for non-participating providers.	C	1/1/2022
67343	RELEASE EXTEN SCAR TISS WO DETACHING (SEP PRO)	Authorization required for non-participating providers.	C	1/1/2022
67345	CHEMODENERVATION EXTRAOCULAR MUSCL	Authorization required for all providers.	Y	1/1/2022
67346	BIOPSY OF EXTRAOCULAR MUSCLE	Authorization required for non-participating providers.	C	1/1/2022
67399	UNLISTED PX EXTRAOCULAR MUSC	Authorization required for all providers.	Y	1/1/2022
67400	ORBITOTOMY WO BONE FLAP; EXPLOR W/WO BX	Authorization required for non-participating providers.	C	1/1/2022
67405	ORBITOTOMY WO BONE FLAP; W/DRAINAGE ONLY	Authorization required for non-participating providers.	C	1/1/2022
67412	ORBITOTOMY WO BONE FLAP; W/REMOV LES	Authorization required for all providers.	Y	1/1/2022

67413	ORBITOTOMY WO BONE FLAP; W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
67414	ORBITOTOMY WO BONE FLAP; W/REMOV BONE DECOMP	Authorization required for non-participating providers.	C	1/1/2022
67415	FINE NEEDLE ASPIRAT ORBITAL CONTENTS	Authorization required for non-participating providers.	C	1/1/2022
67420	ORBITOTOMY W/BONE FLAP/WINDOW; W/REMOV LES	Authorization required for non-participating providers.	C	1/1/2022
67430	ORBITOTOMY W/BONE FLAP/WINDOW; W/REMOV FB	Authorization required for non-participating providers.	C	1/1/2022
67440	ORBITOTOMY W/BONE FLAP/WINDOW; W/DRAIN	Authorization required for non-participating providers.	C	1/1/2022
67445	ORBITOTOMY W/BONE FLAP/WINDOW; W/REMOV BONE	Authorization required for non-participating providers.	C	1/1/2022
67450	ORBITOTOMY W/BONE FLAP/WINDOW; EXPLOR W/WO BX	Authorization required for non-participating providers.	C	1/1/2022
67500	RETROBULBAR INJ; MEDS	Authorization required for non-participating providers.	C	1/1/2022
67505	RETROBULBAR INJ; ALCOHOL	Authorization required for non-participating providers.	C	1/1/2022
67515	INJ THERAP AGENT INTO TENON'S CAPSULE	Authorization required for non-participating providers.	C	1/1/2022
67550	ORBITAL IMPLNT; INSRT	Authorization required for non-participating providers.	C	1/1/2022
67560	ORBITAL IMPLNT; REMOV/REVIS	Authorization required for non-participating providers.	C	1/1/2022
67570	OPTIC NERV DECOMP	Authorization required for non-participating providers.	C	1/1/2022
67599	UNLISTED PROC ORBIT	Authorization required for all providers.	Y	1/1/2022
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	Authorization required for non-participating providers.	C	1/1/2022
67710	SEVERING TARSORRHAPHY	Authorization required for non-participating providers.	C	1/1/2022
67715	CANTHOTOMY (SEPART PROC)	Authorization required for all providers.	Y	1/1/2022
67800	EXC CHALAZION; SNGL	Authorization required for non-participating providers.	C	1/1/2022
67801	EXC CHALAZION; MX SAME LID	Authorization required for non-participating providers.	C	1/1/2022
67805	EXC CHALAZION; MX DIFF LIDS	Authorization required for non-participating providers.	C	1/1/2022
67808	EXC CHALAZION; GEN ANES &/OR REQ HOSP-1/MX	Authorization required for non-participating providers.	C	1/1/2022
67810	BIOPSY EYELID & LID MARGIN	Authorization required for non-participating providers.	C	1/1/2022
67820	CORRECT TRICHIASIS; EPILATION BY FORCEPS ONLY	Authorization required for non-participating providers.	C	1/1/2022
67825	CORRECT TRICHIASIS; EPILATION-OTH THAN FORCEPS	Authorization required for non-participating providers.	C	1/1/2022
67830	CORRECT TRICHIASIS; INCS LID MARGIN	Authorization required for non-participating providers.	C	1/1/2022
67835	CORRECT TRICHIASIS; INCS LID MARGIN W/MEMBRN GFT	Authorization required for non-participating providers.	C	1/1/2022
67840	EXC LES EYELID WO CLO OR W/SIMPL DIRECT CLO	Authorization required for non-participating providers.	C	1/1/2022
67850	DESTRUCT LES LID MARGIN	Authorization required for non-participating providers.	C	1/1/2022
67875	TEMPORARY CLO EYELIDS BY SUTURE	Authorization required for non-participating providers.	C	1/1/2022
67880	CONSTRUCT INTERMARGINAL ADHESIONS	Authorization required for all providers.	Y	1/1/2022
67882	CONSTRUCT INTERMARG ADHESIONS; W/TRANSPOSIT TARSL	Authorization required for all providers.	Y	1/1/2022
67900	REPR BROW PTOSIS	Authorization required for all providers.	Y	1/1/2022
67901	REPR BLEPHAROPTOSIS; W/SUTUE/OTHER MAT	Authorization required for all providers.	Y	1/1/2022
67902	REPR BLEPHAROPTOSIS; W/FASCIAL SLING	Authorization required for all providers.	Y	1/1/2022
67903	REPR BLEPHAROPTOSIS; LEVATOR RESECT-INT APPROACH	Authorization required for all providers.	Y	1/1/2022
67904	REPR BLEPHAROPTOSIS; LEVATOR RESECT-EXT APPROACH	Authorization required for all providers.	Y	1/1/2022
67906	REPR BLEPHAROPTOSIS; SUPER RECTUS TECH-FASCIAL	Authorization required for all providers.	Y	1/1/2022
67908	REPR BLEPHAROPTOSIS; CONJUNC-TARSO-MULLER'S	Authorization required for all providers.	Y	1/1/2022
67909	REDUCTION OVERCORRECTION PTOSIS	Authorization required for all providers.	Y	1/1/2022
67911	CORRECT LID RETRACTION	Authorization required for all providers.	Y	1/1/2022
67912	CORR LAGOPHTHALMOS IMPL UP EYELD	Authorization required for all providers.	Y	1/1/2022
67914	REPR ECTROPION; SUTURE	Authorization required for all providers.	Y	1/1/2022
67915	REPR ECTROPION; THERMOCAUTERIZATION	Authorization required for all providers.	Y	1/1/2022
67916	REPAIR ECTROPION EXC TARSAL WEDGE	Authorization required for all providers.	Y	1/1/2022
67917	REPAIR OF ECTROPION EXTENSIVE	Authorization required for all providers.	Y	1/1/2022
67921	REPR ENTROPION; SUTURE	Authorization required for all providers.	Y	1/1/2022
67922	REPR ENTROPION; THERMOCAUTERIZATION	Authorization required for all providers.	Y	1/1/2022
67923	REPAIR ENTROPION EXC TARSAL WEDGE	Authorization required for all providers.	Y	1/1/2022

67924	REPAIR OF ENTROPION EXTENSIVE	Authorization required for all providers.	Y	1/1/2022
67930	SUTURE RECENT WOUND EYELID DIR CLO; PART THICK	Authorization required for non-participating providers.	C	1/1/2022
67935	SUTURE RECENT WOUND EYELID DIR CLO; FULL THICK	Authorization required for non-participating providers.	C	1/1/2022
67938	REMOV EMBEDDED FB EYELID	Authorization required for all providers.	Y	1/1/2022
67950	CANTHOPLASTY	Authorization required for all providers.	Y	1/1/2022
67961	EXC & REPR EYELID; UP TO 1/4 LID MARGIN	Authorization required for all providers.	Y	1/1/2022
67966	EXC & REPR EYELID > 1/4 LID MARGIN	Authorization required for all providers.	Y	1/1/2022
67971	RECON EYELID FULL THICK; UP TO 2/3 LID 1 STAGE	Authorization required for non-participating providers.	C	1/1/2022
67973	RECON EYELID; TOT LID LOWER 1 STAGE/1ST STAGE	Authorization required for non-participating providers.	C	1/1/2022
67974	RECON EYELID; TOT LID UPPER 1 STAGE/1ST STAGE	Authorization required for non-participating providers.	C	1/1/2022
67975	RECON EYELID FULL THICK-TRANSF FLAP; 2ND STAGE	Authorization required for non-participating providers.	C	1/1/2022
67999	UNLISTED PROC EYELIDS	Authorization required for all providers.	Y	1/1/2022
68020	INCS CONJUNC DRAINAGE CYST	Authorization required for non-participating providers.	C	1/1/2022
68040	EXPRESSION CONJUNC FOLLICLES EG TRACHOMA	Authorization required for non-participating providers.	C	1/1/2022
68100	BX CONJUNC	Authorization required for non-participating providers.	C	1/1/2022
68110	EXC LES CONJUNC; UP TO 1 CM	Authorization required for non-participating providers.	C	1/1/2022
68115	EXC LES CONJUNC; OVER 1 CM	Authorization required for non-participating providers.	C	1/1/2022
68130	EXC LES CONJUNC; W/ADJACENT SCLERA	Authorization required for non-participating providers.	C	1/1/2022
68135	DESTRUCT LES CONJUNC	Authorization required for non-participating providers.	C	1/1/2022
68200	SUBCONJUNCTIVAL INJ	Authorization required for non-participating providers.	C	1/1/2022
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT/EXTEN REARRANG	Authorization required for non-participating providers.	C	1/1/2022
68325	CONJUNCTIVOPLASTY; W/BUCCAL MUCOS MEMBRN GFT	Authorization required for non-participating providers.	C	1/1/2022
68326	CONJUNCTIVOPLASTY RECON CUL-DE-SAC; W/GFT	Authorization required for non-participating providers.	C	1/1/2022
68328	CONJUNCTIVOPLASTY RECON CUL-DE-SAC; W/BUCCAL GFT	Authorization required for non-participating providers.	C	1/1/2022
68330	REPR SYMBLEPHARON; CONJUNCTIVOPLASTY WO GFT	Authorization required for non-participating providers.	C	1/1/2022
68335	REPR SYMBLEPHARON; W/FREE GFT CONJUNC/BUCCAL	Authorization required for non-participating providers.	C	1/1/2022
68340	REPR SYMBLEPHARON; DIVIS SYMBLEPHARON W/WO INSRT	Authorization required for non-participating providers.	C	1/1/2022
68360	CONJUNC FLAP; BRIDGE/PART (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
68362	CONJUNC FLAP; TOT	Authorization required for non-participating providers.	C	1/1/2022
68371	HARV CONJUNCT ALLOGFT LIVING DONR	Authorization required for non-participating providers.	C	1/1/2022
68399	UNLISTED PROC CONJUNC	Authorization required for all providers.	Y	1/1/2022
68400	INCS DRAINAGE LACRIMAL GLAND	Authorization required for non-participating providers.	C	1/1/2022
68420	INCS DRAINAGE LACRIMAL SAC	Authorization required for non-participating providers.	C	1/1/2022
68440	SNIP INCS LACRIMAL PUNCTUM	Authorization required for non-participating providers.	C	1/1/2022
68500	EXC LACRIMAL GLAND EX TUMOR; TOT	Authorization required for non-participating providers.	C	1/1/2022
68505	EXC LACRIMAL GLAND EX TUMOR; PART	Authorization required for non-participating providers.	C	1/1/2022
68510	BX LACRIMAL GLAND	Authorization required for non-participating providers.	C	1/1/2022
68520	EXC LACRIMAL SAC	Authorization required for non-participating providers.	C	1/1/2022
68525	BX LACRIMAL SAC	Authorization required for non-participating providers.	C	1/1/2022
68530	REMOV FB/DACRYOLITH LACRIMAL PASSAGES	Authorization required for non-participating providers.	C	1/1/2022
68540	EXC LACRIMAL GLAND TUMOR; FRONTAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
68550	EXC LACRIMAL GLAND TUMOR; INVOLV OSTEOTOMY	Authorization required for non-participating providers.	C	1/1/2022
68700	PLASTIC REPR CANALICULI	Authorization required for non-participating providers.	C	1/1/2022
68705	CORRECT EVERTED PUNCTUM CAUT	Authorization required for non-participating providers.	C	1/1/2022
68720	DACRYOCYSTORHINOSTOMY	Authorization required for non-participating providers.	C	1/1/2022
68745	CONJUNCTIVORHINOSTOMY; WO TUBE	Authorization required for non-participating providers.	C	1/1/2022
68750	CONJUNCTIVORHINOSTOMY; W/INSRT TUBE/STENT	Authorization required for non-participating providers.	C	1/1/2022
68760	CLO LACRIMAL PUNCTUM; THERMOCAUT/LIG/LASER SURG	Authorization required for non-participating providers.	C	1/1/2022
68761	CLO LACRIMAL PUNCTUM; BY PLUG EA	Authorization required for non-participating providers.	C	1/1/2022

68770	CLO LACRIMAL FISTULA (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
68801	DILAT LACRIMAL PUNCTUM W/WO IRRIGA	Authorization required for non-participating providers.	C	1/1/2022
68810	PROBING NASOLACRIMAL DUCT W/WO IRRIGA;	Authorization required for non-participating providers.	C	1/1/2022
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG; REQ GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
68815	PROBE NASOLACRIM DUCT W/WO IRRIG; W/INSERT TUBE	Authorization required for non-participating providers.	C	1/1/2022
68816	PROBE NL DUCT W/BALLOON	Authorization required for non-participating providers.	C	1/1/2022
68840	PROBING LACRIMAL CANALICULI W/WO IRRIGA	Authorization required for non-participating providers.	C	1/1/2022
68850	INJ CONTRAST MEDIUM DACRYOCYSTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
68899	UNLISTED PROC LACRIMAL SYST	Authorization required for all providers.	Y	1/1/2022
69000	DRAINAGE EXT EAR ABSCESS/HEMATOMA; SIMPL	Authorization required for non-participating providers.	C	1/1/2022
69005	DRAINAGE EXT EAR ABSCESS/HEMATOMA; COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
69020	DRAINAGE EXT AUDITORY CANAL ABSCESS	Authorization required for non-participating providers.	C	1/1/2022
69100	BX EXT EAR	Authorization required for non-participating providers.	C	1/1/2022
69105	BX EXT AUDITORY CANAL	Authorization required for non-participating providers.	C	1/1/2022
69110	EXC EXT EAR; PART SIMPL REPR	Authorization required for non-participating providers.	C	1/1/2022
69120	EXC EXT EAR; COMPLT AMPUTA	Authorization required for non-participating providers.	C	1/1/2022
69140	EXC EXOSTOSIS EXT AUDITORY CANAL	Authorization required for non-participating providers.	C	1/1/2022
69145	EXC SOFT TISS LES EXT AUDITORY CANAL	Authorization required for non-participating providers.	C	1/1/2022
69150	RAD EXC EXT AUDITORY CANAL LES; WO NECK DISSECT	Authorization required for non-participating providers.	C	1/1/2022
69155	RAD EXC EXT AUDITORY CANAL LES; W/NECK DISSECT	Authorization required for non-participating providers.	C	1/1/2022
69200	REMOV FB-EXT AUDITORY CANAL; WO GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
69205	REMOV FB-EXT AUDITORY CANAL; W/GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
69209	REMOVE IMPACTED EAR WAX UNI	Authorization required for non-participating providers.	C	1/1/2022
69210	REMOVE IMPACTED EAR WAX UNI	Authorization required for non-participating providers.	C	1/1/2022
69220	DEBRID MASTOIDEIC CAVITY SIMPL	Authorization required for non-participating providers.	C	1/1/2022
69222	DEBRID MASTOIDEIC CAVITY COMPLX	Authorization required for non-participating providers.	C	1/1/2022
69310	RECON EXT AUDITORY CANAL (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
69320	RECON EXT AUDITORY CANAL CONGEN ATRESIA; 1 STAGE	Authorization required for non-participating providers.	C	1/1/2022
69399	UNLISTED PROC EXT EAR	Authorization required for all providers.	Y	1/1/2022
69420	MYRINGOTOMY INCL ASPIRAT &/OR EUSTACHIAN INFLAT	Authorization required for all providers.	Y	1/1/2022
69421	MYRINGOTOMY INCL ASPIRAT REQ GEN ANES	Authorization required for all providers.	Y	1/1/2022
69424	VENTILATING TUBE REMV RQR GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
69433	TYMPANOSTOMY LOCAL/TOPICAL ANES	Authorization required for all providers.	Y	1/1/2022
69436	TYMPANOSTOMY GEN ANES	Authorization required for all providers.	Y	1/1/2022
69440	MID EAR EXPLOR-POSTAURICULAR/EAR CANAL INCS	Authorization required for non-participating providers.	C	1/1/2022
69450	TYMPANOLYSIS TRANSCANAL	Authorization required for non-participating providers.	C	1/1/2022
69501	TRANSMASTOID ANTROTOMY	Authorization required for non-participating providers.	C	1/1/2022
69502	MASTOIDEIC; COMPLT	Authorization required for non-participating providers.	C	1/1/2022
69505	MASTOIDEIC; MODIF RADICAL	Authorization required for non-participating providers.	C	1/1/2022
69511	MASTOIDEIC; RADICAL	Authorization required for all providers.	Y	1/1/2022
69530	PETROUS APICECTOMY INCL RADICAL MASTOIDEIC	Authorization required for non-participating providers.	C	1/1/2022
69535	RESECT TEMPORAL BONE EXT APPROACH	Authorization required for non-participating providers.	C	1/1/2022
69540	EXC AURAL POLYP	Authorization required for non-participating providers.	C	1/1/2022
69550	EXC AURAL GLOMUS TUMOR; TRANSCANAL	Authorization required for non-participating providers.	C	1/1/2022
69552	EXC AURAL GLOMUS TUMOR; TRANSMASTOID	Authorization required for non-participating providers.	C	1/1/2022
69554	EXC AURAL GLOMUS TUMOR; EXTEN	Authorization required for non-participating providers.	C	1/1/2022
69601	REVIS MASTOIDEIC; RESULTING-COMPLT MASTOIDEIC	Authorization required for non-participating providers.	C	1/1/2022
69602	REVIS MASTOIDEIC; RESULT-MODIF RAD MASTOIDEIC	Authorization required for non-participating providers.	C	1/1/2022
69603	REVIS MASTOIDEIC; RESULTING-RADICAL MASTOIDEIC	Authorization required for non-participating providers.	C	1/1/2022

69604	REVIS MASTOIDEC; RESULTING-TYMPANOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
69610	TYMPANIC MEMB REPR W/WO SITE PREP	Authorization required for non-participating providers.	C	1/1/2022
69620	MYRINGOPLASTY	Authorization required for all providers.	Y	1/1/2022
69631	TYMPANOPLASTY WO MASTOIDEC; WO OSSICULAR CHAIN	Authorization required for all providers.	Y	1/1/2022
69632	TYMPANOPLASTY WO MASTOIDEC; W/OSSICULAR CHAIN	Authorization required for all providers.	Y	1/1/2022
69633	TYMPANOPLASTY WO MASTOIDEC; W/CHAIN & PROSTH	Authorization required for non-participating providers.	C	1/1/2022
69635	TYMPANOPLASTY W/ANTROTOMY; WO OSSICULAR CHAIN	Authorization required for non-participating providers.	C	1/1/2022
69636	TYMPANOPLASTY W/ANTROTOMY; W/OSSICULAR CHAIN	Authorization required for non-participating providers.	C	1/1/2022
69637	TYMPANOPLASTY W/ANTROTOMY; W/CHAIN & PROSTH	Authorization required for non-participating providers.	C	1/1/2022
69641	TYMPANOPLASTY W/MASTOIDEC; WO OSSICULAR CHAIN	Authorization required for all providers.	Y	1/1/2022
69642	TYMPANOPLASTY W/MASTOIDEC; W/OSSICULAR CHAIN	Authorization required for non-participating providers.	C	1/1/2022
69643	TYMPANOPLASTY W/MASTOIDEC; W/INTACT/RECON WALL	Authorization required for non-participating providers.	C	1/1/2022
69644	TYMPANOPLASTY W/MASTOIDEC; W/RECON CANAL WALL	Authorization required for all providers.	Y	1/1/2022
69645	TYMPANOPLASTY W/MASTOIDEC; RADICAL/COMPLT	Authorization required for all providers.	Y	1/1/2022
69646	TYMPANOPLASTY W/MASTOIDEC; RAD W/CHAIN RECON	Authorization required for non-participating providers.	C	1/1/2022
69650	STAPES MOBILIZATION	Authorization required for non-participating providers.	C	1/1/2022
69660	STAPEDECTOMY/STAPEDOTOMY W/REESTABLISHMENT	Authorization required for non-participating providers.	C	1/1/2022
69661	STAPEDECTOMY/STAPEDOTOMY; W/FOOTPLATE DRILL OUT	Authorization required for non-participating providers.	C	1/1/2022
69662	REVIS STAPEDECTOMY/STAPEDOTOMY	Authorization required for non-participating providers.	C	1/1/2022
69666	REPR OVAL WINDOW FISTULA	Authorization required for non-participating providers.	C	1/1/2022
69667	REPR ROUND WINDOW FISTULA	Authorization required for non-participating providers.	C	1/1/2022
69670	MASTOID OBLIT (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
69676	TYMPANIC NEURECTOMY	Authorization required for non-participating providers.	C	1/1/2022
69700	CLO POSTAURICULAR FISTULA MASTOID (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
69705	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	Authorization required for non-participating providers.	C	1/1/2022
69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	Authorization required for non-participating providers.	C	1/1/2022
69710	IMPLNT/REPLAC ELECTROMAGNETIC BONE HEARING DEVIC	Authorization required for all providers.	Y	1/1/2022
69711	REMOV/REPR ELECTROMAGNETIC BONE HEARING DEVICE	Authorization required for non-participating providers.	C	1/1/2022
69714	IMPLTJ OI IMPLT SKULL PERQ ATTACHMENT ESP	Authorization required for all providers.	Y	1/1/2022
69715	OSSEO IMPLNT-TEMP BONE, W/MASTOIDEC	Authorization required for non-participating providers.	C	1/1/2022
69717	REVJ/RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	Authorization required for all providers.	Y	1/1/2022
69718	REPLAC OSSEO IMPLNT, W/MASTOIDECT	Authorization required for non-participating providers.	C	1/1/2022
69720	DECOMP FACIAL NERV INTRATEMPORAL; LAT-GENICULATE	Authorization required for non-participating providers.	C	1/1/2022
69725	DECOMP FACIAL NERV; INCL MEDIAL-GENICULATE GANGL	Authorization required for non-participating providers.	C	1/1/2022
69740	SUTURE FACIAL NERV W/WO GFT; LAT-GENICULATE	Authorization required for non-participating providers.	C	1/1/2022
69745	SUTURE FACIAL NERV; INCL MEDIAL-GENICULATE GANGL	Authorization required for non-participating providers.	C	1/1/2022
69799	UNLISTED PROC MID EAR	Authorization required for all providers.	Y	1/1/2022
69801	INCISE INNER EAR	Authorization required for non-participating providers.	C	1/1/2022
69802	INCISE INNER EAR	Authorization required for non-participating providers.	C	1/1/2022
69805	ENDOLYMPHATIC SAC OR; WO SHUNT	Authorization required for non-participating providers.	C	1/1/2022
69806	ENDOLYMPHATIC SAC OR; W/SHUNT	Authorization required for non-participating providers.	C	1/1/2022
69905	LABYRINTHECTOMY; TRANSCANAL	Authorization required for non-participating providers.	C	1/1/2022
69910	LABYRINTHECTOMY; W/MASTOIDEC	Authorization required for non-participating providers.	C	1/1/2022
69915	VESTIBULAR NERV SECT TRANSLABYRINTHINE APPROACH	Authorization required for non-participating providers.	C	1/1/2022
69930	COCHLEAR DEVICE IMPLNT W/WO MASTOIDEC	Authorization required for all providers.	Y	1/1/2022
69949	UNLISTED PROC INNER EAR	Authorization required for all providers.	Y	1/1/2022
69950	VESTIBULAR NERV SECT-TRANSCRANIAL APPROACH	Authorization required for non-participating providers.	C	1/1/2022
69955	TOT FACIAL NERV DECOMP &/OR REPR	Authorization required for non-participating providers.	C	1/1/2022
69960	DECOMP INT AUDITORY CANAL	Authorization required for non-participating providers.	C	1/1/2022

69970	REMOV TUMOR TEMPORAL BONE	Authorization required for non-participating providers.	C	1/1/2022
69979	UNLISTED PROC TEMPORAL BONE-MID FOSSA APPROACH	Authorization required for non-participating providers.	C	1/1/2022
70336	MRI TEMPOROMANDIBULAR JT	Services are administered by NIA.	C	1/1/2022
70450	CT HEAD/BRAIN; W/O CONTRAST MATL	Services are administered by NIA.	C	1/1/2022
70460	CT HEAD/BRAIN; W/CONTRAST MATL	Services are administered by NIA.	C	1/1/2022
70470	CT HEAD/BRAIN; W/O & W/CONTRST	Services are administered by NIA.	C	1/1/2022
70480	CT ORBIT SELLA/EAR; W/O CONTRST	Services are administered by NIA.	C	1/1/2022
70481	CT ORBIT SELLA/EAR; W/CONTRST	Services are administered by NIA.	C	1/1/2022
70482	CT ORBIT SELLA/EAR; W/O&W/CONTRST	Services are administered by NIA.	C	1/1/2022
70486	CT MAXILOFCE AREA; W/O CONTRAST MATL	Services are administered by NIA.	C	1/1/2022
70487	CT MAXILLOFACIAL AREA; W/CONTRAST	Services are administered by NIA.	C	1/1/2022
70488	CT MAXILLOFACIAL; W/O&W/CONTRST	Services are administered by NIA.	C	1/1/2022
70490	CT SOFT TISS NECK; W/O CONTRST MATL	Services are administered by NIA.	C	1/1/2022
70491	CT SOFT TISSUE NECK; W/CONTRST	Services are administered by NIA.	C	1/1/2022
70492	CT SFT TISS NCK; W/O&W/CONTRST	Services are administered by NIA.	C	1/1/2022
70496	CTA HEAD C-/C+	Services are administered by NIA.	C	1/1/2022
70498	CTA NCK C-/C+ POST-PXESSING	Services are administered by NIA.	C	1/1/2022
70540	MRI ORBIT, FACE AND OR NECK WITHOUT CONTRACT MATERIALS	Services are administered by NIA.	C	1/1/2022
70542	MRI ORBIT FACE & NECK, W/CONTRAST	Services are administered by NIA.	C	1/1/2022
70543	MRI ORBIT FACE & NECK, W/ & WO CONT	Services are administered by NIA.	C	1/1/2022
70544	MRA HEAD, WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
70545	MRA HEAD, W/CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
70546	MRA HEAD, W/& WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
70547	MRA NECK, WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
70548	MRA NECK, W/CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
70549	MRA NECK, W/ & WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
70551	MRI BRAIN; WO CONTRAST	Services are administered by NIA.	C	1/1/2022
70552	MRI BRAIN; W/CONTRAST	Services are administered by NIA.	C	1/1/2022
70553	MRI BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	Services are administered by NIA.	C	1/1/2022
70554	MAGNETIC RESONANCE IMAGING, BRAIN	Services are administered by NIA.	C	1/1/2022
70555	MRI, BRAIN, FXNL, REQ PHYSIC/ PSYCHOL ADMIN	Services are administered by NIA.	C	1/1/2022
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	Services are administered by NIA.	C	1/1/2022
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	Services are administered by NIA.	C	1/1/2022
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	Services are administered by NIA.	C	1/1/2022
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	Services are administered by NIA.	C	1/1/2022
71275	CTA CH C-/C+ POST-PXESSING	Services are administered by NIA.	C	1/1/2022
71550	MRI CHEST	Services are administered by NIA.	C	1/1/2022
71551	MRI CHEST, W/CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
71552	MRI CHEST, W & WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
71555	MRI ANGIO CHEST W/WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
72125	CT CERV SPINE; W/O CONTRST	Services are administered by NIA.	C	1/1/2022
72126	CMPT TOMOGRPH CERV SPINE; W/CONTRST	Services are administered by NIA.	C	1/1/2022
72127	CT C-SPINE; W/O&W/CONTRST&OTH SECT	Services are administered by NIA.	C	1/1/2022
72128	CT T-SPINE; W/O CONTRST MATL	Services are administered by NIA.	C	1/1/2022
72129	CMPT TOMOGRPH T-SPINE; W/CONTRST	Services are administered by NIA.	C	1/1/2022
72130	CT T-SPINE; W/O&W/CONTRST&OTH SECT	Services are administered by NIA.	C	1/1/2022
72131	CT LUMBAR SPINE; W/O CONTRST MATL	Services are administered by NIA.	C	1/1/2022
72132	CT LUMBAR SPINE; W/CONTRST MATL	Services are administered by NIA.	C	1/1/2022
72133	CT LUMB SP; W/O&W/CONTRST&OTH SECT	Services are administered by NIA.	C	1/1/2022
72141	MRI SPINAL CANAL & CONTENTS CERV; WO CONTRAST	Services are administered by NIA.	C	1/1/2022
72142	MRI SPINAL CANAL & CONTENTS CERV; W/CONTRAST	Services are administered by NIA.	C	1/1/2022
72146	MRI SPINAL CANAL & CONTENTS THORACIC; WO CONTRST	Services are administered by NIA.	C	1/1/2022
72147	MRI SPINAL CANAL & CONTENTS THORACIC; W/CONTRAST	Services are administered by NIA.	C	1/1/2022
72148	MRI SPINAL CANAL & CONTENTS LUMBAR; WO CONTRAST	Services are administered by NIA.	C	1/1/2022
72149	MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	Services are administered by NIA.	C	1/1/2022
72156	MRI SPINAL CANAL WO THEN W/CONTRAST CERV	Services are administered by NIA.	C	1/1/2022
72157	MRI SPINAL CANAL WO THEN W/CONTRAST; THORACIC	Services are administered by NIA.	C	1/1/2022
72158	MRI SPINAL CANAL WO THEN W/CONTRAST; LUMBAR	Services are administered by NIA.	C	1/1/2022
72159	MRI ANGIO SPINAL CANAL & CONTENTS W/WO CONTRAST	Services are administered by NIA.	C	1/1/2022
72191	CTA PELVIS C-/C+ POST-PXESSING	Services are administered by NIA.	C	1/1/2022
72192	CT PELVIS; W/O CONTRAST MATERIAL	Services are administered by NIA.	C	1/1/2022
72193	CT PELVIS; W/CONTRAST MATERIAL	Services are administered by NIA.	C	1/1/2022
72194	CT PELV; W/O & W/CONTRST&OTH SECT	Services are administered by NIA.	C	1/1/2022
72195	MRI PELVIS, WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
72196	MRI PELVIS	Services are administered by NIA.	C	1/1/2022
72197	MRI PELVIS W & WO CONTRAST	Services are administered by NIA.	C	1/1/2022
72198	MRI ANGIO PELVIS W/WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
73200	CT UPPER EXT; W/O CONTRAST MATL	Services are administered by NIA.	C	1/1/2022
73201	CT UPPER EXT; W/CONTRST MATL	Services are administered by NIA.	C	1/1/2022
73202	CT UP EXT; W/O & W/CONTRST&OTH SECT	Services are administered by NIA.	C	1/1/2022
73206	CTA UXTR C-/C+ POST-PXESSING	Services are administered by NIA.	C	1/1/2022
73218	MRI UP EXTREM OTH THAN JT WO CONTRAST	Services are administered by NIA.	C	1/1/2022
73219	MRI UP EXTREM NOT JT W/CONTRAST	Services are administered by NIA.	C	1/1/2022
73220	MRI UPPER EXTREM OTHER THAN JT	Services are administered by NIA.	C	1/1/2022
73221	MRI ANY JT UPPER EXTREM	Services are administered by NIA.	C	1/1/2022
73222	MRI ANY JT UP EXTREM W/CONTRAST	Services are administered by NIA.	C	1/1/2022
73223	MRI ANY JT UP EXTREM W & WO CONTRAST	Services are administered by NIA.	C	1/1/2022
73225	MRI ANGIO UPPER EXTREM W/WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
73700	CT LOWER EXT; W/O CONTRST MATL	Services are administered by NIA.	C	1/1/2022
73701	CMPT TOMOGRPH LOWER EXT; W/CONTRAST	Services are administered by NIA.	C	1/1/2022
73702	CT LW EXT; W/O & W/CONTRST&OTH SECT	Services are administered by NIA.	C	1/1/2022
73706	CTA LXTR C-/C+ POST-PXESSING	Services are administered by NIA.	C	1/1/2022

73718	MRI LOW EXTREM NOT JT WO CONTRAST	Services are administered by NIA.	C	1/1/2022
73719	MRI LOW EXTREM W/CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
73720	MRI LOWER EXTREM OTHER THAN JT	Services are administered by NIA.	C	1/1/2022
73721	MRI ANY JT LOWER EXTREM	Services are administered by NIA.	C	1/1/2022
73722	MRI ANY JT LOW EXTREM, W/CONTRAST	Services are administered by NIA.	C	1/1/2022
73723	MRI ANY JT LO EXTREM W & WO CONTRS	Services are administered by NIA.	C	1/1/2022
73725	MRI ANGIO LOWER EXTREM W/WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
74150	CMPT TOMOGRPH ABD; W/O CONTRST MATL	Services are administered by NIA.	C	1/1/2022
74160	CMPT TOMOGRPH ABD; W/CONTRST MATL	Services are administered by NIA.	C	1/1/2022
74170	CT ABD; W/O & W/CONTRST&OTH SECT	Services are administered by NIA.	C	1/1/2022
74174	CT ANGIO ABD&PELV W/O&W/DYE	Services are administered by NIA.	C	1/1/2022
74175	CTA ABD C-/C+ POST-PXESSING	Services are administered by NIA.	C	1/1/2022
74176	CT ABD & PELVIS W/O CONTRAST	Services are administered by NIA.	C	1/1/2022
74177	CT ABD & PELV W/CONTRAST	Services are administered by NIA.	C	1/1/2022
74178	CT ABD & PELV 1/> REGNS	Services are administered by NIA.	C	1/1/2022
74181	MRI ABD	Services are administered by NIA.	C	1/1/2022
74182	MRI ABD W CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
74183	MRI ABD W & WO CONTRAST	Services are administered by NIA.	C	1/1/2022
74185	MRI ANGIO ABD W/WO CONTRAST MAT	Services are administered by NIA.	C	1/1/2022
74221	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	Authorization required for non-participating providers.	C	1/1/2022
74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	Authorization required for non-participating providers.	C	1/1/2022
74261	CT COLONOGRAPHY, W/O DYE	Services are administered by NIA.	C	1/1/2022
74262	CT COLONOGRAPHY, W/DYE	Services are administered by NIA.	C	1/1/2022
74712	MRI FETAL SNGL/1ST GESTATION	Services are administered by NIA.	C	1/1/2022
74713	MRI FETAL EA ADDL GESTATION	Services are administered by NIA.	C	1/1/2022
75557	CARDIAC MRI FOR MORPH	Services are administered by NIA.	C	1/1/2022
75559	CARDIAC MRI W/STRESS IMG	Services are administered by NIA.	C	1/1/2022
75561	CARDIAC MRI FOR MORPH W/DYE	Services are administered by NIA.	C	1/1/2022
75563	CARD MRI W/STRESS IMG & DYE	Services are administered by NIA.	C	1/1/2022
75571	CT HRT W/O DYE W/CA TEST	Services are administered by NIA.	C	1/1/2022
75572	CT HRT W/3D IMAGE	Services are administered by NIA.	C	1/1/2022
75573	CT HEART C+ CARDIAC STRUX AND MORPH CGEN HRT DS	Services are administered by NIA.	C	1/1/2022
75574	CT ANGIO HRT W/3D IMAGE	Services are administered by NIA.	C	1/1/2022
75635	CTA AA&BI ILOFEM LXTR RS&I C-/C+ POST-PXESSING	Services are administered by NIA.	C	1/1/2022
76380	CMPT TOMOGRAPHY LTD/LOC F/U STUDY	Services are administered by NIA.	C	1/1/2022
76390	MAGNETIC RESONANCE SPECTROSCOPY	Services are administered by NIA.	C	1/1/2022
76496	UNLISTED FLUOROSCOPIC PROCEDURE	Authorization required for all providers.	Y	1/1/2022
76497	UNLISTED COMPUTED TOMOGRAPHY PROC	Services are administered by NIA.	C	1/1/2022
76498	UNLISTED MAGNETIC RESONANCE PROC	Services are administered by NIA.	C	1/1/2022
76499	UNLISTED DX RADIOGRAPHIC PROC	Authorization required for all providers.	Y	1/1/2022
76978	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	Authorization required for all providers.	Y	1/1/2022
76979	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	Authorization required for all providers.	Y	1/1/2022
76981	ULTRASOUND ELASTOGRAPHY PARENCHYMA	Authorization required for all providers.	Y	1/1/2022
76982	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	Authorization required for all providers.	Y	1/1/2022
76983	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	Authorization required for all providers.	Y	1/1/2022
76999	UNLISTED ULTRASOUND PROCEDURE	Authorization required for all providers.	Y	1/1/2022
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC LOCALIZATION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77014	COMPUTED TOMOGRAPHY GUIDANCE	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Services are administered by NIA.	C	1/1/2022
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Services are administered by NIA.	C	1/1/2022
77048	MRI BREAST W/OUT AND WITH CONTRAST W/CAD UNILATERAL	Services are administered by NIA.	C	1/1/2022
77049	MRI BREAST WITHOUT AND WITH CONTRAST W/CAD BILATERAL	Services are administered by NIA.	C	1/1/2022
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY	Services are administered by NIA.	C	1/1/2022
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Services are administered by NIA.	C	1/1/2022
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77373	STEREOTACTIC BODY RADIATION THERAPY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77385	NTSTY MODUL RAD TX DLVR SMPL	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77386	NTSTY MODUL RAD TX DLVR CPLX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77401	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77402	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

77407	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77412	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77423	NEUTRON BEAM TX COMPLEX	Authorization required for all providers.	Y	1/1/2022
77427	RADIATION TRMT MANAGEMENT, FIVE TREATMENTS	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77431	RADIATION THERAP MGMT W/COMPLT COURSE THERAP	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77432	STEREOTACTIC RADIATION TX MANAGEMENT CRANIAL LESION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77435	STEREOTACTIC BODY RADIATION THERAPY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77470	SPECIAL RADIATION TREATMENT	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77499	UNLISTED PROC THERAP RAD CLINICAL TX MGMT	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77520	PROTON BEAM DELIVERY TO A SINGLE TRMT AREA	Authorization required for all providers.	Y	1/1/2022
77522	PROTON TX DELIV, SIMPL W/COMPENSATN	Authorization required for all providers.	Y	1/1/2022
77523	PROTON BEAM DELIVERY TO ONE OR TWO TRMT AREAS	Authorization required for all providers.	Y	1/1/2022
77525	PROTON TX DELIV, COMPLX	Authorization required for all providers.	Y	1/1/2022
77750	INFUSION/INSTLL RADIOELEMENT SOLUTION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77761	INTRACAVITARY RADIOELEMENT APPLIC; SIMPL	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77762	INTRACAVITARY RADIOELEMENT APPLIC; INTERMED	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77763	INTRACAVITARY RADIOELEMENT APPLIC; COMPLX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77767	HDR RDNCL SKN SURF BRACHYTX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77768	HDR RDNCL SKN SURF BRACHYTX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77778	INTERSTITIAL RADIOELEMENT APPLIC; COMPLX	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77789	APPLY SURF LDR RADIONUCLIDE	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77790	SUPERVS HANDLING LOADING-RADIOELEMENT	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
77799	UNLISTED PROC CLINICAL BRACHYTHERAP	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
78099	UNLISTED ENDOCRINE PROC DX NUCLEAR MEDS	Authorization required for all providers.	Y	1/1/2022
78199	UNLIST HEMATOPOIETIC & LYMPHATIC PROC-DX NUCLEAR	Authorization required for all providers.	Y	1/1/2022
78299	UNLISTED GI PROC DX NUCLEAR MEDS	Authorization required for all providers.	Y	1/1/2022
78399	UNLISTED MS PROC DX NUCLEAR MEDS	Authorization required for all providers.	Y	1/1/2022
78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Services are administered by NIA.	C	1/1/2022
78430	MYOCDR IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	Services are administered by NIA.	C	1/1/2022
78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Services are administered by NIA.	C	1/1/2022
78432	MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER	Services are administered by NIA.	C	1/1/2022
78433	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	Services are administered by NIA.	C	1/1/2022
78434	AQMBF PET REST AND PHARMACOLOGIC STRESS	Services are administered by NIA.	C	1/1/2022
78451	HT MUSCLE IMAGE SPECT, SING	Services are administered by NIA.	C	1/1/2022
78452	HT MUSCLE IMAGE SPECT, MULT	Services are administered by NIA.	C	1/1/2022
78453	HT MUSCLE IMAGE, PLANAR, SING	Services are administered by NIA.	C	1/1/2022
78454	HT MUSC IMAGE, PLANAR, MULT	Services are administered by NIA.	C	1/1/2022
78459	MYOCDR IMG PET METAB EVAL SINGLE STUDY	Services are administered by NIA.	C	1/1/2022
78466	MYOCARDIAL IMAG INFARCT AVID PLANAR; QUAL/QUAN	Services are administered by NIA.	C	1/1/2022

78468	MYOCARDIAL IMAG PLANAR; W/EJECT FRACT-1ST PASS	Services are administered by NIA.	C	1/1/2022
78469	MYOCARDIAL IMAG PLANAR; TOMOGRAPH SPECT W/WO QUAN	Services are administered by NIA.	C	1/1/2022
78472	CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY	Services are administered by NIA.	C	1/1/2022
78473	CARDIAC BLD POOL IMAG GATED EQUILIB; MX STUDIES	Services are administered by NIA.	C	1/1/2022
78481	CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	Services are administered by NIA.	C	1/1/2022
78483	CARDIAC BLD POOL IMAG 1ST PASS; MX STUDIES	Services are administered by NIA.	C	1/1/2022
78491	MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	Services are administered by NIA.	C	1/1/2022
78492	MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST AND STRESS	Services are administered by NIA.	C	1/1/2022
78494	CARD BLD POOL IMAG-GATED SPECT-REST-MOTION STUDY	Services are administered by NIA.	C	1/1/2022
78499	UNLISTED CARDIOVASCULAR PROC DX NUCLEAR MEDS	Services are administered by NIA.	C	1/1/2022
78599	UNLISTED RESPIRATORY PROC DX NUCLEAR MEDS	Authorization required for all providers.	Y	1/1/2022
78608	BRAIN IMAG POSITRON EMISSION TOMOGRAPHY; METABOLIC	Services are administered by NIA.	C	1/1/2022
78609	BRAIN IMAG POSITRON EMISSION TOMOGRAPHY; PERFUSION	Services are administered by NIA.	C	1/1/2022
78699	UNLISTED NERV SYST PROC DX NUCLEAR MEDS	Authorization required for all providers.	Y	1/1/2022
78799	UNLISTED GENITOURINARY PROC DX NUCLEAR MEDS	Authorization required for all providers.	Y	1/1/2022
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	Services are administered by NIA.	C	1/1/2022
78812	PET IMAGING SKULL BASE TO MID-THIGH	Services are administered by NIA.	C	1/1/2022
78813	PET IMAGING WHOLE BODY	Services are administered by NIA.	C	1/1/2022
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Services are administered by NIA.	C	1/1/2022
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Services are administered by NIA.	C	1/1/2022
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Services are administered by NIA.	C	1/1/2022
78830	RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY IMAGING	Authorization required for all providers.	Y	1/1/2022
78831	RP LOCLZJ TUM SPECT 2 AREA 1D IMG/1 AREA IMG>2+D	Authorization required for all providers.	Y	1/1/2022
78832	RP LOCLZJ TUM SPECT CT 2AREA 1D IMG/1 AR IMG>2+D	Authorization required for all providers.	Y	1/1/2022
78835	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	Authorization required for all providers.	Y	1/1/2022
78999	UNLISTED MISC PROC DX NUCLEAR MEDS	Authorization required for all providers.	Y	1/1/2022
79999	UNLISTED RADIOPHARM THERAP PROC	Authorization required for all providers.	Y	1/1/2022
80145	DRUG ASSAY ADALIMUMAB	Authorization required for all providers.	Y	1/1/2022
80184	PHENOBARBITAL	Authorization required for all providers.	Y	1/1/2022
80187	DRUG ASSAY POSACONAZOLE	Authorization required for all providers.	Y	1/1/2022
80230	DRUG ASSAY INFLIXIMAB	Authorization required for all providers.	Y	1/1/2022
80235	DRUG ASSAY LACOSAMIDE	Authorization required for all providers.	Y	1/1/2022
80280	DRUG ASSAY VEDOLIZUMAB	Authorization required for all providers.	Y	1/1/2022
80285	DRUG ASSAY VORICONAZOLE	Authorization required for all providers.	Y	1/1/2022
81099	UNLISTED UA PROC	Authorization required for all providers.	Y	1/1/2022
81105	HPA-1 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81106	HPA-2 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81107	HPA-3 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81108	HPA-4 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81109	HPA-5 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81110	HPA-6 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81111	HPA-9 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81112	HPA-15 GENOTYPING	Authorization required for all providers.	Y	1/1/2022
81120	IDH1 COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81121	IDH2 COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81161	DMD DUP/DELET ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	Authorization required for all providers.	Y	1/1/2022
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN	Authorization required for all providers.	Y	1/1/2022

81170	ABL1 GENE	Authorization required for all providers.	Y	1/1/2022
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization required for all providers.	Y	1/1/2022
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization required for all providers.	Y	1/1/2022
81175	ASXL1 FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81176	ASXL1 GENE TARGET SEQ ALYS	Authorization required for all providers.	Y	1/1/2022
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81182	ATXN805 GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Authorization required for all providers.	Y	1/1/2022
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Authorization required for all providers.	Y	1/1/2022
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization required for all providers.	Y	1/1/2022
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization required for all providers.	Y	1/1/2022
81191	NTRK1 TRANSLOCATION ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81192	NTRK2 TRANSLOCATION ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81193	NTRK3 TRANSLOCATION ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81194	NTRK TRANSLOCATION ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81200	ASPA GENE	Authorization required for all providers.	Y	1/1/2022
81201	APC GENE FULL SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81202	APC GENE KNOWN FAM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81203	APC GENE DUP/DELET VARIANTS	Authorization required for all providers.	Y	1/1/2022
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization required for all providers.	Y	1/1/2022
81205	BCKDHB GENE	Authorization required for all providers.	Y	1/1/2022
81206	BCR/ABL1 GENE MAJOR BP	Authorization required for all providers.	Y	1/1/2022
81207	BCR/ABL1 GENE MINOR BP	Authorization required for all providers.	Y	1/1/2022
81208	BCR/ABL1 GENE OTHER BP	Authorization required for all providers.	Y	1/1/2022
81209	BLM GENE	Authorization required for all providers.	Y	1/1/2022
81210	BRAF GENE	Authorization required for all providers.	Y	1/1/2022
81212	BRCA1 BRCA 2 GEN ALYS 185DELGA 5385INSC 6174DELT	Authorization required for all providers.	Y	1/1/2022
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization required for all providers.	Y	1/1/2022
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization required for all providers.	Y	1/1/2022
81218	CEBPA GENE FULL SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81219	CALR GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81221	CFTR GENE KNOWN FAM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81222	CFTR GENE DUP/DELET VARIANTS	Authorization required for all providers.	Y	1/1/2022
81223	CFTR GENE FULL SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81224	CFTR GENE INTRON POLY T	Authorization required for all providers.	Y	1/1/2022
81225	CYP2C19 GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81226	CYP2D6 GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81227	CYP2C9 GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022

81228	CYTOG ALYS CHRMOML ABNOR COPY NUMBER VRNT CGH	Authorization required for all providers.	Y	1/1/2022
81229	CYTOG ALYS CHRMOML ABNOR CPY NUMBER AND SNP VRNT CGH	Authorization required for all providers.	Y	1/1/2022
81230	CYP3A4 GENE COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81231	CYP3A5 GENE COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81232	DPYD GENE COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81233	BTK GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81238	F9 FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization required for all providers.	Y	1/1/2022
81240	F2 GENE	Authorization required for all providers.	Y	1/1/2022
81241	F5 GENE	Authorization required for all providers.	Y	1/1/2022
81242	FANCC GENE	Authorization required for all providers.	Y	1/1/2022
81243	FMR1 GENE DETECTION	Authorization required for all providers.	Y	1/1/2022
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization required for all providers.	Y	1/1/2022
81247	G6PD GENE ALYS CMN VARIANT	Authorization required for all providers.	Y	1/1/2022
81248	G6PD KNOWN FAMILIAL VARIANT	Authorization required for all providers.	Y	1/1/2022
81249	G6PD FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81250	G6PC GENE	Authorization required for all providers.	Y	1/1/2022
81251	GBA GENE	Authorization required for all providers.	Y	1/1/2022
81252	GJB2 GENE FULL SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81253	GJB2 GENE KNOWN FAM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81254	GJB6 GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81255	HEXA GENE	Authorization required for all providers.	Y	1/1/2022
81256	HFE GENE	Authorization required for all providers.	Y	1/1/2022
81257	HBA1/HBA2 GENE	Authorization required for all providers.	Y	1/1/2022
81258	HBA1/HBA2 GENE FAM VRNT	Authorization required for all providers.	Y	1/1/2022
81259	HBA1/HBA2 FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81260	IKBKAP GENE	Authorization required for all providers.	Y	1/1/2022
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	Authorization required for all providers.	Y	1/1/2022
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81272	KIT GENE TARGETED SEQ ANALYS	Authorization required for all providers.	Y	1/1/2022
81273	KIT GENE ANALYS D816 VARIANT	Authorization required for all providers.	Y	1/1/2022
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Authorization required for all providers.	Y	1/1/2022
81276	KRAS GENE ADDL VARIANTS	Authorization required for all providers.	Y	1/1/2022
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
81278	IGH@/BCL2 TLCJ ALYS MBR AND MCR BP QUAL/QUAN	Authorization required for all providers.	Y	1/1/2022
81279	JAK2 TARGETED SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81283	IFNL3 GENE	Authorization required for all providers.	Y	1/1/2022
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Authorization required for all providers.	Y	1/1/2022
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81288	MLH1 GENE	Authorization required for all providers.	Y	1/1/2022
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization required for all providers.	Y	1/1/2022
81290	MCOLN1 GENE	Authorization required for all providers.	Y	1/1/2022
81291	MTHFR GENE	Authorization required for all providers.	Y	1/1/2022
81292	MLH1 GENE FULL SEQ	Authorization required for all providers.	Y	1/1/2022

81293	MLH1 GENE KNOWN VARIANTS	Authorization required for all providers.	Y	1/1/2022
81294	MLH1 GENE DUP/DELETE VARIANT	Authorization required for all providers.	Y	1/1/2022
81295	MSH2 GENE FULL SEQ	Authorization required for all providers.	Y	1/1/2022
81296	MSH2 GENE KNOWN VARIANTS	Authorization required for all providers.	Y	1/1/2022
81297	MSH2 GENE DUP/DELETE VARIANT	Authorization required for all providers.	Y	1/1/2022
81298	MSH6 GENE FULL SEQ	Authorization required for all providers.	Y	1/1/2022
81299	MSH6 GENE KNOWN VARIANTS	Authorization required for all providers.	Y	1/1/2022
81300	MSH6 GENE DUP/DELETE VARIANT	Authorization required for all providers.	Y	1/1/2022
81301	MICROSATELLITE INSTABILITY	Authorization required for all providers.	Y	1/1/2022
81302	MECP2 GENE FULL SEQ	Authorization required for all providers.	Y	1/1/2022
81303	MECP2 GENE KNOWN VARIANT	Authorization required for all providers.	Y	1/1/2022
81304	MECP2 GENE DUP/DELET VARIANT	Authorization required for all providers.	Y	1/1/2022
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Authorization required for all providers.	Y	1/1/2022
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for non-participating providers.	C	1/1/2022
81308	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization required for non-participating providers.	C	1/1/2022
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
81311	NRAS GENE VARIANTS EXON 2&3	Authorization required for all providers.	Y	1/1/2022
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81313	PCA3/KLK3 ANTIGEN	Authorization required for all providers.	Y	1/1/2022
81314	PDGFRA GENE	Authorization required for all providers.	Y	1/1/2022
81317	PMS2 GENE FULL SEQ ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81318	PMS2 KNOWN FAMILIAL VARIANTS	Authorization required for all providers.	Y	1/1/2022
81319	PMS2 GENE DUP/DELET VARIANTS	Authorization required for all providers.	Y	1/1/2022
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81321	PTEN GENE FULL SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81322	PTEN GENE KNOWN FAM VARIANT	Authorization required for all providers.	Y	1/1/2022
81323	PTEN GENE DUP/DELET VARIANT	Authorization required for all providers.	Y	1/1/2022
81324	PMP22 GENE DUP/DELET	Authorization required for all providers.	Y	1/1/2022
81325	PMP22 GENE FULL SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81326	PMP22 GENE KNOWN FAM VARIANT	Authorization required for all providers.	Y	1/1/2022
81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81328	SLCO1B1 GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Authorization required for all providers.	Y	1/1/2022
81330	SMPD1 GENE COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81331	SNRPN/UBE3A GENE	Authorization required for all providers.	Y	1/1/2022
81332	SERPINA1 GENE	Authorization required for all providers.	Y	1/1/2022
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81334	RUNX1 GENE TARGETED SEQ ALYS	Authorization required for all providers.	Y	1/1/2022
81335	TPMT GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Authorization required for all providers.	Y	1/1/2022
81338	MPL GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	Authorization required for all providers.	Y	1/1/2022
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization required for all providers.	Y	1/1/2022
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81346	TYMS GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81347	SF3B1 GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022

81348	SRSF2 GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization required for all providers.	Y	1/1/2022
81355	VKORC1 GENE	Authorization required for all providers.	Y	1/1/2022
81357	U2AF1 GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
81360	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	Authorization required for all providers.	Y	1/1/2022
81361	HBB GENE COM VARIANTS	Authorization required for all providers.	Y	1/1/2022
81362	HBB GENE KNOWN FAM VARIANT	Authorization required for all providers.	Y	1/1/2022
81363	HBB GENE DUP/DEL VARIANTS	Authorization required for all providers.	Y	1/1/2022
81364	HBB FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
81370	HLA I & II TYPING LR	Authorization required for all providers.	Y	1/1/2022
81371	HLA I & II TYPE VERIFY LR	Authorization required for all providers.	Y	1/1/2022
81372	HLA I TYPING COMPLETE LR	Authorization required for all providers.	Y	1/1/2022
81373	HLA I TYPING 1 LOCUS LR	Authorization required for all providers.	Y	1/1/2022
81374	HLA I TYPING 1 ANTIGEN LR	Authorization required for all providers.	Y	1/1/2022
81375	HLA II TYPING AG EQUIV LR	Authorization required for all providers.	Y	1/1/2022
81376	HLA II TYPING 1 LOCUS LR	Authorization required for all providers.	Y	1/1/2022
81377	HLA II TYPE 1 AG EQUIV LR	Authorization required for all providers.	Y	1/1/2022
81378	HLA I & II TYPING HR	Authorization required for all providers.	Y	1/1/2022
81379	HLA I TYPING COMPLETE HR	Authorization required for all providers.	Y	1/1/2022
81380	HLA I TYPING 1 LOCUS HR	Authorization required for all providers.	Y	1/1/2022
81381	HLA I TYPING 1 ALLELE HR	Authorization required for all providers.	Y	1/1/2022
81382	HLA II TYPING 1 LOC HR	Authorization required for all providers.	Y	1/1/2022
81383	HLA II TYPING 1 ALLELE HR	Authorization required for all providers.	Y	1/1/2022
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Authorization required for all providers.	Y	1/1/2022
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Authorization required for all providers.	Y	1/1/2022
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Authorization required for all providers.	Y	1/1/2022
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Authorization required for all providers.	Y	1/1/2022
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Authorization required for all providers.	Y	1/1/2022
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Authorization required for all providers.	Y	1/1/2022
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Authorization required for all providers.	Y	1/1/2022
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Authorization required for all providers.	Y	1/1/2022
81408	MOPATH PROCEDURE LEVEL 9	Authorization required for all providers.	Y	1/1/2022
81410	AORTIC DYSFUNCTION/DILATION	Authorization required for all providers.	Y	1/1/2022
81411	AORTIC DYSFUNCTION/DILATION	Authorization required for all providers.	Y	1/1/2022
81412	ASHKENAZI JEWISH ASSOC DIS	Authorization required for all providers.	Y	1/1/2022
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Authorization required for all providers.	Y	1/1/2022
81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	Authorization required for all providers.	Y	1/1/2022
81415	EXOME SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81416	EXOME SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81417	EXOME RE-EVALUATION	Authorization required for all providers.	Y	1/1/2022
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Authorization required for all providers.	Y	1/1/2022
81422	FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS	Authorization required for all providers.	Y	1/1/2022
81425	GENOME SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81426	GENOME SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
81427	GENOME RE-EVALUATION	Authorization required for all providers.	Y	1/1/2022
81430	HEARING LOSS SEQUENCE ANALYS	Authorization required for all providers.	Y	1/1/2022

81432	HRDRY BRST CA-RLATD DSORDRS	Authorization required for all providers.	Y	1/1/2022
81433	HRDRY BRST CA-RLATD DSORDRS	Authorization required for all providers.	Y	1/1/2022
81434	HEREDITARY RETINAL DISORDERS	Authorization required for all providers.	Y	1/1/2022
81435	HEREDITARY COLON CA DSORDRS	Authorization required for all providers.	Y	1/1/2022
81437	HEREDTRY NURONDCRN TUM DSRDR	Authorization required for all providers.	Y	1/1/2022
81438	HEREDTRY NURONDCRN TUM DSRDR	Authorization required for all providers.	Y	1/1/2022
81439	HRDRY CARDMPY GENE PANEL	Authorization required for all providers.	Y	1/1/2022
81440	MITOCHONDRIAL GENE	Authorization required for all providers.	Y	1/1/2022
81442	NOONAN SPECTRUM DISORDERS	Authorization required for all providers.	Y	1/1/2022
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Authorization required for all providers.	Y	1/1/2022
81445	TARGETED GENOMIC SEQ ANALYS	Authorization required for all providers.	Y	1/1/2022
81448	HRDRY PERPH NEURPHY PANEL	Authorization required for all providers.	Y	1/1/2022
81450	TARGETED GENOMIC SEQ ANALYS	Authorization required for all providers.	Y	1/1/2022
81455	TARGETED GENOMIC SEQ ANALYS	Authorization required for all providers.	Y	1/1/2022
81460	WHOLE MITOCHONDRIAL GENOME	Authorization required for all providers.	Y	1/1/2022
81465	WHOLE MITOCHONDRIAL GENOME	Authorization required for all providers.	Y	1/1/2022
81470	X-LINKED INTELLECTUAL DBLT	Authorization required for all providers.	Y	1/1/2022
81471	X-LINKED INTELLECTUAL DBLT	Authorization required for all providers.	Y	1/1/2022
81479	UNLISTED MOLECULAR PATHOLOGY	Authorization required for all providers.	Y	1/1/2022
81490	AUTOIMMUNE RHEUMATOID ARTHR	Authorization required for all providers.	Y	1/1/2022
81493	COR ARTERY DISEASE MRNA	Authorization required for all providers.	Y	1/1/2022
81500	ONCO (OVAR) TWO PROTEINS	Authorization required for all providers.	Y	1/1/2022
81503	ONCO (OVAR) FIVE PROTEINS	Authorization required for all providers.	Y	1/1/2022
81506	ENDO ASSAY SEVEN ANAL	Authorization required for all providers.	Y	1/1/2022
81513	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	Authorization required for all providers.	Y	1/1/2022
81514	NFCT DS BCT VAGINOSIS AND VAGINITIS DNA VAG FLU ALG	Authorization required for all providers.	Y	1/1/2022
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Authorization required for all providers.	Y	1/1/2022
81520	ONC BREAST MRNA 58 GENES	Authorization required for all providers.	Y	1/1/2022
81521	ONC BREAST MRNA 70 GENES	Authorization required for all providers.	Y	1/1/2022
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Authorization required for non-participating providers.	C	1/1/2022
81525	ONCOLOGY COLON MRNA	Authorization required for all providers.	Y	1/1/2022
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Authorization required for all providers.	Y	1/1/2022
81538	ONCOLOGY LUNG	Authorization required for all providers.	Y	1/1/2022
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Authorization required for all providers.	Y	1/1/2022
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Authorization required for all providers.	Y	1/1/2022
81541	ONC PROSTATE MRNA 46 GENES	Authorization required for all providers.	Y	1/1/2022
81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Authorization required for non-participating providers.	C	1/1/2022
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Authorization required for all providers.	Y	1/1/2022
81551	ONC PROSTATE 3 GENES	Authorization required for all providers.	Y	1/1/2022
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Authorization required for non-participating providers.	C	1/1/2022
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Authorization required for all providers.	Y	1/1/2022
81595	CARDIOLOGY HRT TRNSPL MRNA	Authorization required for all providers.	Y	1/1/2022
81599	UNLISTED MAAA	Authorization required for all providers.	Y	1/1/2022
82077	ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR AND BREATH IA	Authorization required for all providers.	Y	1/1/2022
82462	#N/A	Authorization required for all providers.	Y	1/1/2022
83722	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	Authorization required for all providers.	Y	1/1/2022
83992	PHENCYCLIDINE	Authorization required for all providers.	Y	1/1/2022
85999	UNLISTED HEMATOLOGY & COAGULATION PROC	Authorization required for all providers.	Y	1/1/2022
86408	NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	Authorization required for non-participating providers.	C	1/1/2022

86409	NEUTRALIZING ANTIBODY SARS-COV-2 TITER	Authorization required for non-participating providers.	C	1/1/2022
86413	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	Authorization required for non-participating providers.	C	1/1/2022
86486	SKIN TEST NOS ANTIGEN	Authorization required for all providers.	Y	1/1/2022
86489	#N/A	Authorization required for all providers.	Y	1/1/2022
86812	HLA TYPING; A B/C SNGL ANTIG	Authorization required for all providers.	Y	1/1/2022
86813	HLA TYPING; A B/C MX ANTIG	Authorization required for all providers.	Y	1/1/2022
86816	HLA TYPING; DR/DQ SNGL ANTIG	Authorization required for all providers.	Y	1/1/2022
86817	HLA TYPING; DR/DQ MX ANTIG	Authorization required for all providers.	Y	1/1/2022
86821	HLA TYPING; LYMPHOCYTE CULTURE MIX	Authorization required for all providers.	Y	1/1/2022
86825	HLA X-MATCH, NON-CYTOTOXIC	Authorization required for all providers.	Y	1/1/2022
86826	HLA X-MATCH, NON-CYT ADD-ON	Authorization required for all providers.	Y	1/1/2022
86828	HLA CLASS I&II ANTIBODY QUAL	Authorization required for all providers.	Y	1/1/2022
86829	HLA CLASS I/II ANTIBODY QUAL	Authorization required for all providers.	Y	1/1/2022
86830	HLA CLASS I PHENOTYPE QUAL	Authorization required for all providers.	Y	1/1/2022
86831	HLA CLASS II PHENOTYPE QUAL	Authorization required for all providers.	Y	1/1/2022
86832	HLA CLASS I HIGH DEFIN QUAL	Authorization required for all providers.	Y	1/1/2022
86833	HLA CLASS II HIGH DEFIN QUAL	Authorization required for all providers.	Y	1/1/2022
86834	HLA CLASS I SEMIQUANT PANEL	Authorization required for all providers.	Y	1/1/2022
86835	HLA CLASS II SEMIQUANT PANEL	Authorization required for all providers.	Y	1/1/2022
86965	POOLING PLATELETS/OTHER BLD PRODUCTS	Authorization required for all providers.	Y	1/1/2022
86971	PRETX RBC'S; INCUBATION W/ENZYMES EA	Authorization required for all providers.	Y	1/1/2022
86978	PRETX SERUM-ANTIB ID; DIFF RED CELL ABSORPT EA	Authorization required for all providers.	Y	1/1/2022
86999	UNLISTED TRANSFUSION MEDS PROC	Authorization required for all providers.	Y	1/1/2022
87428	IAAD IA SARSCOV AND INFLUENZA VIRUS TYPES A AND B	Authorization required for non-participating providers.	C	1/1/2022
87483	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	Authorization required for all providers.	Y	1/1/2022
87506	IADNA-DNA/RNA PROBE TQ 6-11	Authorization required for all providers.	Y	1/1/2022
87507	IADNA-DNA/RNA PROBE TQ 12-25	Authorization required for all providers.	Y	1/1/2022
87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	Authorization required for all providers.	Y	1/1/2022
87624	HPV HIGH-RISK TYPES	Authorization required for all providers.	Y	1/1/2022
87625	HPV TYPES 16 & 18 ONLY	Authorization required for all providers.	Y	1/1/2022
87636	IADNA SARSCOV2 AND INF A AND B MULT AMPLIFIED PROBE TQ	Authorization required for non-participating providers.	C	1/1/2022
87637	IADNA SARSCOV2 AND INF A AND B AND RSV MULT AMP PROBE TQ	Authorization required for non-participating providers.	C	1/1/2022
87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	Authorization required for non-participating providers.	C	1/1/2022
87999	UNLISTED MICROBIOLOGY PROC	Authorization required for all providers.	Y	1/1/2022
88199	UNLISTED CYTOPATHOLOGY PROC	Authorization required for all providers.	Y	1/1/2022
88230	TISS CULTURE NON-NEOPLAS DISORD; LYMPHOCYTE	Authorization required for all providers.	Y	1/1/2022
88233	TISS CULTURE NON-NEOPLAS DISORD; SKIN/SOLID TISS	Authorization required for all providers.	Y	1/1/2022
88235	TISS CULTURE NON-NEOPLAS DISORD; AMNIOTIC FLUID	Authorization required for all providers.	Y	1/1/2022
88237	TISS CULTURE NEOPLAS DISORD; MARROW/BLD CELLS	Authorization required for all providers.	Y	1/1/2022
88239	TISS CULTURE NEOPLAS DISORD; SOLID TUMOR	Authorization required for all providers.	Y	1/1/2022
88245	CHROMOSOME ANALY BREAK SYNDROM; SCE 20-25 CELLS	Authorization required for all providers.	Y	1/1/2022
88248	CHROMOSOME ANALY; BASELINE BREAKAGE	Authorization required for all providers.	Y	1/1/2022
88249	CHROMOSOME ANALY BREAK SYNDROM; CLASTOGEN STRESS	Authorization required for all providers.	Y	1/1/2022
88261	CHROMO ANALY; CT 5 CELLS 1 KARYOTYPE W/BANDING	Authorization required for all providers.	Y	1/1/2022
88262	CHROMO ANALY; CT 15-20 CELLS 2 KARYOTYPES W/BAND	Authorization required for all providers.	Y	1/1/2022
88263	CHROMO ANALY; CT 45 CEL MOSAICISM 2 KARYO W/BAND	Authorization required for all providers.	Y	1/1/2022
88264	CHROMOSOME ANALY; ANALY 20-25 CELLS	Authorization required for all providers.	Y	1/1/2022
88267	CHROMO ANALY AMNIO FLUID CT 15 CELLS 1 KARYOTYPE	Authorization required for all providers.	Y	1/1/2022
88269	CHROMO ANALY AMNIO FLUID CELLS CT 6-12 COLONIES	Authorization required for all providers.	Y	1/1/2022

88271	MOLEC CYTOGEN; DNA PROBE EA	Authorization required for all providers.	Y	1/1/2022
88272	MOLEC CYTOGEN; CHROMOSOM IN SITU HYBRID 3-5 CELL	Authorization required for all providers.	Y	1/1/2022
88273	MOLEC CYTOGEN; CHROMOSOM HYBRID 10-30 CELLS	Authorization required for all providers.	Y	1/1/2022
88274	MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 25-99	Authorization required for all providers.	Y	1/1/2022
88275	MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 100-300	Authorization required for all providers.	Y	1/1/2022
88280	CHROMOSOME ANALY; ADD KARYOTYPES EA STUDY	Authorization required for all providers.	Y	1/1/2022
88283	CHROMOSOME ANALY; ADD SPECIALIZED BANDING TECH	Authorization required for all providers.	Y	1/1/2022
88285	CHROMOSOME ANALY; ADD CELLS COUNTED EA STUDY	Authorization required for all providers.	Y	1/1/2022
88289	CHROMOSOME ANALY; ADD HIGH RESOLUTION STUDY	Authorization required for all providers.	Y	1/1/2022
88291	CYTOGEN & MOLEC CYTOGEN INTERPT & REPORT	Authorization required for all providers.	Y	1/1/2022
88299	UNLISTED CYTOGENETIC STUDY	Authorization required for all providers.	Y	1/1/2022
88344	IMMUNOHISTO ANTIBODY SLIDE	Authorization required for all providers.	Y	1/1/2022
88366	INSITU HYBRIDIZATION (FISH)	Authorization required for all providers.	Y	1/1/2022
88374	M/PHMTRC ALYS ISHQUNT/SEMIQ	Authorization required for all providers.	Y	1/1/2022
88377	M/PHMTRC ALYS ISHQUNT/SEMIQ	Authorization required for all providers.	Y	1/1/2022
88399	UNLISTED SURG PATH PROC	Authorization required for all providers.	Y	1/1/2022
89240	UNLIST MISCELLANEOUS PATHOLOGY TEST	Authorization required for all providers.	Y	1/1/2022
89310	SEMEN ANALYSIS; MOTILITY AND COUNT	Authorization required for all providers.	Y	1/1/2022
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	Authorization required for all providers.	Y	1/1/2022
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Authorization required for non-participating providers.	C	1/1/2022
90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	Authorization required for non-participating providers.	C	1/1/2022
90376	RABIES IG HEAT-TREATED HUMAN IM/SUBQ	Authorization required for non-participating providers.	C	1/1/2022
90377	RABIES IG HEAT AND SOLVENT/DETERGENT HUMAN IM AND /SUBQ	Authorization required for non-participating providers.	C	1/1/2022
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Authorization required for all providers.	Y	1/1/2022
90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	Authorization required for non-participating providers.	C	1/1/2022
90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	Authorization required for non-participating providers.	C	1/1/2022
90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	Authorization required for non-participating providers.	C	1/1/2022
90393	VACCINIA IMMUNE GLOBULIN HUMAN IM	Authorization required for non-participating providers.	C	1/1/2022
90399	UNLISTED IMMUNE GLOBULIN	Authorization required for all providers.	Y	1/1/2022
90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	Authorization required for all providers.	Y	1/1/2022
90694	AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	Authorization required for non-participating providers.	C	1/1/2022
90758	ZAIRE EBOLAVIRUS VACCINE LIVE FOR IM USE	Authorization required for all providers.	Y	1/1/2022
90791	PSYCH DIAGNOSTIC EVALUATION	Authorization required for non-participating providers.	C	1/1/2022
90792	PSYCH DIAG EVAL W/MED SRVCS	Authorization required for non-participating providers.	C	1/1/2022
90801	PSYCH DX INTERVIEW EXAM	Authorization required for non-participating providers.	C	1/1/2022
90802	INTERACT PSYCH DX INTERVIEW W/PLAY EQUIP-OTH DEV	Authorization required for non-participating providers.	C	1/1/2022
90804	PSYCHOTHER OV/OP-BEHV MOD/SUPPT 20-30 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90805	PSYCHOTHER OV/OP-BEHV MOD 20-30 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90806	PSYCHOTHER OV/OP-BEHV MOD/SUPPT 45-50 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90807	PSYCHOTHER OV/OP-BEHV MOD 45-50 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90808	PSYCHOTHER OV/OP-BEHV MOD/SUPPT 75-80 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90809	PSYCHOTHER OV/OP-BEHV MOD 75-80 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90810	PSYCHOTHER OV/OP-INTERACTIVE 20-30 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90811	PSYCHOTHER OV/OP-INTERACTIV 20-30 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90812	PSYCHOTHER OV/OP-INTERACTIVE 45-50 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90813	PSYCHOTHER OV/OP-INTERACTIV 45-50 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90814	PSYCHOTHER OV/OP-INTERACTIVE 75-80 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90815	PSYCHOTHER OV/OP-INTERACTIV 75-80 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90816	PSYCHOTHER INPT/P-HOS/RCS-BEHV MOD 20-30 MIN;	Authorization required for non-participating providers.	C	1/1/2022

90817	PSYCHOTHER IP/RCS-BEHV MOD 20-30 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90818	PSYCHOTHER INPT/P-HOS/RCS-BEHV MOD 45-50 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90819	PSYCHOTHER IP/RCS-BEHV MOD 45-50 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90821	PSYCHOTHER INPT/P-HOS/RCS-BEHV MOD 75-80 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90822	PSYCHOTHER IP/RCS-BEHV MOD 75-80 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90823	PSYCHOTHER INPT/P-HOS/RCS-INTERACT 20-30 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90824	PSYCHOTHER IP/RCS-INTERACT 20-30 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90826	PSYCHOTHER INPT/P-HOS/RCS-INTERACT 45-50 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90827	PSYCHOTHER IP/RCS-INTERACT 45-50 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90828	PSYCHOTHER INPT/P-HOS/RCS-INTERACT 75-80 MIN;	Authorization required for non-participating providers.	C	1/1/2022
90829	PSYCHOTHER IP/RCS-INTERACT 75-80 MIN; W/MED E&M	Authorization required for non-participating providers.	C	1/1/2022
90832	PSYTX W PT 30 MINUTES	Allow 26 units, then authorization required for all providers	C	1/1/2022
90833	PSYTX W PT W E/M 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
90834	PSYTX W PT 45 MINUTES	Allow 26 units, then authorization required for all providers	C	1/1/2022
90836	PSYTX W PT W E/M 45 MIN	Authorization required for non-participating providers.	C	1/1/2022
90837	PSYTX W PT 60 MINUTES	Allow 26 units, then authorization required for all providers	C	1/1/2022
90838	PSYTX W PT W E/M 60 MIN	Authorization required for non-participating providers.	C	1/1/2022
90839	PSYTX CRISIS INITIAL 60 MIN	Authorization required for non-participating providers.	C	1/1/2022
90845	PSYCHOANALYSIS	Allow 26 units, then authorization required for all providers	C	1/1/2022
90847	FAMILY PSYTX W/PT 50 MIN	Allow 26 units, then authorization required for all providers	C	1/1/2022
90849	MX-FAMILY GROUP PSYCHOTHERAPY	Allow 26 units, then authorization required for all providers	C	1/1/2022
90853	GROUP PSYCHOTHERAPY (NOT MX-FAMILY GROUP)	Allow 26 units, then authorization required for all providers	C	1/1/2022
90857	INTERACTIVE GROUP PSYCHOTHERAPY	Authorization required for non-participating providers.	C	1/1/2022
90862	PHARM MGMT W/SCRIPT USE & REVIEW-MIN PSYCHOTH	Authorization required for non-participating providers.	C	1/1/2022
90865	NARCOSYNTHESIS FOR PSYCH DX & THERAP PURPOSES	Authorization required for non-participating providers.	C	1/1/2022
90867	TCRANIAL MAGN STIM TX PLAN	Authorization required for non-participating providers.	C	1/1/2022
90868	TCRANIAL MAGN STIM TX DELI	Authorization required for non-participating providers.	C	1/1/2022
90869	TCRAN MAGN STIM REDETERMINE	Authorization required for non-participating providers.	C	1/1/2022
90870	ELEC-CONVULS THERAP; SNGL SEIZURE	Authorization required for all providers.	Y	1/1/2022
90875	PSYCHOPHYSIOLOGICAL THERAPY	Allow 26 units, then authorization required for all providers	C	1/1/2022
90876	PSYCHOPHYSIOLOGICAL THERAPY	Allow 26 units, then authorization required for all providers	C	1/1/2022
90899	UNLISTED PSYCH SERV/PROC	Authorization required for non-participating providers.	C	1/1/2022
90912	BFB TRAIING W/EMG AND /MANOMETRY 1ST 15 MIN CNTCT	Authorization required for non-participating providers.	C	1/1/2022
90913	BFB TRAIING W/EMG AND /MANOMETRY EA ADDL 15 MIN CNTCT	Authorization required for non-participating providers.	C	1/1/2022
90997	HEMOPERFUSION	Authorization required for all providers.	Y	1/1/2022
91000	ESOPH INTUBATN & COLLECT-CYTOL W/PREP (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
91010	ESOPHAGUS MOTILITY STUDY	Authorization required for non-participating providers.	C	1/1/2022
91011	ESOPH MOTILITY STUDY; W/MECHOLYL/SIMILAR STIM	Authorization required for non-participating providers.	C	1/1/2022
91012	ESOPH MOTILITY STUDY; W/ACID PERFUSION STUDIES	Authorization required for non-participating providers.	C	1/1/2022
91013	ESOPHGL MOTIL W/STIM/PERFUS	Authorization required for non-participating providers.	C	1/1/2022
91020	GASTRIC MOTILITY STUDIES	Authorization required for non-participating providers.	C	1/1/2022
91022	DUOL MOTILITY STD	Authorization required for non-participating providers.	C	1/1/2022
91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	Authorization required for non-participating providers.	C	1/1/2022
91034	ESOPH GER TEST; W/NASAL CATH PH ELEC PLCMT REC	Authorization required for non-participating providers.	C	1/1/2022
91035	ESOPH GER TEST; W/MUCOSL ATTC PH ELEC PLCMT REC	Authorization required for non-participating providers.	C	1/1/2022
91037	ESOPH FUNCT TST GER W/NASL CATH ELEC PLCMT REC;	Authorization required for non-participating providers.	C	1/1/2022
91038	ESOPH FUNCT TST GER NASL CATH ELEC PLCMT; PROLONG	Authorization required for non-participating providers.	C	1/1/2022
91040	ESOPH BALLOON DISTENSION TST	Authorization required for non-participating providers.	C	1/1/2022
91052	GASTRIC ANALY TEST W/INJ STIM GASTRIC SECRETION	Authorization required for non-participating providers.	C	1/1/2022

91055	GASTRIC INTUBAT WASH & PREP SLIDES (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
91065	BREATH HYDROGEN/METHANE TEST	Authorization required for non-participating providers.	C	1/1/2022
91105	GASTRIC INTUBATION & ASPIRAT/LAVAGE TX	Authorization required for non-participating providers.	C	1/1/2022
91110	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I AND R	Authorization required for non-participating providers.	C	1/1/2022
91111	GI TRACT IMAGING INTRALUMINAL ESOPHAGUS WI AND R	Authorization required for non-participating providers.	C	1/1/2022
91112	GI WIRELESS CAPSULE MEASURE	Authorization required for non-participating providers.	C	1/1/2022
91117	COLON MOTILITY 6 HR STUDY	Authorization required for non-participating providers.	C	1/1/2022
91120	RECTAL SENSATION TONE AND COMPLIANCE TEST	Authorization required for non-participating providers.	C	1/1/2022
91122	ANORECTAL MANOMETRY	Authorization required for non-participating providers.	C	1/1/2022
91123	PULSED IRRIGATION OF FECAL IMPACTION	Authorization required for non-participating providers.	C	1/1/2022
91132	ELECTROGASTGRAPHY-DX-TRANSCUT	Authorization required for non-participating providers.	C	1/1/2022
91133	ELECTROGASTRO-DX-TRNSQ, W/PROVOC TS	Authorization required for non-participating providers.	C	1/1/2022
91200	LIVER ELASTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
91299	UNLISTED DX GASTROENTEROLOGY PROC	Authorization required for all providers.	Y	1/1/2022
91300	SARSCOV2 VACCINE DIL RECON 30 MCG/0.3 ML IM USE	Authorization required for non-participating providers.	C	1/1/2022
91301	SARSCOV2 VACCINE 100 MCG/0.5 ML IM USE	Authorization required for non-participating providers.	C	1/1/2022
91303	SARSCOV2 VACCINE AD26 5X1010 VP/0.5ML IM USE	Authorization required for non-participating providers.	C	1/1/2022
91305	SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
91306	SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
92002	OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	Authorization required for non-participating providers.	C	1/1/2022
92004	OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	Authorization required for non-participating providers.	C	1/1/2022
92012	OPHTH SERV: MED EXAM & EVAL; INTERMED ESTAB PT	Authorization required for non-participating providers.	C	1/1/2022
92014	OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	Authorization required for non-participating providers.	C	1/1/2022
92015	DETERM REFRACTIVE STATE	Authorization required for non-participating providers.	C	1/1/2022
92018	OPHTH EXAM & EVAL-GEN ANES; COMPLT	Authorization required for non-participating providers.	C	1/1/2022
92019	OPHTH EXAM & EVAL-GEN ANES; LTD	Authorization required for non-participating providers.	C	1/1/2022
92020	GONIOSCOPY (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL	Authorization required for non-participating providers.	C	1/1/2022
92060	SENSORIMOTOR EXAM W/MX MEAS OCU DEVI (SEP PROC)	Authorization required for non-participating providers.	C	1/1/2022
92065	ORTHOPTIC TRAINING	Pre-authorization is required for members 21 and over when administered by Optometrist and Ophthalmologist. For all others, authorization is required for non-participating providers only.	C	1/1/2022
92070	FITTING CONTACT LENS-TX DISEASE INCL SUPPLY LENS	Authorization required for non-participating providers.	C	1/1/2022
92071	CONTACT LENS FITTING FOR TX	Authorization required for non-participating providers.	C	1/1/2022
92072	FIT CONTACT LENS FOR MANAGMNT	Authorization required for non-participating providers.	C	1/1/2022
92081	VISUAL FIELD EXAM UNILAT/BILAT W/I&R; LTD	Authorization required for non-participating providers.	C	1/1/2022
92082	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	Authorization required for non-participating providers.	C	1/1/2022
92083	VISUAL FIELD EXAM UNILAT/BILAT W/I&R; EXTEN	Authorization required for non-participating providers.	C	1/1/2022
92100	SERIAL TONOMETRY (SEPART PROC) W/I&R SAME DA	Authorization required for non-participating providers.	C	1/1/2022
92120	TONOGRAPHY W/I&R-RECORD INDENTAT TONOMETER	Authorization required for non-participating providers.	C	1/1/2022
92130	TONOGRAPHY W/WATER PROVOCATION	Authorization required for non-participating providers.	C	1/1/2022
92132	CMPTR OPHTH DX IMG ANT SEGM	Authorization required for non-participating providers.	C	1/1/2022
92133	CMPTR OPHTH IMG OPTIC NERVE	Authorization required for non-participating providers.	C	1/1/2022
92134	CPTR OPHTH DX IMG POST SEGM	Authorization required for non-participating providers.	C	1/1/2022
92135	SCANNING OPHTHALMIC IMAGING POSTERIOR SGM UNI	Authorization required for non-participating providers.	C	1/1/2022
92136	OPHTHALMIC BIOMETRY	Authorization required for non-participating providers.	C	1/1/2022
92145	CORNEAL HYSTERESIS DETER	Authorization required for non-participating providers.	C	1/1/2022
92201	OPPCY EXTND RTA DRAWING AND SCL DEPRSN I AND R UNI/BI	Authorization required for non-participating providers.	C	1/1/2022

92202	OPSCPY EXTND OPTIC NRV/MACULA DRAWING I AND R UNI/BI	Authorization required for non-participating providers.	C	1/1/2022
92227	IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	Authorization required for non-participating providers.	C	1/1/2022
92228	IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I AND R UNI/BI	Authorization required for non-participating providers.	C	1/1/2022
92229	IMG RETINA DETCJ/MNTR DS POC AUTO A/R UNI/BI	Authorization required for non-participating providers.	C	1/1/2022
92230	FLUORESCIN ANGIOSCOPY W/I&R	Authorization required for non-participating providers.	C	1/1/2022
92235	FLUORESCIN ANGRPH UNI/BI	Authorization required for non-participating providers.	C	1/1/2022
92240	ICG ANGIOGRAPHY UNI/BI	Authorization required for non-participating providers.	C	1/1/2022
92242	FLUORESCIN ICG ANGRPH W/MULTIFRAME I&R UNI/BI	Authorization required for non-participating providers.	C	1/1/2022
92250	FUNDUS PHOTOGRAPHY W/I&R	Authorization required for non-participating providers.	C	1/1/2022
92260	OPHTHALMODYNAMOMETRY	Authorization required for non-participating providers.	C	1/1/2022
92265	NEEDLE OCULOECTROMYOGRAPHY 1/MORE MUSCL W/I&R	Authorization required for non-participating providers.	C	1/1/2022
92270	ELEC-OCULOGRAPHY W/I&R	Authorization required for non-participating providers.	C	1/1/2022
92273	FULL FIELD ELECTRORETINOGRAPHY W/I AND R	Authorization required for all providers.	Y	1/1/2022
92274	MULTIFOCAL ELECTRORETINOGRAPHY W/I AND R	Authorization required for all providers.	Y	1/1/2022
92283	COLOR VISION EXAM EXTEN EG. ANOMALOSCOPE/EQUIVAL	Authorization required for non-participating providers.	C	1/1/2022
92284	DARK ADAPTATION EXAM W/I&R	Authorization required for non-participating providers.	C	1/1/2022
92285	EXT OCULAR PHOTOG W/I&R-DOCUMENT MED PROGRESS	Authorization required for non-participating providers.	C	1/1/2022
92286	INTERNAL EYE PHOTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
92287	INTERNAL EYE PHOTOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
92310	SCRIPT & FIT CONTACT LENS; CORNEAL EX APHAKIA	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, pre-authorization is required for non-participating providers only.	C	1/1/2022
92311	SCRIPT & FIT CONTACT LENS; CORNEAL-APHAKIA-1EYE	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, pre-authorization is required for non-participating providers only.	C	1/1/2022
92312	SCRIPT CONTACT LENS; CORNEAL-APHAKIA-BOTH EYES	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, pre-authorization is required for non-participating providers only.	C	1/1/2022
92313	SCRIPT & FIT CONTACT LENS; CORNEOSCLERAL LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, pre-authorization is required for non-participating providers only.	C	1/1/2022
92314	SCRIPT W/FIT BY TECH; LENS BOTH EYES EX APHAKIA	Authorization required for non-participating providers.	C	1/1/2022
92315	SCRIPT W/FIT BY TECH; LENS-APHAKIA-1 EYE	Authorization required for non-participating providers.	C	1/1/2022
92316	SCRIPT W/FIT BY TECH; LENS-APHAKIA-BOTH EYES	Authorization required for non-participating providers.	C	1/1/2022
92317	SCRIPT W/FIT BY TECH; CORNEOSCLERAL LENS	Authorization required for non-participating providers.	C	1/1/2022
92325	MODIFICAT LENS (SEP PRO) W/MED SUPERVS ADAPTAT	Authorization required for non-participating providers.	C	1/1/2022
92326	REPLAC CONTACT LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, pre-authorization is required for non-participating providers only.	C	1/1/2022
92340	FIT SPECTACLES EX APHAKIA; MONOFOCAL	Authorization required for non-participating providers.	C	1/1/2022
92341	FITTING SPECTACLES EX APHAKIA; BIFOCAL	Authorization required for non-participating providers.	C	1/1/2022
92342	FIT SPECTACLES EX APHAKIA; MULTIFOCAL NOT BIFOCL	Authorization required for non-participating providers.	C	1/1/2022
92370	REPR & REFITTING SPECTACLES; EX APHAKIA	Authorization required for non-participating providers.	C	1/1/2022
92499	UNLISTED OPHTH SERV/PROC	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, pre-authorization is required for non-participating providers only.	C	1/1/2022
92502	OTOLARYNGOLOGIC EXAM UNDER GEN ANES	Authorization required for non-participating providers.	C	1/1/2022
92504	BINOCULAR MICRO (SEPART DX PROC)	Authorization required for non-participating providers.	C	1/1/2022
92511	NASOPHARYNGOSCOPY W/ENDO (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
92512	NASAL FUNCT STUDIES	Authorization required for non-participating providers.	C	1/1/2022
92516	FACIAL NERV FUNCT STUDIES	Authorization required for non-participating providers.	C	1/1/2022
92517	CERVICAL VEMP TESTING W/I AND R	Authorization required for non-participating providers.	C	1/1/2022

92518	OCULAR VEMP TESTING W/I AND R	Authorization required for non-participating providers.	C	1/1/2022
92519	CERVICAL AND OCULAR VEMP TESTING W/I AND R	Authorization required for non-participating providers.	C	1/1/2022
92520	LARYNGEAL FUNCT STUDIES	Authorization required for non-participating providers.	C	1/1/2022
92521	EVALUATION OF SPEECH FLUENCY	Authorization required for non-participating providers.	C	1/1/2022
92522	EVALUATE SPEECH PRODUCTION	Authorization required for non-participating providers.	C	1/1/2022
92523	SPEECH SOUND LANG COMPREHEN	Authorization required for non-participating providers.	C	1/1/2022
92524	BEHAVRAL QUALIT ANALYS VOICE	Authorization required for non-participating providers.	C	1/1/2022
92531	SPONTANEOUS NYSTAGMUS INCL GAZE	Authorization required for non-participating providers.	C	1/1/2022
92532	POSIT NYSTAGMUS	Authorization required for non-participating providers.	C	1/1/2022
92533	CALORIC VESTIBULAR TEST EA IRRIGA	Authorization required for non-participating providers.	C	1/1/2022
92534	OPTOKINETIC NYSTAGMUS	Authorization required for non-participating providers.	C	1/1/2022
92537	CALORIC VSTBLR TEST W/REC	Authorization required for non-participating providers.	C	1/1/2022
92538	CALORIC VSTBLR TEST W/REC	Authorization required for non-participating providers.	C	1/1/2022
92540	BASIC VESTIBULAR EVALUATION	Authorization required for non-participating providers.	C	1/1/2022
92541	SPONTANEOUS NYSTAGMUS TEST W/GATE & FIX W/RECORD	Authorization required for non-participating providers.	C	1/1/2022
92542	POSIT NYSTAGMUS TEST MINI 4 POSIT W RECORDING	Authorization required for non-participating providers.	C	1/1/2022
92544	OPTOKINETIC NYSTAGMS BIDIRECT/FOVEAL/PERIPH STIM	Authorization required for non-participating providers.	C	1/1/2022
92545	OSCILLATING TRACKING TEST W/RECORDING	Authorization required for non-participating providers.	C	1/1/2022
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	Authorization required for non-participating providers.	C	1/1/2022
92547	USE VERTICAL ELECTRODES	Authorization required for non-participating providers.	C	1/1/2022
92548	CDP-SOT 6 CONDITIONS W/INTERPRETATION AND REPORT	Authorization required for non-participating providers.	C	1/1/2022
92549	CDP-SOT 6 CONDITIONS W/I AND R W/MCT AND ADT	Authorization required for non-participating providers.	C	1/1/2022
92550	TYMPANOMETRY & REFLEX THRESH	Authorization required for non-participating providers.	C	1/1/2022
92551	SCREENING TEST PURE TONE AIR ONLY	Authorization required for non-participating providers.	C	1/1/2022
92552	PURE TONE AUDIOMETRY; AIR ONLY	Authorization required for non-participating providers.	C	1/1/2022
92553	PURE TONE AUDIOMETRY; AIR & BONE	Authorization required for non-participating providers.	C	1/1/2022
92555	SPEECH AUDIOMETRY THRESHOLD;	Authorization required for non-participating providers.	C	1/1/2022
92556	SPEECH AUDIOMETRY THRESHOLD; W/SPEECH RECOGNITN	Authorization required for non-participating providers.	C	1/1/2022
92557	COMP AUDIOMETRY THRESHOLD EVAL & SPEECH RECOGNI	Authorization required for non-participating providers.	C	1/1/2022
92558	EVOKED AUDITORY TEST QUAL	Authorization required for non-participating providers.	C	1/1/2022
92560	BEKESY AUDIOMETRY; SCREENING	Authorization required for non-participating providers.	C	1/1/2022
92561	BEKESY AUDIOMETRY; DX	Authorization required for non-participating providers.	C	1/1/2022
92562	LOUDNESS BALANCE TEST ALTERN BINAURAL/MONAUURAL	Authorization required for non-participating providers.	C	1/1/2022
92563	tone decay test	Authorization required for non-participating providers.	C	1/1/2022
92564	SHORT INCREMENT SENSITIVITY INDX	Authorization required for non-participating providers.	C	1/1/2022
92565	STENGER TEST PURE TONE	Authorization required for non-participating providers.	C	1/1/2022
92567	TYMPANOMETRY	Authorization required for non-participating providers.	C	1/1/2022
92568	ACOUSTIC REFLEX TESTING	Authorization required for non-participating providers.	C	1/1/2022
92570	ACOUSTIC IMMITTANCE TESTING	Authorization required for non-participating providers.	C	1/1/2022
92571	FILTERED SPEECH TEST	Authorization required for non-participating providers.	C	1/1/2022
92572	STAGGERED SPONDAIC WORD TEST	Authorization required for non-participating providers.	C	1/1/2022
92573	#N/A	Authorization required for non-participating providers.	C	1/1/2022
92575	SENSORINEURAL ACUITY LEVEL TEST	Authorization required for non-participating providers.	C	1/1/2022
92576	SYNTHETIC SENTENCE IDENT TEST	Authorization required for non-participating providers.	C	1/1/2022
92577	STENGER TEST SPEECH	Authorization required for non-participating providers.	C	1/1/2022
92579	VISUAL REINFORCEMENT AUDIOMETRY	Authorization required for non-participating providers.	C	1/1/2022
92582	CONDITIONING PLAY AUDIOMETRY	Authorization required for non-participating providers.	C	1/1/2022
92583	SELECT PICTURE AUDIOMETRY	Authorization required for non-participating providers.	C	1/1/2022
92584	ELECTROCOCHLEOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022

92587	EVOKED AUDITORY TEST LIMITED	Authorization required for non-participating providers.	C	1/1/2022
92588	EVOKED AUDITORY TST COMPLETE	Authorization required for non-participating providers.	C	1/1/2022
92590	HEARING AID EXAM & SELECT; MONAURAL	Authorization required for non-participating providers.	C	1/1/2022
92591	HEARING AID EXAM & SELECT; BINAURAL	Authorization required for non-participating providers.	C	1/1/2022
92592	HEARING AID CHECK; MONAURAL	Authorization required for non-participating providers.	C	1/1/2022
92593	HEARING AID CHECK; BINAURAL	Authorization required for non-participating providers.	C	1/1/2022
92594	ELECTROACOUSTIC EVAL HEARING AID; MONAURAL	Authorization required for non-participating providers.	C	1/1/2022
92595	ELECTROACOUSTIC EVAL HEARING AID; BINAURAL	Authorization required for non-participating providers.	C	1/1/2022
92596	EAR PROTECTOR ATTENUATION MEASUR	Authorization required for non-participating providers.	C	1/1/2022
92597	EVAL AND FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	Authorization required for non-participating providers.	C	1/1/2022
92601	DX ANALY CI PT UND 7 YR AGE; W/PROG	Authorization required for non-participating providers.	C	1/1/2022
92602	DX ANALY CI PT <7 YR; SUBSQT REPROG	Authorization required for non-participating providers.	C	1/1/2022
92603	DX ANALY COCH IMPL 7 YR>; W/PROG	Authorization required for non-participating providers.	C	1/1/2022
92604	DX ANALY CI 7 YR>; SUBSQT REPROG	Authorization required for non-participating providers.	C	1/1/2022
92605	EX FOR NONSPEECH DEVICE RX	Authorization required for non-participating providers.	C	1/1/2022
92606	TX SRVC NON-SPEECH-GEN DEVC W/PROG	Authorization required for non-participating providers.	C	1/1/2022
92607	EVAL RX SPCH-GEN DEVC F/F PT; 1 HR	Authorization required for non-participating providers.	C	1/1/2022
92608	EVAL RX SPCH-GEN DEVC F/F PT;30 MIN	Authorization required for non-participating providers.	C	1/1/2022
92609	TX SRVC USE SPCH-GEN DEVC PROG&MOD	Authorization required for non-participating providers.	C	1/1/2022
92610	EVAL ORL&PHARYNGEAL SWALLWING FUNCT	Authorization required for non-participating providers.	C	1/1/2022
92611	MOT FLUORO EVAL SWALLW CINE/VIDEO	Authorization required for non-participating providers.	C	1/1/2022
92618	EX FOR NONSPEECH DEV RX ADD	Authorization required for non-participating providers.	C	1/1/2022
92620	EVAL CNTRL AUDITORY FUNCTION W/RPT; INIT 60 MIN	Authorization required for non-participating providers.	C	1/1/2022
92621	AUDITORY FUNCTION + 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
92625	ASSESSMENT OF TINNITUS	Authorization required for non-participating providers.	C	1/1/2022
92640	DIAGNOSTIC ANALYSIS/ PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
92650	AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	Authorization required for non-participating providers.	C	1/1/2022
92651	AEP HEARING STATUS DETER BROADBAND STIMULI I AND R	Authorization required for non-participating providers.	C	1/1/2022
92652	AEP THRESHOLD ESTIMATION MLT FREQUENCIES I AND R	Authorization required for non-participating providers.	C	1/1/2022
92653	AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	Authorization required for non-participating providers.	C	1/1/2022
92700	UNLIST OTORHINOLARYNGOLOG SRVC/PROC	Authorization required for all providers.	Y	1/1/2022
92857	#N/A	Authorization required for all providers.	Y	1/1/2022
92920	PRQ CARDIAC ANGIOPLAST 1 ART	Authorization required for non-participating providers.	C	1/1/2022
92921	PRQ CARDIAC ANGIO ADDL ART	Authorization required for non-participating providers.	C	1/1/2022
92924	PRQ CARD ANGIO/ATHRECT 1 ART	Authorization required for non-participating providers.	C	1/1/2022
92925	PRQ CARD ANGIO/ATHRECT ADDL	Authorization required for non-participating providers.	C	1/1/2022
92928	PRQ CARD STENT W/ANGIO 1 VSL	Authorization required for non-participating providers.	C	1/1/2022
92929	PRQ CARD STENT W/ANGIO ADDL	Authorization required for non-participating providers.	C	1/1/2022
92933	PRQ CARD STENT/ATH/ANGIO	Authorization required for non-participating providers.	C	1/1/2022
92934	PRQ CARD STENT/ATH/ANGIO	Authorization required for non-participating providers.	C	1/1/2022
92937	PRQ REVASC BYP GRAFT 1 VSL	Authorization required for non-participating providers.	C	1/1/2022
92938	PRQ REVASC BYP GRAFT ADDL	Authorization required for non-participating providers.	C	1/1/2022
92941	PRQ CARD REVASC MI 1 VSL	Authorization required for non-participating providers.	C	1/1/2022
92943	PRQ CARD REVASC CHRONIC 1VSL	Authorization required for non-participating providers.	C	1/1/2022
92944	PRQ CARD REVASC CHRONIC ADDL	Authorization required for non-participating providers.	C	1/1/2022
92950	CARDIOPULMONARY RESUSCITATION	Authorization required for non-participating providers.	C	1/1/2022
92953	TEMPORARY TRANSCUTANEOUS PACING	Authorization required for non-participating providers.	C	1/1/2022
92960	CARDIOVERSION ELECT ELEC CONVERSION ARRHY EXT	Authorization required for non-participating providers.	C	1/1/2022
92961	CARDIOVERSION ELECTRICAL CONVERSION OF ARRHYTHMIA INTERNAL	Authorization required for non-participating providers.	C	1/1/2022

92970	CARDIOASSIST-METHD CIRCULATORY ASSIST; INT	Authorization required for all providers.	Y	1/1/2022
92971	CARDIOASSIST-METHD CIRCULATORY ASSIST; EXT	Authorization required for all providers.	Y	1/1/2022
92973	PRQ CORONARY MECH THROMBECT	Authorization required for non-participating providers.	C	1/1/2022
92974	PLACEMENT OF RADIATION DELIVERY DEVICE FOR CORONARY BRACHYTHERAPY	Authorization required for non-participating providers.	C	1/1/2022
92975	THROMBOLYSIS CORON; INTRACORON INFUS INCL ANGIO	Authorization required for all providers.	Y	1/1/2022
92977	THROMBOLYSIS CORONARY; IV INFUSION	Authorization required for all providers.	Y	1/1/2022
92978	ENDOLUMINL IVUS OCT C 1ST	Authorization required for non-participating providers.	C	1/1/2022
92979	ENDOLUMINL IVUS OCT C EA	Authorization required for non-participating providers.	C	1/1/2022
92980	TRNSCATH PLCMT INTRACORONRY STENT-PERC; SNGL VSL	Authorization required for non-participating providers.	C	1/1/2022
92981	TRNSCATH PLCMT INTRACORON STENT-PERC; EA ADD VSL	Authorization required for non-participating providers.	C	1/1/2022
92982	PERQ TRNSLUMNL CORON BALOON ANGIOPLSTY; 1 VESSEL	Authorization required for non-participating providers.	C	1/1/2022
92984	PERQ TRNSLUMNL CORON BALOON ANGIOPLSTY; EA ADD	Authorization required for non-participating providers.	C	1/1/2022
92986	PERCUT BALLOON VALVULOPLASTY; AORTIC VALVE	Authorization required for all providers.	Y	1/1/2022
92987	PERCUT BALLOON VALVULOPLASTY; MITRAL VALV	Authorization required for all providers.	Y	1/1/2022
92990	PERCUT BALLOON VALVULOPLASTY; PULM VALVE	Authorization required for all providers.	Y	1/1/2022
92995	PERQ TRNSLUM CORON ATHEREC W/WO ANGIOPL; 1 VESSL	Authorization required for non-participating providers.	C	1/1/2022
92996	PERQ TRNSLUM CORON ATHEREC W/WO ANGIOPL; EA ADD	Authorization required for non-participating providers.	C	1/1/2022
92997	PERC TRNSLUM PULM ART BALLOON ANGIOPLASTY; 1 VSL	Authorization required for all providers.	Y	1/1/2022
92998	PERC TRNSLUM PULM ART BALLOON ANGIOPLSTY; EA ADD	Authorization required for non-participating providers.	C	1/1/2022
93050	ART PRESSURE WAVEFORM ANALYS	Authorization required for non-participating providers.	C	1/1/2022
93224	ECG MONIT/REPT UP TO 48 HRS	Authorization required for non-participating providers.	C	1/1/2022
93225	ECG MONIT/REPT UP TO 48 HR	Authorization required for non-participating providers.	C	1/1/2022
93226	ECG MONIT/REPT UP TO 48 HR	Authorization required for non-participating providers.	C	1/1/2022
93227	ECG MONIT/REPT UP TO 48 HRS	Authorization required for non-participating providers.	C	1/1/2022
93228	REMOTE 30 DAY ECG REV/REPORT	Authorization required for non-participating providers.	C	1/1/2022
93229	REMOTE 30 DAY ECG TECH SUPP	Authorization required for non-participating providers.	C	1/1/2022
93230	ECG MONITOR/REPORT 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
93231	ECG MONITOR/RECORD 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
93232	ECG MONITOR/REPORT 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
93233	ECG MONITOR/REVIEW 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
93235	ECG MONITOR/REPORT 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
93236	ECG MONITOR/REPORT 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
93237	ECG MONITOR/REVIEW 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
93241	EXTERNAL ECG REC>48HR<7D SCAN ALYS REPORT R AND I	Authorization required for non-participating providers.	C	1/1/2022
93242	EXTERNAL ECG REC>48HR<7D RECORDING	Authorization required for non-participating providers.	C	1/1/2022
93243	EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	Authorization required for non-participating providers.	C	1/1/2022
93244	EXTERNAL ECG REC>48HR<7D REVIEW AND INTERPRETATION	Authorization required for non-participating providers.	C	1/1/2022
93245	EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R AND I	Authorization required for non-participating providers.	C	1/1/2022
93246	EXTERNAL ECG REC>7D<15D RECORDING	Authorization required for non-participating providers.	C	1/1/2022
93247	EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	Authorization required for non-participating providers.	C	1/1/2022
93248	EXTERNAL ECG REC>7D<15D REVIEW AND INTERPRETATION	Authorization required for non-participating providers.	C	1/1/2022
93260	PRGRMG DEV EVAL IMPLTBL SYS	Authorization required for non-participating providers.	C	1/1/2022
93261	INTERROGATE SUBQ DEFIB	Authorization required for non-participating providers.	C	1/1/2022
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Authorization required for all providers.	Y	1/1/2022
93268	ECG RECORD/REVIEW	Authorization required for non-participating providers.	C	1/1/2022
93270	REMOTE 30 DAY ECG REV/REPOR	Authorization required for non-participating providers.	C	1/1/2022
93271	ECG/MONITORING AND ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	Authorization required for non-participating providers.	C	1/1/2022
93279	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	Authorization required for non-participating providers.	C	1/1/2022

93280	PM DEVICE PROGR EVAL DUAL	Authorization required for non-participating providers.	C	1/1/2022
93281	PM DEVICE PROGR EVAL MULTI	Authorization required for non-participating providers.	C	1/1/2022
93282	PRGRMG EVAL IMPLANTABLE DFB	Authorization required for non-participating providers.	C	1/1/2022
93283	PRGRMG EVAL IMPLANTABLE DFB	Authorization required for non-participating providers.	C	1/1/2022
93284	PRGRMG EVAL IMPLANTABLE DFB	Authorization required for non-participating providers.	C	1/1/2022
93285	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
93286	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
93287	PERI-PX DEVICE EVAL & PRGR	Authorization required for non-participating providers.	C	1/1/2022
93288	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
93289	INTERROG DEVICE EVAL HEART	Authorization required for non-participating providers.	C	1/1/2022
93290	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
93291	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
93292	WCD DEVICE INTERROGATE	Authorization required for non-participating providers.	C	1/1/2022
93293	PM PHONE R-STRIP DEVICE EVAL	Authorization required for non-participating providers.	C	1/1/2022
93294	REM INTERROG PM/LDLS PM <90 D PHYS/QHP	Authorization required for non-participating providers.	C	1/1/2022
93295	DEV INTERROG REMOTE 1/2/MLT	Authorization required for non-participating providers.	C	1/1/2022
93296	REM INTERROG PM/LDLS PM/IDS <90 D PHYS/QHP	Authorization required for non-participating providers.	C	1/1/2022
93297	REM INTERROG ICPMS <30 D PHYS/QHP	Authorization required for non-participating providers.	C	1/1/2022
93298	REM INTERROG SCRMS <30 D PHYS/QHP	Authorization required for non-participating providers.	C	1/1/2022
93303	TRANSTHORACIC ECHO-CONGEN CARDIAC ANOM; COMPLT	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93304	TRANSTHORACIC ECHO-CONGEN CARDIAC ANOM; F/U, LTD	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93306	TTE W/DOPPLER COMPLETE	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93307	TTE W/O DOPPLER COMPLETE	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93308	TTE F-UP OR LMTD	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93312	ECHO TRANSESOPH REAL-TIME; W/PROBE PLCMT & REPRT	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93313	ECHO REAL-TIME TRANSESOPH; PLCMT PROBE ONLY	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93314	ECHO TRANSESOPH; IMAGE ACQUISIT INTERPT & REPORT	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93315	TRANSESOPH ECHO-CONGEN CARDIAC ANOM; TOTAL SERV	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93316	TRANSESOPH ECHO-CONG CARD ANOM; PLCMT PROBE ONLY	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93317	TRANSESOPH ECHO-CONG CARD ANOM; IMAGE ACQUIS-I&R	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93318	ECHOCARD TEE-PROB PLC/IMAG ACQ-INTE	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93320	DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; COMPLT	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93321	DOPPLER ECHO CONT WAVE W/SPECTRL DISPLY; F/U-LTD	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93325	DOPPLER ECHO COLOR FLOW VELOCITY MAPPING	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93350	STRESS TTE ONLY	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93351	STRESS TTE COMPLETE	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93352	ADMIN ECG CONTRAST AGENT	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93356	MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	Members 21 and under are managed through Meridian. Members over 21 managed by NIA	C	1/1/2022
93653	COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	Authorization required for all providers.	Y	1/1/2022
93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Authorization required for all providers.	Y	1/1/2022

93792	PT/CAREGIVER TRAINI HOME INR	Authorization required for all providers.	Y	1/1/2022
93799	UNLISTED CARDIOVASCULAR SERV/PROC	Authorization required for all providers.	Y	1/1/2022
93998	NONINVAS VASC DX STUDY PROC	Authorization required for all providers.	Y	1/1/2022
94774	PED HOME APNEA REC COMPL	Authorization required for all providers.	Y	1/1/2022
94777	PED HOME APNEA REC REPORT	Authorization required for all providers.	Y	1/1/2022
94799	UNLISTED PULM SERV/PROC	Authorization required for all providers.	Y	1/1/2022
95004	PERCUT ALLERGY SKIN TESTS	Authorization required for all providers.	Y	1/1/2022
95060	OPHTH MUCOS MEMBRN TESTS	Authorization required for non-participating providers.	C	1/1/2022
95115	PROF SERV ALLERG IMMUNOTX NOT INCL EXTRACT; 1 INJ	Authorization required for non-participating providers.	C	1/1/2022
95117	PROF SERV ALLERG IMMUNOTX WO EXTRACT; 2/MORE INJ	Authorization required for non-participating providers.	C	1/1/2022
95120	IMMUNOTHERAPY ONE INJECTION	Authorization required for non-participating providers.	C	1/1/2022
95125	IMMUNOTHERAPY 2/> INJECTIONS	Authorization required for non-participating providers.	C	1/1/2022
95130	IMMNTX 1 STING INSECT	Authorization required for non-participating providers.	C	1/1/2022
95131	IMMNTX 2 STING INSECTS	Authorization required for non-participating providers.	C	1/1/2022
95132	IMMNTX 3 STING INSECTS	Authorization required for non-participating providers.	C	1/1/2022
95133	IMMNTX 4 STING INSECTS	Authorization required for non-participating providers.	C	1/1/2022
95134	IMMNTX 5 STING INSECTS	Authorization required for non-participating providers.	C	1/1/2022
95144	PRO SERV SUPERVS/PROVS-IMMUNOTX; 1/MX ANTIG-1 VL	Authorization required for non-participating providers.	C	1/1/2022
95145	PRO SERV SUPERVS/PROVIS-IMMUNOTX; 1 VENOM	Authorization required for non-participating providers.	C	1/1/2022
95146	PRO SERV-SUPERVS/PROVIS-IMMUNOTX; 2 VENOMS	Authorization required for non-participating providers.	C	1/1/2022
95147	PRO SERV-SUPERVS/PROVIS-IMMUNOTX; 3 VENOMS	Authorization required for non-participating providers.	C	1/1/2022
95148	PRO SERV-SUPERVS/PROVIS-IMMUNOTX; 4 VENOMS	Authorization required for non-participating providers.	C	1/1/2022
95149	PRO SERV-SUPERVS/PROVIS-IMMUNOTX; 5 VENOMS	Authorization required for non-participating providers.	C	1/1/2022
95165	PRO SERV-SUPERVS/PROVIS-IMMUNOTX; 1/MX ANTIG	Authorization required for non-participating providers.	C	1/1/2022
95170	PRO-IMMUNOTX; WHOLE BODY EXTRACT BITING INSECT	Authorization required for non-participating providers.	C	1/1/2022
95180	RAPID DESENZT PROC EA HR	Authorization required for non-participating providers.	C	1/1/2022
95199	UNLISTED ALLERG/CLINICAL IMMUNOLOGIC SERV/PROC	Authorization required for all providers.	Y	1/1/2022
95249	CONT GLUC MNTR PT PROV EQP	Authorization required for non-participating providers.	C	1/1/2022
95250	CONT GLUC MNTR PHYS/QHP EQP	Authorization required for non-participating providers.	C	1/1/2022
95251	CONT GLUC MNTR ANALYSIS I&R	Authorization required for non-participating providers.	C	1/1/2022
95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Authorization required for non-participating providers.	C	1/1/2022
95705	EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	Authorization required for non-participating providers.	C	1/1/2022
95706	EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	Authorization required for non-participating providers.	C	1/1/2022
95707	EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	Authorization required for non-participating providers.	C	1/1/2022
95708	EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	Authorization required for non-participating providers.	C	1/1/2022
95709	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Authorization required for non-participating providers.	C	1/1/2022
95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Authorization required for non-participating providers.	C	1/1/2022
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Authorization required for non-participating providers.	C	1/1/2022
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Authorization required for non-participating providers.	C	1/1/2022
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Authorization required for non-participating providers.	C	1/1/2022
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Authorization required for non-participating providers.	C	1/1/2022
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Authorization required for non-participating providers.	C	1/1/2022
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Authorization required for non-participating providers.	C	1/1/2022
95717	EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	Authorization required for non-participating providers.	C	1/1/2022
95718	EEG PHYS/QHP 2-12 HR WITH VEEG	Authorization required for non-participating providers.	C	1/1/2022
95719	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID	Authorization required for non-participating providers.	C	1/1/2022
95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Authorization required for non-participating providers.	C	1/1/2022
95721	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	Authorization required for non-participating providers.	C	1/1/2022
95722	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	Authorization required for non-participating providers.	C	1/1/2022

95723	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	Authorization required for non-participating providers.	C	1/1/2022
95724	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	Authorization required for non-participating providers.	C	1/1/2022
95725	EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	Authorization required for non-participating providers.	C	1/1/2022
95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	Authorization required for non-participating providers.	C	1/1/2022
95782	POLYSOM <6 YRS 4/> PARAMTRS	Authorization required for non-participating providers.	C	1/1/2022
95783	POLYSOM <6 YRS CPAP/BILVL	Authorization required for non-participating providers.	C	1/1/2022
95800	SLP STDY UNATTENDED	Authorization required for non-participating providers.	C	1/1/2022
95801	SLP STDY UNATND W/ANAL	Authorization required for non-participating providers.	C	1/1/2022
95805	MX SLEEP LATENCY TEST-MX TRIALS-ASSESS SLEEPINES	Authorization required for non-participating providers.	C	1/1/2022
95806	SLEEP STDY VENT-RESP-ECG-02 SAT UNATTEND BY TECH	Authorization required for non-participating providers.	C	1/1/2022
95807	SLEEP STDY VENT-RESP-ECG-02 SAT-ATTENDED TECH	Authorization required for non-participating providers.	C	1/1/2022
95808	POLYSOM ANY AGE 1-3> PARAM	Authorization required for non-participating providers.	C	1/1/2022
95810	POLYSOM 6/> YRS 4/> PARAM	Authorization required for non-participating providers.	C	1/1/2022
95811	POLYSOM 6/>YRS CPAP 4/> PARM	Authorization required for non-participating providers.	C	1/1/2022
95812	EEG EXT MONITORING; 41-60 MIN	Authorization required for non-participating providers.	C	1/1/2022
95813	EEG EXTENDED MONITORING 61-119 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
95816	EEG; INCL RECORDING AWAKE&DROWSY	Authorization required for non-participating providers.	C	1/1/2022
95819	EEG; INCL RECORDING AWAKE&ASLEEP	Authorization required for non-participating providers.	C	1/1/2022
95822	EEG; RECORDING COMA/SLEEP ONLY	Authorization required for non-participating providers.	C	1/1/2022
95824	EEG; CEREBRAL DEATH EVAL ONLY	Authorization required for non-participating providers.	C	1/1/2022
95829	ELECTROCORTICOGRAM AT SURG (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
95830	INSERT ELECTRODES FOR EEG	Authorization required for non-participating providers.	C	1/1/2022
95836	ECOG IMPLANTED BRAIN NPGT W/REC I AND R <30 DAYS	Authorization required for all providers.	Y	1/1/2022
95857	CHOLINESTERASE CHALLENGE	Authorization required for non-participating providers.	C	1/1/2022
95860	NDLE EMG;1 EXT W/WO REL PARASP AREA	Authorization required for non-participating providers.	C	1/1/2022
95861	NDLE EMG;2 EXT W/WO REL PARASP AREA	Authorization required for non-participating providers.	C	1/1/2022
95863	NDLE EMG;3 EXT W/WO REL PARASP AREA	Authorization required for non-participating providers.	C	1/1/2022
95864	NDLE EMG;4 EXT W/WO REL PARASP AREA	Authorization required for non-participating providers.	C	1/1/2022
95865	NDL EMG LARX	Authorization required for non-participating providers.	C	1/1/2022
95866	NDL EMG HEMIDPHRM	Authorization required for non-participating providers.	C	1/1/2022
95867	NDLE EMG; CRANIL NRV SPL MUSC UNI	Authorization required for non-participating providers.	C	1/1/2022
95868	NDLE EMG; CRANIL NRV SPL MUSC BIL	Authorization required for non-participating providers.	C	1/1/2022
95869	NDLE EMG; THORACIC PARASPINAL MUSC	Authorization required for non-participating providers.	C	1/1/2022
95870	NEEDLE EMG; OTH THAN PARASPINAL	Authorization required for non-participating providers.	C	1/1/2022
95872	NEEDLE EMG W/QUAN MEAS-ANY/ALL SITES EA MUS STDY	Authorization required for non-participating providers.	C	1/1/2022
95873	ESTIM GDN CONJUNCT CHEMODNRVTJ	Authorization required for non-participating providers.	C	1/1/2022
95874	NDL EMG GDN CONJUNCT CHEMODNRVTJ	Authorization required for non-participating providers.	C	1/1/2022
95875	ISCHEMIC LIMB EXER TST ACQN MUSC	Authorization required for non-participating providers.	C	1/1/2022
95885	MUSC TST DONE W/NERV TST LIM	Authorization required for non-participating providers.	C	1/1/2022
95886	MUSC TEST DONE W/N TEST COMP	Authorization required for non-participating providers.	C	1/1/2022
95887	MUSC TST DONE W/N TST NONEXT	Authorization required for non-participating providers.	C	1/1/2022
95900	NERV CONDUCT STUDY EA NERV; MOTOR WO F-WAVE STUDY	Authorization required for non-participating providers.	C	1/1/2022
95903	NERV CONDUCT STUDY EA NERV; MOTOR W/F-WAVE STUDY	Authorization required for non-participating providers.	C	1/1/2022
95904	NERV CONDUCT STUDY EA NERV-ANY/ALL SITES; SENSORY	Authorization required for non-participating providers.	C	1/1/2022
95905	MOTOR/SENS NRVE CONDUCT TEST	Authorization required for non-participating providers.	C	1/1/2022
95907	NVR CNDJ TST 1-2 STUDIES	Authorization required for non-participating providers.	C	1/1/2022
95908	NRV CNDJ TST 3-4 STUDIES	Authorization required for non-participating providers.	C	1/1/2022
95909	NRV CNDJ TST 5-6 STUDIES	Authorization required for non-participating providers.	C	1/1/2022
95910	NRV CNDJ TEST 7-8 STUDIES	Authorization required for non-participating providers.	C	1/1/2022

95911	NRV CNDJ TEST 9-10 STUDIES	Authorization required for non-participating providers.	C	1/1/2022
95912	NRV CNDJ TEST 11-12 STUDIES	Authorization required for non-participating providers.	C	1/1/2022
95913	NRV CNDJ TEST 13/> STUDIES	Authorization required for non-participating providers.	C	1/1/2022
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING PER HOUR	Authorization required for non-participating providers.	C	1/1/2022
95921	AUTONOM NERV SYST FUNCT TEST; CARDIOVAGAL INNERV	Authorization required for non-participating providers.	C	1/1/2022
95922	AUTONOM NERV SYST FUNCT TEST; VASOMOTOR INNERVAT	Authorization required for non-participating providers.	C	1/1/2022
95923	AUTONOM NERV SYST FUNCT TEST; SUDOMOTOR	Authorization required for non-participating providers.	C	1/1/2022
95924	ANS PARASYMP & SYMP W/TILT	Authorization required for non-participating providers.	C	1/1/2022
95925	SOMATOSENSORY TESTING 1/MORE NERV; UPPER LIMBS	Authorization required for non-participating providers.	C	1/1/2022
95926	SOMATOSENSORY TESTING 1/MORE NERV; LOWER LIMBS	Authorization required for non-participating providers.	C	1/1/2022
95927	SOMATOSENSORY TESTING 1/MORE NERV; TRUNK/HEAD	Authorization required for non-participating providers.	C	1/1/2022
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY; UPR LIMBS	Authorization required for non-participating providers.	C	1/1/2022
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY; LWER LIMBS	Authorization required for non-participating providers.	C	1/1/2022
95930	VISUAL EP TEST CNS W/I&R	Authorization required for non-participating providers.	C	1/1/2022
95933	ORBICULARIS OCULI REFLEX BY ELEC-DX TESTING	Authorization required for non-participating providers.	C	1/1/2022
95934	H-REFLEX AMP & LATENCY STUDY; GASTROCNEM/SOLEUS	Authorization required for non-participating providers.	C	1/1/2022
95936	H-REFLEX & LATENCY STUDY; NOT GASTROCNEM/SOLEUS	Authorization required for non-participating providers.	C	1/1/2022
95937	NEUROMUSCULAR JUNCTION TEST EA NERV ANY 1 METHD	Authorization required for non-participating providers.	C	1/1/2022
95938	SOMATOSENSORY TESTING	Authorization required for non-participating providers.	C	1/1/2022
95939	C MOTOR EVOKED UPR&LWR LIMBS	Authorization required for non-participating providers.	C	1/1/2022
95940	IONM IN OPERATNG ROOM 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
95943	PARASYMP&SYMP HRT RATE TEST	Authorization required for non-participating providers.	C	1/1/2022
95954	EEG MONITORING/GIVING DRUGS	Authorization required for non-participating providers.	C	1/1/2022
95955	EEG DURING NONINTRACRANIAL SURG	Authorization required for non-participating providers.	C	1/1/2022
95957	DIGITAL ANALY EEG	Authorization required for non-participating providers.	C	1/1/2022
95958	WADA ACTIVAT TEST HEMISPHERIC FUNCT INCL EEG	Authorization required for non-participating providers.	C	1/1/2022
95961	ELECTRODE STIMULATION BRAIN	Authorization required for non-participating providers.	C	1/1/2022
95962	ELECTRODE STIM BRAIN ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
95965	MAGNETOENCEPHALOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
95966	MAGNETOENCEPHALOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
95967	MAGNETOENCEPHALOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
95970	ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	Authorization required for non-participating providers.	C	1/1/2022
95971	ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	Authorization required for non-participating providers.	C	1/1/2022
95972	ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	Authorization required for non-participating providers.	C	1/1/2022
95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	Authorization required for all providers.	Y	1/1/2022
95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	Authorization required for all providers.	Y	1/1/2022
95980	IO ANAL GAST N-STIM INIT	Authorization required for all providers.	Y	1/1/2022
95981	IO ANAL GAST N-STIM SUBSQ	Authorization required for all providers.	Y	1/1/2022
95982	IO GA N-STIM SUBSQ W/REPROG	Authorization required for all providers.	Y	1/1/2022
95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	Authorization required for all providers.	Y	1/1/2022
95984	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	Authorization required for all providers.	Y	1/1/2022
95990	SPIN/BRAIN PUMP REFIL & MAIN	Authorization required for non-participating providers.	C	1/1/2022
95991	SPIN/BRAIN PUMP REFIL & MAIN	Authorization required for non-participating providers.	C	1/1/2022
95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PROC	Authorization required for all providers.	Y	1/1/2022
96000	MOTION ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
96001	MOTION ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
96002	MOTION ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
96003	MOTION ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
96004	PHYS REVIEW OF MOTION TESTS	Authorization required for non-participating providers.	C	1/1/2022

96020	FUNCTIONAL BRAIN MAPPING	Authorization required for non-participating providers.	C	1/1/2022
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES	Authorization required for all providers.	Y	1/1/2022
96110	DEVELOPMENTAL SCREEN W/SCORE	Authorization required for non-participating providers.	C	1/1/2022
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	Authorization required for non-participating providers.	C	1/1/2022
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
96127	BRIEF EMOTIONAL/BEHAV ASSMT	Authorization required for non-participating providers.	C	1/1/2022
96156	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	Authorization required for non-participating providers.	C	1/1/2022
96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	Authorization required for non-participating providers.	C	1/1/2022
96161	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	Authorization required for non-participating providers.	C	1/1/2022
96164	HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
96165	HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
96167	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
96168	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
96170	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
96171	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	Authorization required for non-participating providers.	C	1/1/2022
96360	HYDRATION IV INFUSION INIT	Authorization required for non-participating providers.	C	1/1/2022
96361	HYDRATE IV INFUSION ADD-ON	Authorization required for non-participating providers.	C	1/1/2022
96365	THER/PROPH/DIAG IV INF INIT	Authorization required for non-participating providers.	C	1/1/2022
96366	THER/PROPH/DIAG IV INF ADDON	Authorization required for non-participating providers.	C	1/1/2022
96367	TX/PROPH/DG ADDL SEQ IV INF	Authorization required for non-participating providers.	C	1/1/2022
96368	THER/DIAG CONCURRENT INF	Authorization required for non-participating providers.	C	1/1/2022
96369	SC THER INFUSION UP TO 1 HR	Authorization required for non-participating providers.	C	1/1/2022
96370	SC THER INFUSION ADDL HR	Authorization required for non-participating providers.	C	1/1/2022
96371	SC THER INFUSION RESET PUMP	Authorization required for non-participating providers.	C	1/1/2022
96372	THER/PROPH/DIAG INJ SC/IM	Authorization required for non-participating providers.	C	1/1/2022
96373	THER/PROPH/DIAG INJ IA	Authorization required for non-participating providers.	C	1/1/2022
96374	THER/PROPH/DIAG INJ IV PUSH	Authorization required for non-participating providers.	C	1/1/2022
96375	TX/PRO/DX INJ NEW DRUG ADDON	Authorization required for non-participating providers.	C	1/1/2022
96376	TX/PRO/DX INJ NEW DRUG ADON	Authorization required for non-participating providers.	C	1/1/2022
96377	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	Authorization required for non-participating providers.	C	1/1/2022
96379	THER/PROP/DIAG INJ/INF PROC	Authorization required for all providers.	Y	1/1/2022
96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	Authorization required for non-participating providers.	C	1/1/2022
96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	Authorization required for non-participating providers.	C	1/1/2022
96405	CHEMOTX ADMIN INTRALES; TO & INCL 7 LES	Authorization required for non-participating providers.	C	1/1/2022
96406	CHEMOTX ADMIN INTRALES; > 7 LES	Authorization required for non-participating providers.	C	1/1/2022
96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	Authorization required for non-participating providers.	C	1/1/2022
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	Authorization required for non-participating providers.	C	1/1/2022
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Authorization required for non-participating providers.	C	1/1/2022
96415	CHEMO ADMIN, IV INFUSION UP TO 1 HR, SINGLE OR INITIAL SUBSTANCE/DRUG	Authorization required for non-participating providers.	C	1/1/2022
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Authorization required for non-participating providers.	C	1/1/2022
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	Authorization required for non-participating providers.	C	1/1/2022
96420	CHEMOTX ADMIN INTRA-ART; PUSH TECH	Authorization required for non-participating providers.	C	1/1/2022
96422	CHEMOTX ADMIN INTRA-ART; INFUSION TECH TO 1 HR	Authorization required for non-participating providers.	C	1/1/2022
96423	CHEMO ADMIN, INFUSION TECHNIQUE, EACH ADDITIONAL HOUR	Authorization required for non-participating providers.	C	1/1/2022
96425	CHEMOTX INTRA-ART; INFUSION-INIT PROLONG W/PUMP	Authorization required for non-participating providers.	C	1/1/2022
96440	CHEMOTX-PLEURAL CAVITY-REQ & INCL THORACENTESIS	Authorization required for non-participating providers.	C	1/1/2022
96445	CHEMOTX-PERITONEAL CAVIT-REQ & W/PERITONEOCENTES	Authorization required for non-participating providers.	C	1/1/2022

96446	CHEMOTX ADMN PRTL CAVITY	Authorization required for non-participating providers.	C	1/1/2022
96450	CHEMOTX-CNS-REQ & INCL LUMBAR PUNCT	Authorization required for non-participating providers.	C	1/1/2022
96521	RFL/MAIN PORTABLE PMP	Authorization required for non-participating providers.	C	1/1/2022
96522	RFL/MAIN IMPLTABLE PMP/RSVR F/DRUG DLVR SYSIC	Authorization required for non-participating providers.	C	1/1/2022
96542	CHEMOTX INJ SUBARACH/INTRAVENTRIC-1/MX AGENTS	Authorization required for non-participating providers.	C	1/1/2022
96549	UNLISTED CHEMOTX PROC	Authorization required for all providers.	Y	1/1/2022
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APP OF LIGHT	Authorization required for non-participating providers.	C	1/1/2022
96571	PHOTODYNAMIC THERAPY OF ENDOSCOPIC APP EACH ADDL 15 MINS	Authorization required for non-participating providers.	C	1/1/2022
96573	PDT DSTR PRMLG LES PHYS/QHP	Authorization required for all providers.	Y	1/1/2022
96574	DBRDMT PRMLG LES W/PDT	Authorization required for all providers.	Y	1/1/2022
96900	ACTINOTHERAPY	Authorization required for non-participating providers.	C	1/1/2022
96902	MICRO EXAM HAIRS-DETER TELOGEN & ANAGEN COUNTS	Authorization required for non-participating providers.	C	1/1/2022
96910	PHOTOCHEMOTX; TAR & UV B/PETROLATUM & UV B	Authorization required for all providers.	Y	1/1/2022
96912	PHOTOCHEMOTHERAPY; PSORALENS & ULTRAVIOLET A	Authorization required for all providers.	Y	1/1/2022
96913	PHOTOCHEMOTX REQ 4-8 HRS CARE W/SUPERVS BY PHYS	Authorization required for non-participating providers.	C	1/1/2022
96920	LASR TX INFLAM SKN DZ;TOT<250 SQ CM	Authorization required for all providers.	Y	1/1/2022
96921	LASR TX INFLAM SKN DZ;250-500 SQ CM	Authorization required for all providers.	Y	1/1/2022
96922	LASR TX INFLAM SKN DZ; > 500 SQ CM	Authorization required for all providers.	Y	1/1/2022
96999	UNLISTED SPECIAL DERM SERV/PROC	Authorization required for all providers.	Y	1/1/2022
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Allow 24 visits per 180 days, then pre-authorization is required.	C	1/1/2022
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Allow 24 visits per 180 days, then pre-authorization is required.	C	1/1/2022
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Authorization required for all providers.	Y	1/1/2022
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Authorization required for all providers.	Y	1/1/2022
97155	ADAPT BHV TX PRCL MODIFCAJ PHYS/QHP EA 15 MIN	Authorization required for all providers.	Y	1/1/2022
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	Authorization required for all providers.	Y	1/1/2022
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	Authorization required for all providers.	Y	1/1/2022
97158	GRP ADAPT BHV PRCL MODIFCAJ PHYS/QHP EA 15 MIN	Authorization required for all providers.	Y	1/1/2022
97169	ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	Authorization required for non-participating providers.	C	1/1/2022
97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	Authorization required for non-participating providers.	C	1/1/2022
97171	ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	Authorization required for non-participating providers.	C	1/1/2022
97172	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	Authorization required for non-participating providers.	C	1/1/2022
97607	NEG PRESS WND TX < /=50 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
97608	NEG PRESS WOUND TX >50 CM	Authorization required for non-participating providers.	C	1/1/2022
97780	#N/A	Authorization required for non-participating providers.	C	1/1/2022
97781	#N/A	Authorization required for non-participating providers.	C	1/1/2022
97799	UNLISTED PHYS MEDS/REHAB SERV/PROC	Authorization required for non-participating providers.	C	1/1/2022
97810	ACUPUNCT 1/> NDLES W/O E-STIM; INIT 15 MIN 1-1	Authorization required for non-participating providers.	C	1/1/2022
97811	ACUPUNCT 1/> NDLES W/O E-STIM; EA ADD 15 MIN 1-1	Authorization required for non-participating providers.	C	1/1/2022
97813	ACUPUNCT 1/> NDLES WITH E-STIM; INIT 15 MIN 1-1	Authorization required for non-participating providers.	C	1/1/2022
97814	ACUPUNCT 1/> NDLES WITH E-STIM;EA ADD 15 MIN 1-1	Authorization required for non-participating providers.	C	1/1/2022
98925	OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED	Authorization required for non-participating providers.	C	1/1/2022
98926	OSTEOPATHIC MANIP TX; 3-4 BODY REGIONS INVOLVED	Authorization required for non-participating providers.	C	1/1/2022
98927	OSTEOPATHIC MANIP TX; 5-6 BODY REGIONS INVOLVED	Authorization required for non-participating providers.	C	1/1/2022
98928	OSTEOPATHIC MANIP TX; 7-8 BODY REGIONS INVOLVED	Authorization required for non-participating providers.	C	1/1/2022
98929	OSTEOPATHIC MANIP TX; 9-10 BODY REGIONS INVOLVED	Authorization required for non-participating providers.	C	1/1/2022
98940	CHIROPRACTIC MANIP TX; SPINAL 1-2 REGIONS	Allow 12 visits per rolling year, then pre-authorization is required.	C	1/1/2022
98941	CHIROPRACTIC MANIP TX; SPINAL 3-4 REGIONS	Allow 12 visits per rolling year, then pre-authorization is required.	C	1/1/2022
98942	CHIROPRACTIC MANIP TX; SPINAL 5 REGIONS	Allow 12 visits per rolling year, then pre-authorization is required.	C	1/1/2022
98943	CHIROPRACTIC MANIP TX; EXTRASPINAL 1/> REGIONS	Allow 12 visits per rolling year, then pre-authorization is required.	C	1/1/2022

98966	HC PRO PHONE CALL 5-10 MIN	Authorization required for non-participating providers.	C	1/1/2022
98967	HC PRO PHONE CALL 11-20 MIN	Authorization required for non-participating providers.	C	1/1/2022
98968	HC PRO PHONE CALL 21-30 MIN	Authorization required for non-participating providers.	C	1/1/2022
98970	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN	Authorization required for non-participating providers.	C	1/1/2022
98971	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN	Authorization required for non-participating providers.	C	1/1/2022
98972	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN	Authorization required for non-participating providers.	C	1/1/2022
99000	SPECIMEN HANDLING OFFICE-LAB	Authorization required for non-participating providers.	C	1/1/2022
99050	SRVC REQUEST AFTR HRS ADD TO BASIC	Authorization required for non-participating providers.	C	1/1/2022
99056	SERV PROVID @ REQ OF PT @ LOCATION NOT IN OFFIC	Authorization required for non-participating providers.	C	1/1/2022
99058	OFFIC SERV PROVID-EMER BASIS	Authorization required for non-participating providers.	C	1/1/2022
99072	ADDL SUPL MATRL AND STAF TM DRG PHE RES-TR NFCT DS	Authorization required for non-participating providers.	C	1/1/2022
99082	UNUSUAL TRAVEL	Authorization required for non-participating providers.	C	1/1/2022
99151	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	Authorization required for non-participating providers.	C	1/1/2022
99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	Authorization required for non-participating providers.	C	1/1/2022
99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	Authorization required for non-participating providers.	C	1/1/2022
99155	MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	Authorization required for non-participating providers.	C	1/1/2022
99156	MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	Authorization required for non-participating providers.	C	1/1/2022
99157	MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	Authorization required for non-participating providers.	C	1/1/2022
99170	ANOGENITAL EXAM CHILD W IMAG	Authorization required for non-participating providers.	C	1/1/2022
99172	SCREEN VISUAL AUTO/SEMI BILAT QUAN	Authorization required for non-participating providers.	C	1/1/2022
99173	SCREENING TEST OF VISUAL ACUITY QUANTITATIVE BILAT	Authorization required for non-participating providers.	C	1/1/2022
99174	OCULAR INSTRUMNT SCREEN BIL	Authorization required for non-participating providers.	C	1/1/2022
99177	OCULAR INSTRUMNT SCREEN BIL	Authorization required for non-participating providers.	C	1/1/2022
99183	HYPERBARIC OXYGEN THERAPY	Authorization required for all providers.	Y	1/1/2022
99184	HYPOTHERMIA ILL NEONATE	Authorization required for non-participating providers.	C	1/1/2022
99190	ASSEMBLY & OPERAT-PUMP W/OXYGENATR/EXCHGR; EA HR	Authorization required for non-participating providers.	C	1/1/2022
99191	ASSEMBLY & OPERAT-PUMP W/OXYGENATR/EXCHGR; 3/4HR	Authorization required for non-participating providers.	C	1/1/2022
99192	ASSEMBLY &/OR PUMP W/OXYGENATOR/HEAT EXCHG	Authorization required for non-participating providers.	C	1/1/2022
99195	PHLEBOTOMY THERAP (SEPART PROC)	Authorization required for non-participating providers.	C	1/1/2022
99199	UNLISTED SPECIAL SERV/REPORT	Authorization required for all providers.	Y	1/1/2022
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	Authorization required for non-participating providers.	C	1/1/2022
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	Authorization required for non-participating providers.	C	1/1/2022
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	Authorization required for non-participating providers.	C	1/1/2022
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	Authorization required for non-participating providers.	C	1/1/2022
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	Authorization required for non-participating providers.	C	1/1/2022
99221	INITIAL HOSPITAL CARE	Authorization required for non-participating providers.	C	1/1/2022
99222	INITIAL HOSPITAL CARE	Authorization required for non-participating providers.	C	1/1/2022
99223	INITIAL HOSPITAL CARE	Authorization required for non-participating providers.	C	1/1/2022
99231	SUBSEQUENT HOSPITAL CARE	Authorization required for non-participating providers.	C	1/1/2022
99232	SUBSEQUENT HOSPITAL CARE	Authorization required for non-participating providers.	C	1/1/2022
99233	SUBSEQUENT HOSPITAL CARE	Authorization required for non-participating providers.	C	1/1/2022
99238	HOSP D/C DA MGMT; 30 MIN/LESS	Authorization required for non-participating providers.	C	1/1/2022
99239	HOSP D/C DA MGMT; MORE THAN 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
99241	OFFICE CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99242	OFFICE CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022

99243	OFFICE CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99244	OFFICE CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99245	OFFICE CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99251	INPATIENT CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99252	INPATIENT CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99253	INPATIENT CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99254	INPATIENT CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99255	INPATIENT CONSULTATION	Authorization required for non-participating providers.	C	1/1/2022
99291	CRITICAL CARE E&M-UNSTABLE PT-CONT ATTND; 1ST HR	Authorization required for non-participating providers.	C	1/1/2022
99292	CRITICAL CARE E&M-UNSTABLE PT; EA ADD 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
99304	NURSING FACILITY CARE INIT	Authorization required for non-participating providers.	C	1/1/2022
99305	NURSING FACILITY CARE INIT	Authorization required for non-participating providers.	C	1/1/2022
99306	NURSING FACILITY CARE INIT	Authorization required for non-participating providers.	C	1/1/2022
99307	NURSING FAC CARE SUBSEQ	Authorization required for non-participating providers.	C	1/1/2022
99308	NURSING FAC CARE SUBSEQ	Authorization required for non-participating providers.	C	1/1/2022
99309	NURSING FAC CARE SUBSEQ	Authorization required for non-participating providers.	C	1/1/2022
99310	NURSING FAC CARE SUBSEQ	Authorization required for non-participating providers.	C	1/1/2022
99315	NURS FACIL D/C DA MGMT; 30 MIN/LESS	Authorization required for non-participating providers.	C	1/1/2022
99316	NURS FACIL D/C DA MGMT; MORE THAN 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
99318	ANNUAL NURSING FAC ASSESSMNT	Authorization required for non-participating providers.	C	1/1/2022
99324	DOMICIL/R-HOME VISIT NEW PAT	Authorization required for all providers.	Y	1/1/2022
99325	DOMICIL/R-HOME VISIT NEW PAT	Authorization required for all providers.	Y	1/1/2022
99326	DOMICIL/R-HOME VISIT NEW PAT	Authorization required for all providers.	Y	1/1/2022
99327	DOMICIL/R-HOME VISIT NEW PAT	Authorization required for all providers.	Y	1/1/2022
99328	DOMICIL/R-HOME VISIT NEW PAT	Authorization required for all providers.	Y	1/1/2022
99334	DOMICIL/R-HOME VISIT EST PAT	Authorization required for all providers.	Y	1/1/2022
99335	DOMICIL/R-HOME VISIT EST PAT	Authorization required for all providers.	Y	1/1/2022
99336	DOMICIL/R-HOME VISIT EST PAT	Authorization required for all providers.	Y	1/1/2022
99337	DOMICIL/R-HOME VISIT EST PAT	Authorization required for all providers.	Y	1/1/2022
99341	HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
99342	HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
99343	HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
99344	HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
99345	HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
99347	HOME VISIT EST PATIENT	Authorization required for all providers.	Y	1/1/2022
99348	HOME VISIT EST PATIENT	Authorization required for all providers.	Y	1/1/2022
99350	HOME VISIT EST PATIENT	Authorization required for all providers.	Y	1/1/2022
99354	PROLONGED SVC OUTPATIENT SETTING 1ST HOUR	Authorization required for non-participating providers.	C	1/1/2022
99355	PROLONGED SVC OUTPATIENT SETTING EA ADDL 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
99356	PROLONGED SVC I/P OR OBS SETTING 1ST HOUR	Authorization required for non-participating providers.	C	1/1/2022
99357	PROLONGED SVC I/P OR OBS SETTING EA ADDL 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
99381	INIT PM E/M NEW PAT INF	Authorization required for non-participating providers.	C	1/1/2022
99382	INIT PM E/M NEW PAT 1-4 YRS	Authorization required for non-participating providers.	C	1/1/2022
99383	PREV VISIT NEW AGE 5-11	Authorization required for non-participating providers.	C	1/1/2022
99384	PREV VISIT NEW AGE 12-17	Authorization required for non-participating providers.	C	1/1/2022
99385	PREV VISIT NEW AGE 18-39	Authorization required for non-participating providers.	C	1/1/2022
99386	PREV VISIT NEW AGE 40-64	Authorization required for non-participating providers.	C	1/1/2022
99387	INIT PM E/M NEW PAT 65+ YRS	Authorization required for non-participating providers.	C	1/1/2022
99391	PER PM REEVAL EST PAT INF	Authorization required for non-participating providers.	C	1/1/2022

99392	PREV VISIT EST AGE 1-4	Authorization required for non-participating providers.	C	1/1/2022
99393	PREV VISIT EST AGE 5-11	Authorization required for non-participating providers.	C	1/1/2022
99394	PREV VISIT EST AGE 12-17	Authorization required for non-participating providers.	C	1/1/2022
99395	PREV VISIT EST AGE 18-39	Authorization required for non-participating providers.	C	1/1/2022
99396	PREV VISIT EST AGE 40-64	Authorization required for non-participating providers.	C	1/1/2022
99397	PER PM REEVAL EST PAT 65+ YR	Authorization required for non-participating providers.	C	1/1/2022
99401	PREVEN MEDS COUNSEL/RISK REDUC (SEP PRO); 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
99406	BEHAV CHNG SMOKING 3-10 MIN	Authorization required for non-participating providers.	C	1/1/2022
99407	BEHAV CHNG SMOKING < 10 MIN	Authorization required for non-participating providers.	C	1/1/2022
99415	PROLONGED CLINICAL STAFF SVC OFFICE/O/P 1ST HR	Authorization required for non-participating providers.	C	1/1/2022
99416	PROLONGED CLINICAL STAFF SVC OFFICE/O/P EA ADDL	Authorization required for non-participating providers.	C	1/1/2022
99417	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
99439	CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	Authorization required for non-participating providers.	C	1/1/2022
99441	PHONE E/M PHYS/QHP 5-10 MIN	Authorization required for non-participating providers.	C	1/1/2022
99442	PHONE E/M PHYS/QHP 11-20 MIN	Authorization required for non-participating providers.	C	1/1/2022
99443	PHONE E/M PHYS/QHP 21-30 MIN	Authorization required for non-participating providers.	C	1/1/2022
99451	NTRPROF PHONE/NTRNET/EHR ASSMT AND MGMT 5/> MIN	Authorization required for non-participating providers.	C	1/1/2022
99452	NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN	Authorization required for non-participating providers.	C	1/1/2022
99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	Authorization required for non-participating providers.	C	1/1/2022
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	Authorization required for non-participating providers.	C	1/1/2022
99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	Authorization required for non-participating providers.	C	1/1/2022
99458	REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO	Authorization required for non-participating providers.	C	1/1/2022
99460	INIT NB EM PER DAY HOSP	Authorization required for non-participating providers.	C	1/1/2022
99461	INIT NB EM PER DAY NON-FAC	Authorization required for non-participating providers.	C	1/1/2022
99462	SBSQ NB EM PER DAY HOSP	Authorization required for non-participating providers.	C	1/1/2022
99463	SAME DAY NB DISCHARGE	Authorization required for non-participating providers.	C	1/1/2022
99464	ATTENDANCE AT DELIVERY	Authorization required for non-participating providers.	C	1/1/2022
99465	NB RESUSCITATION	Authorization required for non-participating providers.	C	1/1/2022
99466	PED CRIT CARE TRANSPORT	Authorization required for non-participating providers.	C	1/1/2022
99467	PED CRIT CARE TRANSPORT ADDL	Authorization required for non-participating providers.	C	1/1/2022
99468	NEONATE CRIT CARE INITIAL	Authorization required for non-participating providers.	C	1/1/2022
99469	NEONATE CRIT CARE SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
99471	PED CRITICAL CARE INITIAL	Authorization required for non-participating providers.	C	1/1/2022
99472	PED CRITICAL CARE SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
99473	SELF-MEAS BP PT EDUCAJ/TRAING AND DEV CALIBRATION	Authorization required for non-participating providers.	C	1/1/2022
99474	SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	Authorization required for non-participating providers.	C	1/1/2022
99475	PED CRIT CARE AGE 2-5 INIT	Authorization required for non-participating providers.	C	1/1/2022
99476	PED CRIT CARE AGE 2-5 SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
99477	INIT DAY HOSP NEONATE CARE	Authorization required for non-participating providers.	C	1/1/2022
99478	IC LBW INF < 1500 GM SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
99479	IC LBW INF 1500-2500 G SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
99480	IC INF PBW 2501-5000 G SUBSQ	Authorization required for non-participating providers.	C	1/1/2022
99483	ASSMT AND CARE PLANNING PT W/COGNITIVE IMPAIRMENT	Authorization required for non-participating providers.	C	1/1/2022
99484	CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	Authorization required for non-participating providers.	C	1/1/2022
99492	1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	Authorization required for non-participating providers.	C	1/1/2022
99493	SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	Authorization required for non-participating providers.	C	1/1/2022
99494	1ST/SBSQ PSYC COLLAB CARE	Authorization required for non-participating providers.	C	1/1/2022
99499	UNLISTED EVAL & MGMT SERV	Authorization required for non-participating providers.	C	1/1/2022
99500	HOME VISIT PRENATAL	Authorization required for all providers.	Y	1/1/2022

99501	HOME VISIT FOR POSTNATAL ASSESSMENT	Authorization required for all providers.	Y	1/1/2022
99502	HOME VISIT FOR NEWBORN CARE ASSESSMENT	Authorization required for all providers.	Y	1/1/2022
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	Authorization required for all providers.	Y	1/1/2022
99504	HOME VISIT MECH VENTILATION CARE	Authorization required for all providers.	Y	1/1/2022
99505	HOME VISIT FOR STOMA CARE	Authorization required for all providers.	Y	1/1/2022
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	Authorization required for all providers.	Y	1/1/2022
99507	HOME VISIT FOR CATHETER MAINTENANCE	Authorization required for all providers.	Y	1/1/2022
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING	Authorization required for all providers.	Y	1/1/2022
99510	HOME VISIT FOR INDIVIDUAL, FAMILY OR MARRIAGE COUNSELING	Authorization required for all providers.	Y	1/1/2022
99511	HOME VISIT FOR FECAL IMPACTION	Authorization required for all providers.	Y	1/1/2022
99601	HOME INFUS/SPCLTY DRUG ADMIN-VISIT	Authorization required for all providers.	Y	1/1/2022
0001A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	Authorization required for non-participating providers.	C	1/1/2022
0001F	HEART FAILURE ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
0002A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	Authorization required for non-participating providers.	C	1/1/2022
0002U	ONC CLRCT 3 UR METAB ALG PLP	Authorization required for all providers.	Y	1/1/2022
0003U	ONC OVAR 5 PRTN SER ALG SCOR	Authorization required for all providers.	Y	1/1/2022
0004A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON BST DOSE	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
0005F	OSTEOARTHRITIS ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
0005U	ONCO PRST8 3 GENE UR ALG	Authorization required for all providers.	Y	1/1/2022
0007U	RX TEST PRSMV UR W/DEF CONF	Authorization required for all providers.	Y	1/1/2022
0009U	ONC BRST CA ERBB2 AMP/NONAMP	Authorization required for all providers.	Y	1/1/2022
0010U	NFCT DS STRN TYP WHL GEN SEQ	Authorization required for all providers.	Y	1/1/2022
0011A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	Authorization required for non-participating providers.	C	1/1/2022
0011M	ONC PRST8 CA MRNA 12 GEN ALG	Authorization required for all providers.	Y	1/1/2022
0011U	RX MNTR LC-MS/MS ORAL FLUID	Authorization required for all providers.	Y	1/1/2022
0012A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	Authorization required for non-participating providers.	C	1/1/2022
0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSESSMENT	Authorization required for non-participating providers.	C	1/1/2022
0012M	ONC MRNA 5 GEN RSK URTHL CA	Authorization required for all providers.	Y	1/1/2022
0012U	GERMLN DO GENE REARGMT DETCJ	Authorization required for all providers.	Y	1/1/2022
0013M	ONC MRNA 5 GEN RECR URTHL CA	Authorization required for all providers.	Y	1/1/2022
0013U	ONC SLD ORG NEO GENE REARGMT	Authorization required for all providers.	Y	1/1/2022
0014F	COMP PREOP ASSESS CATARACT SURG W/ IOL PLACEMNT	Authorization required for non-participating providers.	C	1/1/2022
0014M	LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	Authorization required for all providers.	Y	1/1/2022
0014U	HEM HMTLMF NEO GENE REARGMT	Authorization required for all providers.	Y	1/1/2022
0015F	MELANOMA FOLLOW UP COMPLETED	Authorization required for non-participating providers.	C	1/1/2022
0015M	ADRENAL CORTICAL TUM BIOCHEM ASSAY 25 STRD MRK	Authorization required for non-participating providers.	C	1/1/2022
0016M	ONC BLADDER MRNA MICROARRAY GENE XPRSN PRFLG 209	Authorization required for non-participating providers.	C	1/1/2022
0016T	THERMOTHERAPY OF CHORODIAL EYE LESION	Authorization required for non-participating providers.	C	1/1/2022
0016U	ONC HMTLMF NEO RNA BCR/ABL1	Authorization required for all providers.	Y	1/1/2022
0017M	ONC DLBCL MRNA FLUOR PRB HYBRDZTN 20 GENES ALG	Authorization required for all providers.	Y	1/1/2022
0017T	PHOTOCOAGULATION OF MACULAR DRUSEN	Authorization required for non-participating providers.	C	1/1/2022
0017U	ONC HMTLMF NEO JAK2 MUT DNA	Authorization required for all providers.	Y	1/1/2022
0018U	ONC THYR 10 MICRORNA SEQ ALG	Authorization required for all providers.	Y	1/1/2022
0019U	ONC RNA TISS PREDICT ALG	Authorization required for all providers.	Y	1/1/2022
0021U	ONC PRST8 DETCJ 8 AUTOANTB	Authorization required for all providers.	Y	1/1/2022
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	Authorization required for all providers.	Y	1/1/2022
0023U	ONC AML DNA DETCJ/NONDET CJ	Authorization required for all providers.	Y	1/1/2022
0026U	ONC THYR DNA&MRNA 112 GENES	Authorization required for all providers.	Y	1/1/2022
0027U	JAK2 GENE TRGT SEQ ALYS	Authorization required for all providers.	Y	1/1/2022

0029U	RX METAB ADVRS TRGT SEQ ALYS	Authorization required for all providers.	Y	1/1/2022
0030U	RX METAB WARF TRGT SEQ ALYS	Authorization required for all providers.	Y	1/1/2022
0031A	IMM ADMN SARSCOV2 AD26 5X1010 VP/0.5 ML 1 DOSE	Authorization required for non-participating providers.	C	1/1/2022
0031U	CYP1A2 GENE	Authorization required for all providers.	Y	1/1/2022
0032U	COMT GENE	Authorization required for all providers.	Y	1/1/2022
0033U	HTR2A HTR2C GENES	Authorization required for all providers.	Y	1/1/2022
0034U	TPMT NUDT15 GENES	Authorization required for all providers.	Y	1/1/2022
0036U	XOME TUM AND NML SPEC SEQ ALYS	Authorization required for all providers.	Y	1/1/2022
0037U	TRGT GEN SEQ DMA 324 GENES	Authorization required for all providers.	Y	1/1/2022
0040U	BCR/ABL1 GENE MAJOR BP QUAN	Authorization required for all providers.	Y	1/1/2022
0045U	ONC BRST DUX CARC IS 12 GENE	Authorization required for all providers.	Y	1/1/2022
0046U	FLT3 GENE ITD VARIANTS QUAN	Authorization required for all providers.	Y	1/1/2022
0047U	ONC PRST8 MRNA 17 GENE ALG	Authorization required for all providers.	Y	1/1/2022
0048T	IMPL VAD PERQ TRANSSEPTL 1/2 CANNUL	Authorization required for all providers.	Y	1/1/2022
0048U	ONC SLD ORG NEO DNA 468 GENE	Authorization required for all providers.	Y	1/1/2022
0049U	NPM1 GENE ANALYSIS QUAN	Authorization required for all providers.	Y	1/1/2022
0050T	REMV VAD PERQ TRANSSEPTL 1/2 CANNUL	Authorization required for all providers.	Y	1/1/2022
0050U	TRGT GEN SEQ DNA 194 GENES	Authorization required for all providers.	Y	1/1/2022
0051A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 1ST	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
0051U	RX MNTR DRUGS PRESENT LC-MS/MS UR/BLD 31 RX PNL	Authorization required for all providers.	Y	1/1/2022
0052A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 2ND	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
0053A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 3RD	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
0053U	ONC PRST8 CA FISH ALYS 4 GEN	Authorization required for all providers.	Y	1/1/2022
0054A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE BST	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
0054T	BONE SURGERY USING COMPUTER	Authorization required for non-participating providers.	C	1/1/2022
0054U	RX MNTR 14+ DRUGS AND SBSTS	Authorization required for all providers.	Y	1/1/2022
0055T	BONE SURGERY USING COMPUTER	Authorization required for non-participating providers.	C	1/1/2022
0055U	CARD HRT TRNSPL 96 DNA SEQ	Authorization required for all providers.	Y	1/1/2022
0056U	HEM AML DNA GENE REARGMT	Authorization required for all providers.	Y	1/1/2022
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	Authorization required for all providers.	Y	1/1/2022
0062U	AI SLE IGG AND IGM ALYS 80 BMRK SRM ALG RSK SCORE	Authorization required for all providers.	Y	1/1/2022
0063U	NEURO AUTISM 32 AMINES PLSM ALG METAB SIGNATURE	Authorization required for all providers.	Y	1/1/2022
0064A	IMM ADMN SARSCOV2 50 MCG/0.25 ML BOOSTER DOSE	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	Authorization required for all providers.	Y	1/1/2022
0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	Authorization required for all providers.	Y	1/1/2022
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Authorization required for all providers.	Y	1/1/2022
0071T	FOC US ABLAT UTRN LEIOMYOMA;TOT VOL<200 CC TISS	Authorization required for non-participating providers.	C	1/1/2022
0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	Authorization required for all providers.	Y	1/1/2022
0072T	FOC US ABLAT UTRN LEIOMYOMATA; TOT>/=200 CC TISS	Authorization required for non-participating providers.	C	1/1/2022
0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE	Authorization required for all providers.	Y	1/1/2022
0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE	Authorization required for all providers.	Y	1/1/2022
0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL/MLT TRANS	Authorization required for all providers.	Y	1/1/2022
0075T	PERQ STENT/CHEST VERT ART	Authorization required for non-participating providers.	C	1/1/2022
0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL/MLT	Authorization required for all providers.	Y	1/1/2022
0076T	S&I STENT/CHEST VERT ART	Authorization required for non-participating providers.	C	1/1/2022
0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL/MLT	Authorization required for all providers.	Y	1/1/2022
0078U	PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS	Authorization required for all providers.	Y	1/1/2022

0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF	Authorization required for all providers.	Y	1/1/2022
0080U	ONC LUNG 5 CLINICAL RISK FACTORS ALG PRBLTY MAL	Authorization required for all providers.	Y	1/1/2022
0082U	RX TST DEF 90+ RX/SBSTS UR REPRT PRES/ABS EA RX	Authorization required for all providers.	Y	1/1/2022
0083U	ONC RSPSE CHEMOTX RX MOTILITY CNTRST TOMOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
0084U	RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG	Authorization required for all providers.	Y	1/1/2022
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG	Authorization required for all providers.	Y	1/1/2022
0088U	TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG	Authorization required for all providers.	Y	1/1/2022
0089U	ONC MLNMA GEN XPRS PRFL RTQPCR PRAME AND LINC00518	Authorization required for all providers.	Y	1/1/2022
0090U	ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG	Authorization required for all providers.	Y	1/1/2022
0092U	ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG	Authorization required for all providers.	Y	1/1/2022
0093U	RX MNTR 65 COM DRUGS LC-MS/MS UR DETC/NOT DETC	Authorization required for all providers.	Y	1/1/2022
0094U	GENOME RAPID SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
0095T	ARTIFIC DISKECTOMY ADDL	Authorization required for non-participating providers.	C	1/1/2022
0098T	REV ARTIFIC DISC ADDL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0100T	PLMT SCINCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA	Authorization required for non-participating providers.	C	1/1/2022
0101T	EXTRACORPOREAL SHOCK WAVE MUSCSKEL SYS NOS	Authorization required for non-participating providers.	C	1/1/2022
0101U	HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES	Authorization required for all providers.	Y	1/1/2022
0102T	ESW BY PHYS W/ANES INVG LAT HUMERL EPICONDYLE	Authorization required for non-participating providers.	C	1/1/2022
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES	Authorization required for all providers.	Y	1/1/2022
0103U	HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES	Authorization required for all providers.	Y	1/1/2022
0105U	NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD	Authorization required for all providers.	Y	1/1/2022
0106T	QST&INTERPJ XTR W/TOUCH STIMULI	Authorization required for non-participating providers.	C	1/1/2022
0107T	QST&INTERPJ XTR W/VIBRJ STIMULI	Authorization required for non-participating providers.	C	1/1/2022
0108T	QST&INTERPJ XTR W/COOL STIMULI	Authorization required for non-participating providers.	C	1/1/2022
0108U	GI BARRETTES ESOPH QUAN IMMUNOLABEL 9 PRTN BMRK	Authorization required for all providers.	Y	1/1/2022
0109T	QST&INTERPJ XTR W/HT-PN STIMULI	Authorization required for non-participating providers.	C	1/1/2022
0110T	QST&INTERPJ PR XTR OTH STIMULI	Authorization required for non-participating providers.	C	1/1/2022
0111U	ONCOLOGY COLON CANCER TRGT KRAS AND NRAS GENE ALYS	Authorization required for all providers.	Y	1/1/2022
0112U	IADI TRGT SEQ ALYS 16S AND 18S RRNA GENES	Authorization required for all providers.	Y	1/1/2022
0113U	ONCOLOGY PRST8 MEAS PCA3 AND TMPRSS2-ERG UR AND PSA SRM	Authorization required for all providers.	Y	1/1/2022
0114U	GI BARRETTES ESOPHAGUS VIM AND CCNA1 MTHYLTN ALYS ALG	Authorization required for all providers.	Y	1/1/2022
0117U	PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG	Authorization required for all providers.	Y	1/1/2022
0118U	TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM	Authorization required for all providers.	Y	1/1/2022
0120U	ONC B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG	Authorization required for all providers.	Y	1/1/2022
0129U	HEREDITARY BRST CA RLTD DO GEN SEQ AND DEL/DUP PNL	Authorization required for all providers.	Y	1/1/2022
0130T	1-PT CHRNC CARE DRUGS INVSTGJ	Authorization required for non-participating providers.	C	1/1/2022
0130U	HEREDITARY COLON CA DO TRGT MRNA SEQ ALYS PANEL	Authorization required for all providers.	Y	1/1/2022
0131U	HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE	Authorization required for all providers.	Y	1/1/2022
0132U	HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE	Authorization required for all providers.	Y	1/1/2022
0133U	HERED PRST8 CA RLTD DO TRGT MRNA SEQ ALYS 11 GEN	Authorization required for all providers.	Y	1/1/2022
0134U	HEREDITARY PAN CA TRGT MRNA SEQ ALYS 18 GENE	Authorization required for all providers.	Y	1/1/2022
0135U	HEREDITARY GYN CA TRGT MRNA SEQ ALYS 12 GENE	Authorization required for all providers.	Y	1/1/2022
0136U	ATM MRNA SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
0137U	PALB2 MRNA SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
0138U	BRCA1 BRCA2 MRNA SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
0139U	NEURO AUTISM QUAN MEAS 6 CTR CARBON METABOLITES	Authorization required for non-participating providers.	C	1/1/2022
0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Authorization required for non-participating providers.	C	1/1/2022
0141T	PERQ ISLET TRANSPLANT	Authorization required for all providers.	Y	1/1/2022
0141U	NFCT DS BACT AND FNG GRAM POS ORG ID AND RX RESIST DNA	Authorization required for non-participating providers.	C	1/1/2022

0142T	OPEN ISLET TRANSPLANT	Authorization required for all providers.	Y	1/1/2022
0142U	NFCT DS BACT AND FNG GRAM NEG ORG ID AND RX RESIST DNA	Authorization required for non-participating providers.	C	1/1/2022
0143T	LAPAROSCOPIC ISLET TRANSPLANT	Authorization required for all providers.	Y	1/1/2022
0143U	DRUG ASSAY DEF 120+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0144U	DRUG ASSAY DEF 160+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0145U	DRUG ASSAY DEF 65+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0146U	DRUG ASSAY DEF 80+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0147U	DRUG ASSAY DEF 85+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0148U	DRUG ASSAY DEF 100+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0149U	DRUG ASSAY DEF 60+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0150U	DRUG ASSAY DEF 120+ RX/METABOLITES URINE W/MRM	Authorization required for non-participating providers.	C	1/1/2022
0151U	NFCT DS BCT/VIR RESPIR TRC NFCTJ DNA/RNA 33 TRGT	Authorization required for non-participating providers.	C	1/1/2022
0152U	NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	Authorization required for non-participating providers.	C	1/1/2022
0153U	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Authorization required for non-participating providers.	C	1/1/2022
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Authorization required for non-participating providers.	C	1/1/2022
0155T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Authorization required for non-participating providers.	C	1/1/2022
0156T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0156U	COPY NUMBER SEQUENCE ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
0157T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0157U	APC GENE MRNA SEQUENCE ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
0158T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0158U	MLH1 GENE MRNA SEQUENCE ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
0159U	MSH2 GENE MRNA SEQUENCE ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
0160U	MSH6 GENE MRNA SEQUENCE ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
0161U	PMS2 GENE MRNA SEQUENCE ANALYSIS	Authorization required for non-participating providers.	C	1/1/2022
0162U	HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	Authorization required for non-participating providers.	C	1/1/2022
0163T	TOT DISC ARTHRP ANT APPR EA ADDL NTRSPC LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0163U	ONC CLRCT SCR BIOCHEM ELISA 3 PLSM/SRM PRTN ALG	Authorization required for all providers.	Y	1/1/2022
0164T	REMOVE LUMB ARTIF DISC ADDL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0165T	REVISE LUMB ARTIF DISC ADDL	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0166T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0167T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0168T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0168U	FTL ANEUPLOIDY TRISOMY 21 18 13 DNA MAT PLSM ALG	Authorization required for all providers.	Y	1/1/2022
0169U	NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS	Authorization required for all providers.	Y	1/1/2022
0170U	NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS	Authorization required for all providers.	Y	1/1/2022
0171U	TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES	Authorization required for all providers.	Y	1/1/2022
0172U	ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG	Authorization required for non-participating providers.	C	1/1/2022
0173T	IOP MONIT IO PRESSURE	Authorization required for non-participating providers.	C	1/1/2022
0173U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES	Authorization required for non-participating providers.	C	1/1/2022
0174U	ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	Authorization required for non-participating providers.	C	1/1/2022
0175U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES	Authorization required for non-participating providers.	C	1/1/2022
0176T	AQU CANAL DILAT W/O RETENT	Authorization required for non-participating providers.	C	1/1/2022
0176U	CDTB AND VINCLIN IGG ANTIBODIES BY IMMUNOASSAY	Authorization required for non-participating providers.	C	1/1/2022
0177T	AQU CANAL DILAT W RETENT	Authorization required for non-participating providers.	C	1/1/2022
0177U	ONC BRST CA DNA PIK3CA GEN ALYS 11 GEN VRNT PLSM	Authorization required for non-participating providers.	C	1/1/2022
0178U	PEANUT ALLG SPEC ASMT MLT EPI ELISA BLD CLIN RXN	Authorization required for non-participating providers.	C	1/1/2022
0179U	ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN	Authorization required for non-participating providers.	C	1/1/2022

0180U	ABO GNOTYP ALYS SANGER/CHAIN SEQ ABO 7 EXONS	Authorization required for non-participating providers.	C	1/1/2022
0181U	CO GNOTYP GENE ANALYSIS AQP1 EXON 1	Authorization required for non-participating providers.	C	1/1/2022
0182U	CROM GNOTYP GENE ANALYSIS CD55 EXONS 1-10	Authorization required for non-participating providers.	C	1/1/2022
0183U	DI GNOTYP GENE ANALYSIS SLC4A1 EXON 19	Authorization required for non-participating providers.	C	1/1/2022
0184T	EXC RECTAL TUMOR ENDOSCOPIC	Authorization required for non-participating providers.	C	1/1/2022
0184U	DO GNOTYP GENE ANALYSIS ART4 EXON 2	Authorization required for non-participating providers.	C	1/1/2022
0185U	FUT1 GNOTYP GENE ANALYSIS FUT1 EXON 4	Authorization required for non-participating providers.	C	1/1/2022
0186U	FUT2 GNOTYP GENE ANALYSIS FUT2 EXON 2	Authorization required for non-participating providers.	C	1/1/2022
0187U	FY GNOTYP GENE ANALYSIS ACKR1 EXONS 1-2	Authorization required for non-participating providers.	C	1/1/2022
0188U	GE GNOTYP GENE ANALYSIS GYPC EXONS 1-4	Authorization required for non-participating providers.	C	1/1/2022
0189U	GYPB GNOTYP GENE ALYS GYPB INTRONS 1 5 EXON 2	Authorization required for non-participating providers.	C	1/1/2022
0190U	GYPB GNOTYP ALYS GYPB INTRON 1 5 PSEUDOEXON 3	Authorization required for non-participating providers.	C	1/1/2022
0191T	INSERT ANT SEGMENT DRAIN INT	Authorization required for non-participating providers.	C	1/1/2022
0191U	IN GNOTYP GENE ANALYSIS CD44 EXONS 2 3 6	Authorization required for non-participating providers.	C	1/1/2022
0192U	JK GNOTYP GENE ANALYSIS SLC14A1 GEN PRMTR EXON 9	Authorization required for non-participating providers.	C	1/1/2022
0193T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0193U	JR GNOTYP GENE ANALYSIS ABCG2 EXONS 2-26	Authorization required for non-participating providers.	C	1/1/2022
0194U	KEL GNOTYP GENE ANALYSIS KEL EXON 8	Authorization required for non-participating providers.	C	1/1/2022
0195U	KLF1 TARGETED SEQUENCING	Authorization required for non-participating providers.	C	1/1/2022
0196U	LU GNOTYP GENE ANALYSIS BCAM EXON 3	Authorization required for non-participating providers.	C	1/1/2022
0197U	LW GNOTYP GENE ANALYSIS ICAM4 EXON 1	Authorization required for non-participating providers.	C	1/1/2022
0198T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0198U	RHD AND RHCE GNOTYP SANGER/CHAIN SEQ RHD 1-10 AND RHCE 5	Authorization required for non-participating providers.	C	1/1/2022
0199U	SC GNOTYP GENE ANALYSIS ERMAP EXONS 4 12	Authorization required for non-participating providers.	C	1/1/2022
0200T	PERQ SACRAL AUGMT UNILAT INJ	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0200U	XK GNOTYP GENE ANALYSIS XK EXONS 1-3	Authorization required for non-participating providers.	C	1/1/2022
0201T	PERQ SACRAL AUGMT BILAT INJ	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0201U	YT GNOTYP GENE ANALYSIS ACHE EXON 2	Authorization required for non-participating providers.	C	1/1/2022
0202T	POST VERT ARTHRPLST 1 LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0202U	NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	Authorization required for non-participating providers.	C	1/1/2022
0203T	UNATTEND SLEEP STUDY W/TIME	Authorization required for non-participating providers.	C	1/1/2022
0203U	AUTOIMMUN IBD MRNA GEN XPRSN PRFL 17 GEN WHL BLD	Authorization required for non-participating providers.	C	1/1/2022
0204T	UNATTENDED SLEEP STUDY	Authorization required for non-participating providers.	C	1/1/2022
0204U	ONC THYR MRNA GENE XPRSN ALYS 593 GENES FNA	Authorization required for non-participating providers.	C	1/1/2022
0205U	OPH AGE-RELATED MAC DEGENERATION ALYS 3 GEN VRNT	Authorization required for non-participating providers.	C	1/1/2022
0206U	NEUROLOGY ALZHEIMER DISEASE CELL AGGREGATION	Authorization required for non-participating providers.	C	1/1/2022
0207T	CLEAR EYELID GLAND W/HEAT	Authorization required for non-participating providers.	C	1/1/2022
0207U	NEUROLOGY ALZHEIMER DISEASE QUANTITATIVE IMAGING	Authorization required for non-participating providers.	C	1/1/2022
0208T	AUTOMATED AUDIOMETRY AIR	Authorization required for non-participating providers.	C	1/1/2022
0208U	ONC MTC MRNA GENE EXPRESSION ALYS 108 GENE ALG	Authorization required for non-participating providers.	C	1/1/2022
0209T	AUTO AUDIOMETRY AIR/BONE	Authorization required for non-participating providers.	C	1/1/2022
0209U	CYTOG CONST ALYS INTERROG GEN REG F/COPY NUMBER	Authorization required for non-participating providers.	C	1/1/2022
0210T	AUTO AUDIOMETRY SP THRESH	Authorization required for non-participating providers.	C	1/1/2022
0210U	SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAN RPR	Authorization required for non-participating providers.	C	1/1/2022
0211T	AUTO AUDIOMETRY SP RECOG	Authorization required for non-participating providers.	C	1/1/2022
0211U	ONC PAN-TUMOR DNA AND RNA NEXT-GENERATION SEQUENCING	Authorization required for non-participating providers.	C	1/1/2022
0212T	COMPREHEN AUTO AUDIOMETRY	Authorization required for non-participating providers.	C	1/1/2022
0212U	RARE DS WHL GEN AND MITOCHDRL DNA SEQ ALYS PROBAND	Authorization required for non-participating providers.	C	1/1/2022
0213U	RARE DS WHL GEN AND MITOCHDRL DNA SEQ ALYS EA CMPRTR	Authorization required for non-participating providers.	C	1/1/2022

0214U	RARE DS WHL XOM AND MITOCHDR DNA SEQ ALYS PROBAND	Authorization required for non-participating providers.	C	1/1/2022
0215U	RARE DS WHL XOM AND MITOCHDR DNA SEQ ALYS EA CMPRTR	Authorization required for non-participating providers.	C	1/1/2022
0216U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 12 BLD/SLV	Authorization required for non-participating providers.	C	1/1/2022
0217U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 51 BLD/SLV	Authorization required for non-participating providers.	C	1/1/2022
0218U	NEURO MUSCULAR DYSTROPHY DMD SEQ ALYS BLD/SALIVA	Authorization required for non-participating providers.	C	1/1/2022
0219T	FUSE SPINE FACET JT CERV	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0219U	NFCT AGENT HIV TRGT VIRAL NEXT-GNRJ SEQ ALYS ALG	Authorization required for non-participating providers.	C	1/1/2022
0220T	FUSE SPINE FACET JT THOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0220U	ONC BRST CA IMAGE ALYS W/AI ASSMT 12 FEATURES	Authorization required for non-participating providers.	C	1/1/2022
0221T	FUSE SPINE FACET JT LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0221U	ABO GNOTYP GENE ALYS NEXT-GENERATION SEQ ABO GEN	Authorization required for non-participating providers.	C	1/1/2022
0222T	FUSE SPINE FACET JT ADD SEG	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0222U	RHD AND RHCE GNOTYP NEXT-GNRJ SEQ RH PROX PROMOTER	Authorization required for non-participating providers.	C	1/1/2022
0225U	NFCT DS DNA AND RNA 21 TARGETS SARS-COV-2 AMP PROBE	Authorization required for non-participating providers.	C	1/1/2022
0226U	SUROGAT VIR NEUTRLZJ TST SARS-COV2 ELISA PLSM SRM	Authorization required for non-participating providers.	C	1/1/2022
0227U	RX ASSAY PRSMV 30+RX/METABLT UR LC-MS/MS MRM	Authorization required for all providers.	Y	1/1/2022
0228U	ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	Authorization required for all providers.	Y	1/1/2022
0229U	BCAT1 PROMOTER METHYLATION ANALYSIS	Authorization required for all providers.	Y	1/1/2022
0230U	AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Authorization required for all providers.	Y	1/1/2022
0231U	CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	Authorization required for all providers.	Y	1/1/2022
0232T	INJ PLSM IMG GUID HRVSTG&PREP	Authorization required for non-participating providers.	C	1/1/2022
0232U	CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	Authorization required for all providers.	Y	1/1/2022
0233U	FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Authorization required for all providers.	Y	1/1/2022
0234T	TRLUML PERIP ATHRC RENAL AR	Authorization required for non-participating providers.	C	1/1/2022
0234U	MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Authorization required for all providers.	Y	1/1/2022
0235T	TRLUML PERIP ATHRC VISCERAL	Authorization required for non-participating providers.	C	1/1/2022
0235U	PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Authorization required for all providers.	Y	1/1/2022
0236T	TRLUML PERIP ATHRC ABD AORT	Authorization required for non-participating providers.	C	1/1/2022
0236U	SMN1 AND SMN2 FUL GEN ALYS CHNG DUPL AND DELET AND INSJ	Authorization required for all providers.	Y	1/1/2022
0237T	TRLUML PERIP ATHRC BRCHIOCP	Authorization required for non-participating providers.	C	1/1/2022
0237U	CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	Authorization required for all providers.	Y	1/1/2022
0238T	TRLUML PERIP ATHRC ILIAC AR	Authorization required for non-participating providers.	C	1/1/2022
0238U	ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Authorization required for all providers.	Y	1/1/2022
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311+	Authorization required for all providers.	Y	1/1/2022
0240U	NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN	Authorization required for non-participating providers.	C	1/1/2022
0241U	NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	Authorization required for non-participating providers.	C	1/1/2022
0242T	GI TRACT TRANSIT & PRES MEA	Authorization required for non-participating providers.	C	1/1/2022
0242U	TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74	Authorization required for all providers.	Y	1/1/2022
0243U	OB PE BIOCHEM ASY PLCNTL GRWTH FACTR MAT SRM ALG	Authorization required for all providers.	Y	1/1/2022
0244U	ONC SOLID ORGN DNA COMPRE GENOMIC PRFLG 257 GENE	Authorization required for all providers.	Y	1/1/2022
0245U	ONC THYR MUT ALYS 10 GEN 37 RNA FSN XPRSN 4 MRNA	Authorization required for all providers.	Y	1/1/2022
0246U	RBC DNA GNOTYP 16 BLD GRP PHNT PREDICT 51 RBC AG	Authorization required for all providers.	Y	1/1/2022
0247U	OB PRETERM BIRTH IBP4 SHBG QUAN MEAS MAT SRM PRS	Authorization required for all providers.	Y	1/1/2022
0248U	ONC BRAIN SPHRD CLL CUL 12 RX PNL TUMOR RESPONSE	Authorization required for non-participating providers.	C	1/1/2022
0249U	ONC BRST SEMIQ ALYS 32 PHSPTN AND PRTN ANALYTE ALG	Authorization required for non-participating providers.	C	1/1/2022
0250T	INSERT BRONCHIAL VALVE	Authorization required for non-participating providers.	C	1/1/2022
0250U	ONC SLD ORG NEO TRGT GEN SEQ DNA ALYS 505 GENES	Authorization required for non-participating providers.	C	1/1/2022
0251T	REMOV BRONCHIAL VALVE ADDL	Authorization required for non-participating providers.	C	1/1/2022
0251U	HEPCIDIN-25 ELISA SERUM OR PLASMA	Authorization required for non-participating providers.	C	1/1/2022

0252T	BRONCHSCPC RMVL BRONCH VALV	Authorization required for non-participating providers.	C	1/1/2022
0252U	FTL ANEUPLOIDY STR CMPRTV ALYS FTL DNA PRDC CNCP	Authorization required for non-participating providers.	C	1/1/2022
0253T	INSERT AQUEOUS DRAIN DEVICE	Authorization required for non-participating providers.	C	1/1/2022
0253U	REPRDTVE MED RNA 238 GEN NXT GEN SEQ ENDMT TISS	Authorization required for non-participating providers.	C	1/1/2022
0254U	REPRDTVE MED ALYS 24 CHRMSM EMBRY AND MITOCHDR DNA	Authorization required for non-participating providers.	C	1/1/2022
0256T	EVASC AORTIC HRT VALVE	Authorization required for non-participating providers.	C	1/1/2022
0256U	TMA/TMAO PROFILE MS/MS URINE ALG ALYS AND REPORT	Authorization required for all providers.	Y	1/1/2022
0257T	OPN TTHRC AORTIC HRT VALVE	Authorization required for non-participating providers.	C	1/1/2022
0258T	AORTIC HRT VALV W/O CARD BY	Authorization required for non-participating providers.	C	1/1/2022
0258U	AI PSORIASIS MRNA GEN XPRSN PRFL 50-100 GEN ALG	Authorization required for all providers.	Y	1/1/2022
0259T	AORTIC HRT VALVE W/CARD BYP	Authorization required for non-participating providers.	C	1/1/2022
0259U	NEPHROLOGY CKD NUCLEAR MRS MEAS GFR SRM QUAN	Authorization required for non-participating providers.	C	1/1/2022
0260U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	Authorization required for all providers.	Y	1/1/2022
0261U	ONC CLRCT CA IMG ANALYSIS W/AI ASSMT 4 FEATURES	Authorization required for all providers.	Y	1/1/2022
0262U	ONC SOLID TUM GEN XPRSN PRFL RT-PCR 7 GEN PTHWY	Authorization required for all providers.	Y	1/1/2022
0263T	#N/A	Authorization required for all providers.	Y	1/1/2022
0263U	NEURO AUTISM QUAN MEAS 16 CTR CARBON METABOLITES	Authorization required for all providers.	Y	1/1/2022
0264T	#N/A	Authorization required for all providers.	Y	1/1/2022
0264U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	Authorization required for all providers.	Y	1/1/2022
0265T	#N/A	Authorization required for all providers.	Y	1/1/2022
0265U	RARE DO WHL GENOME AND MITOCHDR DNA SEQ ALYS	Authorization required for all providers.	Y	1/1/2022
0266T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0266U	UNXPLAIND CONST/OTH HERITABLE DO/SYND GEN XPRSN	Authorization required for all providers.	Y	1/1/2022
0267T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0267U	RARE DO ID VARIATIONS OPT GEN MAP AND WHL GEN SEQ	Authorization required for all providers.	Y	1/1/2022
0268T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0268U	HEM ATYP HEMOLYTIC UREMC SYND GEN SEQ ALY 15 GEN	Authorization required for all providers.	Y	1/1/2022
0269T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0269U	HEM AUTO DOM CGEN THRMBCTPNA GEN SEQ ALYS 14 GEN	Authorization required for all providers.	Y	1/1/2022
0270T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0270U	HEM CGEN COAGJ DO GENOMIC SEQ ALYS 20 GENES	Authorization required for all providers.	Y	1/1/2022
0271T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0271U	HEM CGEN NEUTROPENIA GEN SEQ ALYS 23 GENES	Authorization required for all providers.	Y	1/1/2022
0272T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0272U	HEM GENETIC BLEEDING DO GEN SEQ ALYS 51 GENES	Authorization required for all providers.	Y	1/1/2022
0273T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0273U	HEM GEN HYPRFIBRNLYSIS DLYD BLD SEQ ALYS 8 GEN	Authorization required for all providers.	Y	1/1/2022
0274T	#N/A	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0274U	HEM GENETIC PLTLT DO GEN SEQ ALYS 43 GENES	Authorization required for all providers.	Y	1/1/2022
0275T	PERQ LAMOT/LAM LUMBAR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
0276T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0276U	HEM INH THROMBOCYTOPENIA GEN SEQ ALYS 23 GENES	Authorization required for all providers.	Y	1/1/2022
0277T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0277U	HEM GEN PLTL FUNCJ DO GEN SEQ ALYS 31 GENES	Authorization required for all providers.	Y	1/1/2022
0278T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0278U	HEM GEN THROMBOSIS GEN SEQ ALYS 12 GENES	Authorization required for all providers.	Y	1/1/2022
0282U	RBC DNA GNOTYP 12 BLD GRP PREDICT 44 RBC AG PHNT	Authorization required for all providers.	Y	1/1/2022
0290T	#N/A	Authorization required for non-participating providers.	C	1/1/2022
0329T	MNTR IO PRESS 24HRS/> UNI/BI	Authorization required for non-participating providers.	C	1/1/2022

0330T	TEAR FILM IMG UNI/BI W/I&R	Authorization required for non-participating providers.	C	1/1/2022
0333T	VISUAL EP ACUITY SCREEN AUTO	Authorization required for non-participating providers.	C	1/1/2022
0335T	INSERTION OF SINUS TARSIS IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
0338T	TRANSCATH RENAL SYMP DENERV	Authorization required for non-participating providers.	C	1/1/2022
0339T	TRANSCATH RENAL SYMP DENERV	Authorization required for non-participating providers.	C	1/1/2022
0342T	THXP APHERESIS W/ HDL DELIP	Authorization required for non-participating providers.	C	1/1/2022
0345T	TRANSCATH MTRAL VLVE REPAIR	Authorization required for non-participating providers.	C	1/1/2022
0347T	INS BONE DEVICE FOR RSA	Authorization required for non-participating providers.	C	1/1/2022
0351T	INTRAOP OCT BRST/NODE SPEC	Authorization required for non-participating providers.	C	1/1/2022
0352T	OCT BRST/NODE I&R PER SPEC	Authorization required for non-participating providers.	C	1/1/2022
0353T	INTRAOP OCT BREAST CAVITY	Authorization required for non-participating providers.	C	1/1/2022
0354T	OCT BREAST SURG CAVITY I&R	Authorization required for non-participating providers.	C	1/1/2022
0355T	GI TRACT CAPSULE ENDOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
0356T	INSRT DRUG DEVICE FOR IOP	Authorization required for non-participating providers.	C	1/1/2022
0358T	BIA WHOLE BODY	Authorization required for non-participating providers.	C	1/1/2022
0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	Allow 24 visits per 180 days, then pre-authorization is required.	C	1/1/2022
0373T	ADAPT BHV TX PRCL MODIFICA EA 15 MIN TECH TIME	Authorization required for all providers.	Y	1/1/2022
0378T	VISUAL FIELD ASSMNT REV/RPRT	Authorization required for non-participating providers.	C	1/1/2022
0379T	VIS FIELD ASSMNT TECH SUPPT	Authorization required for non-participating providers.	C	1/1/2022
0397T	ERCP W/OPTICAL ENDOMICROSCOPY	Authorization required for non-participating providers.	C	1/1/2022
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Authorization required for non-participating providers.	C	1/1/2022
0403T	DIABETES PREV STANDARD CURR	Authorization required for non-participating providers.	C	1/1/2022
0404T	TRNSCRV UTERIN FIBROID ABLTJ	Authorization required for non-participating providers.	C	1/1/2022
0408T	INSJ/RPLC CARDIAC MODULI SYS	Authorization required for non-participating providers.	C	1/1/2022
0409T	INSJ/RPLC CAR MODULI PLS GN	Authorization required for non-participating providers.	C	1/1/2022
0410T	INSJ/RPLC CAR MODULI ATR ELT	Authorization required for non-participating providers.	C	1/1/2022
0411T	INSJ/RPLC CAR MODULI VNT ELT	Authorization required for non-participating providers.	C	1/1/2022
0412T	RMVL CARDIAC MODULI PLS GEN	Authorization required for non-participating providers.	C	1/1/2022
0413T	RMVL CAR MODULI TRANVNS ELT	Authorization required for non-participating providers.	C	1/1/2022
0414T	RMVL & RPL CAR MODULI PLS GN	Authorization required for non-participating providers.	C	1/1/2022
0415T	REPOS CAR MODULI TRANVNS ELT	Authorization required for non-participating providers.	C	1/1/2022
0416T	RELOC SKIN POCKET PLS GEN	Authorization required for non-participating providers.	C	1/1/2022
0417T	PRGRMG EVAL CARDIAC MODULI	Authorization required for non-participating providers.	C	1/1/2022
0418T	INTERRO EVAL CARDIAC MODULI	Authorization required for non-participating providers.	C	1/1/2022
0419T	DSTRJ NEUROFIBROMAS XTNSV	Authorization required for non-participating providers.	C	1/1/2022
0420T	DSTRJ NEUROFIBROMAS XTNSV	Authorization required for non-participating providers.	C	1/1/2022
0421T	WATERJET PROSTATE ABLTJ CMPL	Authorization required for non-participating providers.	C	1/1/2022
0424T	INSJ/RPLC NSTIM APNEA COMPL	Authorization required for non-participating providers.	C	1/1/2022
0425T	INSJ/RPLC NSTIM APNEA SEN LD	Authorization required for non-participating providers.	C	1/1/2022
0426T	INSJ/RPLC NSTIM APNEA STM LD	Authorization required for non-participating providers.	C	1/1/2022
0427T	INSJ/RPLC NSTIM APNEA PLS GN	Authorization required for non-participating providers.	C	1/1/2022
0428T	RMVL NSTIM APNEA PLS GEN	Authorization required for non-participating providers.	C	1/1/2022
0429T	RMVL NSTIM APNEA SEN LD	Authorization required for non-participating providers.	C	1/1/2022
0430T	RMVL NSTIM APNEA STIMJ LD	Authorization required for non-participating providers.	C	1/1/2022
0431T	RMVL/RPLC NSTIM APNEA PLS GN	Authorization required for non-participating providers.	C	1/1/2022
0432T	REPOS NSTIM APNEA STIMJ LD	Authorization required for non-participating providers.	C	1/1/2022
0433T	REPOS NSTIM APNEA SENSING LD	Authorization required for non-participating providers.	C	1/1/2022
0434T	INTERRO EVAL NPGS APNEA	Authorization required for non-participating providers.	C	1/1/2022
0435T	PRGRMG EVAL NPGS APNEA 1 SES	Authorization required for non-participating providers.	C	1/1/2022

0436T	PRGRMG EVAL NPGS APNEA STUDY	Authorization required for non-participating providers.	C	1/1/2022
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	Authorization required for non-participating providers.	C	1/1/2022
0439T	MYOCRD CONTRAST PRFUJ ECHO	Authorization required for non-participating providers.	C	1/1/2022
0440T	ABLTIJ PERC UXTR/PERPH NRV	Authorization required for non-participating providers.	C	1/1/2022
0441T	ABLTIJ PERC LXTR/PERPH NRV	Authorization required for non-participating providers.	C	1/1/2022
0442T	ABLTIJ PERC PLEX/TRNCL NRV	Authorization required for non-participating providers.	C	1/1/2022
0444T	1ST PLMT DRUG ELUT OC INS	Authorization required for non-participating providers.	C	1/1/2022
0445T	SBSQT PLMT DRUG ELUT OC INS	Authorization required for non-participating providers.	C	1/1/2022
0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Authorization required for non-participating providers.	C	1/1/2022
0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Authorization required for non-participating providers.	C	1/1/2022
0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Authorization required for non-participating providers.	C	1/1/2022
0449T	INSJ AQUEOUS DRAIN DEV W/O EO RSVR INITIAL DEV	Authorization required for non-participating providers.	C	1/1/2022
0450T	INSJ AQUEOUS DRAIN DEV EACH	Authorization required for non-participating providers.	C	1/1/2022
0451T	INSJ/RPLCMT IMPLTBL AORTIC VENTR COMPLETE SYSTEM	Authorization required for non-participating providers.	C	1/1/2022
0452T	INSJ/RPLCMT IMPLTBL AORTIC VENTR VASC HEMO SEAL	Authorization required for non-participating providers.	C	1/1/2022
0453T	INSJ/RPLCMT IMPLTBL AORTIC VENTR MECHANO-ELEC	Authorization required for non-participating providers.	C	1/1/2022
0454T	INSJ/RPLCMT IMPLTBL AORTIC VENTR SUBQ ELECTRODE	Authorization required for non-participating providers.	C	1/1/2022
0455T	REMV L PERM IMPLT AORTIC VENTR COMPLETE SYSTEM	Authorization required for non-participating providers.	C	1/1/2022
0456T	REMV L PERM IMPLT AORTIC VENTR VASC HEMO SEAL	Authorization required for non-participating providers.	C	1/1/2022
0457T	REMV L PERM IMPLT AORTIC VENTR MECHANO-ELEC	Authorization required for non-participating providers.	C	1/1/2022
0458T	REMV L PERM IMPLT AORTIC VENTR SUBQ ELECTRODE	Authorization required for non-participating providers.	C	1/1/2022
0459T	RELOCAJ RPLCMT AORTIC VENTR MECHANO-ELECTRODE	Authorization required for non-participating providers.	C	1/1/2022
0460T	REPOS AORTIC VENTR DEV SUBCUTANEOUS ELECTRODE	Authorization required for non-participating providers.	C	1/1/2022
0461T	REPOS AORTIC VENTR DEV SUBQ ELECT CONTRPULSJ DEV	Authorization required for non-participating providers.	C	1/1/2022
0462T	PRGRMG EVAL MECH-ELEC AORTIC VENTR SYS PER DAY	Authorization required for non-participating providers.	C	1/1/2022
0463T	INTERROG EVAL IMPLT AORTIC VENTR SYS PER DAY	Authorization required for non-participating providers.	C	1/1/2022
0464T	VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ & REPR	Authorization required for non-participating providers.	C	1/1/2022
0465T	SUPCHRDL NJX OF RX AGT W/O SUPPLY OF MEDICATION	Authorization required for non-participating providers.	C	1/1/2022
0466T	INSJ CH WAL RESPIR ELTRD/RA	Authorization required for non-participating providers.	C	1/1/2022
0467T	REVJ/RPLMNT CH WAL RESPIR ELTRD & CONJ PULSE GEN	Authorization required for non-participating providers.	C	1/1/2022
0468T	REMOVAL CHEST WALL RESPIRATORY ELTRODE/ARRAY	Authorization required for non-participating providers.	C	1/1/2022
0469T	RTA POLARIZE SCAN OC SCR BI	Authorization required for non-participating providers.	C	1/1/2022
0472T	PRGRMG IO RTA ELTRD RA	Authorization required for non-participating providers.	C	1/1/2022
0473T	REPRGRMG IO RTA ELTRD RA	Authorization required for non-participating providers.	C	1/1/2022
0474T	INSJ AQUEOUS DRG DEV IO RSVR	Authorization required for non-participating providers.	C	1/1/2022
0475T	REC FTL CAR SGL 3 CH I&R	Authorization required for non-participating providers.	C	1/1/2022
0476T	REC FTL CAR SGL ELEC TR DATA	Authorization required for non-participating providers.	C	1/1/2022
0477T	REC FTL CAR SGL XRTJ ALYS	Authorization required for non-participating providers.	C	1/1/2022
0478T	REC FTL CAR 3 CH REV I&R	Authorization required for non-participating providers.	C	1/1/2022
0479T	FXIL ABL LSR 1ST 100 SQ CM	Authorization required for non-participating providers.	C	1/1/2022
0480T	FXIL ABL LSR EA ADDL 100SQCM	Authorization required for non-participating providers.	C	1/1/2022
0483T	TMVI PERCUTANEOUS APPROACH	Authorization required for non-participating providers.	C	1/1/2022
0484T	TMVI TRANSTHORACIC APPROACH	Authorization required for non-participating providers.	C	1/1/2022
0485T	OCT MID EAR I&R UNILATERAL	Authorization required for non-participating providers.	C	1/1/2022
0486T	OCT MID EAR I&R BILATERAL	Authorization required for non-participating providers.	C	1/1/2022
0488T	DIABETES PREV ONLINE/ELEC	Authorization required for non-participating providers.	C	1/1/2022
0489T	REGN CELL TX SCLDR HANDS	Authorization required for non-participating providers.	C	1/1/2022
0490T	REGN CELL TX SCLDR H MLT INJ	Authorization required for non-participating providers.	C	1/1/2022
0491T	ABL LSR OPN WND 1ST 20 SQCM	Authorization required for non-participating providers.	C	1/1/2022

0492T	ABL LSR OPN WND ADDL 20 SQCM	Authorization required for non-participating providers.	C	1/1/2022
0494T	PREP & CANNULI CDVR DON LUNG	Authorization required for non-participating providers.	C	1/1/2022
0495T	MNTR CDVR DON LNG 1ST 2 HRS	Authorization required for non-participating providers.	C	1/1/2022
0496T	MNTR CDVR DON LNG EA ADDL HR	Authorization required for non-participating providers.	C	1/1/2022
0497T	XTRNL PT ACT ECG IN-OFF CONN	Authorization required for non-participating providers.	C	1/1/2022
0498T	XTRNL PT ACT ECG R&I PR 30 D	Authorization required for non-participating providers.	C	1/1/2022
0499T	CYSTO F/URTL STRIX/STENOSIS	Authorization required for non-participating providers.	C	1/1/2022
0500F	INITIAL PRENATAL CARE VISIT2	Authorization required for non-participating providers.	C	1/1/2022
0501F	PRENAT FLOW SHEET DOC MED REC 1ST PRENAT VISIT1	Authorization required for non-participating providers.	C	1/1/2022
0502F	SUBSEQUENT PRENATAL VISIT	Authorization required for non-participating providers.	C	1/1/2022
0503F	POSTPARTUM CARE VISIT2	Authorization required for non-participating providers.	C	1/1/2022
0505F	HEMODIALYSIS PLAN DOC'D	Authorization required for non-participating providers.	C	1/1/2022
0505T	EV FEMPOP ARTL REVSC	Authorization required for non-participating providers.	C	1/1/2022
0506T	MAC PGMT OPT DNS MEAS HFP	Authorization required for non-participating providers.	C	1/1/2022
0507F	PERITON DIALYSIS PLAN DOC'D	Authorization required for non-participating providers.	C	1/1/2022
0507T	NEAR IFR ZIMG MIBMN GLND I AND R	Authorization required for non-participating providers.	C	1/1/2022
0509F	URINE INCON PLAN DOC'D	Authorization required for non-participating providers.	C	1/1/2022
0509T	PATTERN ELECTRORETINOGRAPHY W/I AND R	Authorization required for non-participating providers.	C	1/1/2022
0510T	REMOVAL OF SINUS TARSII IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
0511T	REMOVAL AND REINSERTION OF SINUS TARSII IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Authorization required for non-participating providers.	C	1/1/2022
0513F	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED	Authorization required for non-participating providers.	C	1/1/2022
0513T	ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND	Authorization required for non-participating providers.	C	1/1/2022
0514F	PLAN/CARE INCRSD HGB LVL DOC'D PT ON ESA THXPY	Authorization required for non-participating providers.	C	1/1/2022
0514T	INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION	Authorization required for non-participating providers.	C	1/1/2022
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Authorization required for non-participating providers.	C	1/1/2022
0516F	ANEMIA PLAN OF CARE DOCUMENTED	Authorization required for non-participating providers.	C	1/1/2022
0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Authorization required for non-participating providers.	C	1/1/2022
0517F	GLAUCOMA PLAN OF CARE DOCUMENTED	Authorization required for non-participating providers.	C	1/1/2022
0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Authorization required for non-participating providers.	C	1/1/2022
0518F	FALLS PLAN OF CARE DOCUMENTED	Authorization required for non-participating providers.	C	1/1/2022
0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Authorization required for non-participating providers.	C	1/1/2022
0519F	PLAN'D CHEMO REG DOC'D B/4 START NEW TXMNT REG	Authorization required for non-participating providers.	C	1/1/2022
0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Authorization required for non-participating providers.	C	1/1/2022
0520F	RAD DOS LIMITS B/4 3D RAD	Authorization required for non-participating providers.	C	1/1/2022
0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W/NEW ELTRD	Authorization required for non-participating providers.	C	1/1/2022
0521F	PLAN OF CARE TO ADDRESS PAIN DOC'D	Authorization required for non-participating providers.	C	1/1/2022
0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
0523T	INTRAPROCEDURAL CORONARY FFP W/3D FUNCJL MAPPING	Authorization required for non-participating providers.	C	1/1/2022
0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Authorization required for non-participating providers.	C	1/1/2022
0525F	INITIAL VISIT FOR EPISODE	Authorization required for non-participating providers.	C	1/1/2022
0525T	INSERTION/REPLACEMENT COMPLETE IIMS	Authorization required for non-participating providers.	C	1/1/2022
0526F	SUBSEQUENT VISIT FOR EPISODE	Authorization required for non-participating providers.	C	1/1/2022
0526T	INSERTION/REPLACEMENT IIMS ELECTRODE ONLY	Authorization required for non-participating providers.	C	1/1/2022
0527T	INSERTION/REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Authorization required for non-participating providers.	C	1/1/2022
0528F	RECOMMENDED FOLLOW-UP INTERVAL FOR REPEAT COLONOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
0529F	INTRVL 3+YRS PTS CLNSCP DOCD	Authorization required for non-participating providers.	C	1/1/2022

0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Authorization required for non-participating providers.	C	1/1/2022
0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Authorization required for non-participating providers.	C	1/1/2022
0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Authorization required for non-participating providers.	C	1/1/2022
0533T	CONTINUOUS REC MVMT DO SX 6 D<10 D	Authorization required for non-participating providers.	C	1/1/2022
0534T	CONT REC MVMT DO SX 6 D<10 D SETUP AND PT TRAINJ	Authorization required for non-participating providers.	C	1/1/2022
0535F	DYSPNEA MNGMNT PLAN DOCD	Authorization required for non-participating providers.	C	1/1/2022
0535T	CONT REC MVMT DO SX 6 D<10 D 1ST REPRT CNFIG	Authorization required for non-participating providers.	C	1/1/2022
0536T	CONT REC MVMT DO SX 6 D<10 D DL REVIEW I AND R	Authorization required for non-participating providers.	C	1/1/2022
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Authorization required for all providers.	Y	1/1/2022
0538T	CAR-T THERAPY PREP BLD DRV T LMPHCYT F/TRNS	Authorization required for all providers.	Y	1/1/2022
0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F/ADMN	Authorization required for all providers.	Y	1/1/2022
0540F	GLUCO MNGMNT PLAN DOCD	Authorization required for non-participating providers.	C	1/1/2022
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Authorization required for all providers.	Y	1/1/2022
0543T	TRANSAPICAL MV RPR W/TTE PLMT ARTIF CHORDAE TEND	Authorization required for non-participating providers.	C	1/1/2022
0544T	TCAT MV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	Authorization required for non-participating providers.	C	1/1/2022
0545F	FOLLOW UP CARE PLAN MDD DOCD	Authorization required for non-participating providers.	C	1/1/2022
0545T	TCAT TV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	Authorization required for non-participating providers.	C	1/1/2022
0548T	TPRNL BALO CNTNC DEV BI PLMT W/CTSC AND FLUOR	Authorization required for non-participating providers.	C	1/1/2022
0549T	TPRNL BALO CNTNC DEV UNI PLMT W/CTSC AND FLUOR	Authorization required for non-participating providers.	C	1/1/2022
0550F	CYTOPATH REPORT-NONGYN SPCMN	Authorization required for non-participating providers.	C	1/1/2022
0550T	TPRNL BALO CNTNC DEV REMOVAL EACH BALLOON	Authorization required for non-participating providers.	C	1/1/2022
0551F	CYTOPATH REPORT NON-ROUTINE	Authorization required for non-participating providers.	C	1/1/2022
0551T	TPRNL BALO CNTNC DEV ADJUSTMENT BALO FLU VOLUME	Authorization required for non-participating providers.	C	1/1/2022
0552T	LOW-LVL LASER THER DYN PHOTONIC AND THERMOKIN NRG	Authorization required for non-participating providers.	C	1/1/2022
0553T	PERQ TCAT PLMT ILIAC ARVEN ANASTOMOSIS IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
0555F	Symptom management plan of care documented (HF)	Authorization required for non-participating providers.	C	1/1/2022
0556F	Plan of care to achieve lipid control documented (CAD)	Authorization required for non-participating providers.	C	1/1/2022
0557F	Plan of care to manage anginal symptoms documented (CAD)	Authorization required for non-participating providers.	C	1/1/2022
0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Authorization required for non-participating providers.	C	1/1/2022
0564T	ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	Authorization required for non-participating providers.	C	1/1/2022
0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Authorization required for non-participating providers.	C	1/1/2022
0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Authorization required for non-participating providers.	C	1/1/2022
0567T	PERM FLP TUB OCCLS W/IMPLANT TRANSCRV APPROACH	Authorization required for non-participating providers.	C	1/1/2022
0568T	INTRO MIX SALINE AND AIR F/SSG CONF OCCLS FLP TUBE	Authorization required for non-participating providers.	C	1/1/2022
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
0571T	INSJ/RPLCMT ICDS W/SUBSTERNAL ELECTRODE	Authorization required for non-participating providers.	C	1/1/2022
0572T	INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Authorization required for non-participating providers.	C	1/1/2022
0573T	RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Authorization required for non-participating providers.	C	1/1/2022
0574T	REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	Authorization required for non-participating providers.	C	1/1/2022
0575F	HIV RNA PLAN CARE DOCD	Authorization required for non-participating providers.	C	1/1/2022
0575T	PROGRAMMING DEV EVAL ICDS W/SS ELTRD IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
0576T	INTERROGATION DEV EVAL ICDS W/SS ELTRD IN PERSON	Authorization required for non-participating providers.	C	1/1/2022
0577T	ELECTROPHYSIOLOGIC EVAL ICDS W/SS ELECTRODE	Authorization required for non-participating providers.	C	1/1/2022
0578T	REM INTERROG DEV EVAL SS LD ICDS <90D PHY/QHP	Authorization required for non-participating providers.	C	1/1/2022
0579T	REM INTERROG DEV EVAL SS LD ICDS < 90D TECH	Authorization required for non-participating providers.	C	1/1/2022
0580T	RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	Authorization required for non-participating providers.	C	1/1/2022
0581T	ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL	Authorization required for non-participating providers.	C	1/1/2022

0582T	TRURL ABLTJ MAL PRST8 TISS HI ENERGY WATER VAPOR	Authorization required for non-participating providers.	C	1/1/2022
0583T	TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM	Authorization required for non-participating providers.	C	1/1/2022
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Authorization required for non-participating providers.	C	1/1/2022
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Authorization required for non-participating providers.	C	1/1/2022
0586T	OPEN ISLET CELL TRANSPLANT	Authorization required for non-participating providers.	C	1/1/2022
0591T	HEALTH AND WELL-BEING COACHING F2F INDIV 1ST ASSMT	Authorization required for non-participating providers.	C	1/1/2022
0592T	HEALTH AND WELL-BEING COACHING F2F INDIV F-UP SESS	Authorization required for non-participating providers.	C	1/1/2022
0593T	HEALTH AND WELL-BEING COACHING FACE TO FACE GROUP	Authorization required for non-participating providers.	C	1/1/2022
0594T	OSTEOT HUM INSJ XTRNL CTRLD IMED LNGTH DEVICE	Authorization required for non-participating providers.	C	1/1/2022
0596T	TEMP FEMALE INTRAURETHRAL VALVE-PUMP 1ST INSJ	Authorization required for non-participating providers.	C	1/1/2022
0597T	TEMP FEMALE INTRAURETHRAL VALVE-PUMP REPLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
0598T	NONCONTACT R-T FLUOR WND IMG 1ST ANATOMIC SITE	Authorization required for non-participating providers.	C	1/1/2022
0599T	NONCONTACT R-T FLUOR WND IMG EA ADDL ANTMC SITE	Authorization required for non-participating providers.	C	1/1/2022
0600T	IRE ABLATION 1+TUMORS PER ORGAN W/IMG GDN PERQ	Authorization required for non-participating providers.	C	1/1/2022
0601T	IRE ABLATION 1+TUMORS W/FLUOR AND US GDN OPEN	Authorization required for non-participating providers.	C	1/1/2022
0602T	TRANSDERMAL GFR MEAS SNR PLMT AND 1 DOS PYRAZINE AGT	Authorization required for non-participating providers.	C	1/1/2022
0603T	TDRM GFR MNTR SNR PLMT AND >1 DOS PYRAZINE EA 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
0604T	REMOTE OCT RETINA 1ST DEV SET-UP AND PT EDUCAJ	Authorization required for non-participating providers.	C	1/1/2022
0605T	REM OCT RETINA TECHL SUPRT MIN 8 DLY REC EA 30D	Authorization required for non-participating providers.	C	1/1/2022
0606T	REMOTE OCT RETINA REVIEW I AND R PHYS/QHP EA 30 D	Authorization required for non-participating providers.	C	1/1/2022
0607T	REM MNTR XTRNL CONT PULM FLU MNTR SYS SETUP	Authorization required for non-participating providers.	C	1/1/2022
0608T	REM MNTR XTRNL CONT PULM FLU MNTR SYS ALYS DATA	Authorization required for non-participating providers.	C	1/1/2022
0609T	MRS DISCOGENIC PAIN ACQUISJ SINGLE VOXEL DATA	Authorization required for non-participating providers.	C	1/1/2022
0610T	MRS DISCOGENIC PAIN TRANSMIS BMRK DATA SW ALYS	Authorization required for non-participating providers.	C	1/1/2022
0611T	MRS DISCOGENIC PAIN ALGORITHMIC ALYS BMRK DATA	Authorization required for non-participating providers.	C	1/1/2022
0612T	MRS DISCOGENIC PAIN INTERPRETATION AND REPORT	Authorization required for non-participating providers.	C	1/1/2022
0613T	PERQ TCAT IMPLTJ INTRATRL SEPTAL SHUNT DEVICE	Authorization required for non-participating providers.	C	1/1/2022
0614T	RMVL AND RPLCMT SUBSTERNAL IMPLTBL DEFIBRILLATOR PG	Authorization required for non-participating providers.	C	1/1/2022
0615T	EYE MVMNT ANALYSIS W/O SPATIAL CALIBRATION I AND R	Authorization required for non-participating providers.	C	1/1/2022
0616T	INSJ IRIS PROSTH W/SUTURE FIXATION AND RPR/RMVL IRIS	Authorization required for non-participating providers.	C	1/1/2022
0617T	INSJ IRIS PROSTH RMVL CRYSTLN LENS AND INSJ IO LENS	Authorization required for non-participating providers.	C	1/1/2022
0618T	INSJ IRIS PROSTH SECONDARY IO LENS PLMT/EXCHANGE	Authorization required for non-participating providers.	C	1/1/2022
0619T	CYSTO W/TRURL ANT PRST8 COMMISSUROTOMY AND RX DLVR	Authorization required for non-participating providers.	C	1/1/2022
0621T	TRABECULOSTOMY AB INTERNO BY LASER	Authorization required for non-participating providers.	C	1/1/2022
0622T	TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE	Authorization required for non-participating providers.	C	1/1/2022
0627T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR 1ST	Authorization required for non-participating providers.	C	1/1/2022
0628T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR EA	Authorization required for non-participating providers.	C	1/1/2022
0629T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR 1ST	Authorization required for non-participating providers.	C	1/1/2022
0630T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR EA	Authorization required for non-participating providers.	C	1/1/2022
0631T	TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	Authorization required for non-participating providers.	C	1/1/2022
0632T	PERQ TCAT US ABLATION NERVES INNERVATING P-ART	Authorization required for non-participating providers.	C	1/1/2022
0640T	NCNTC NR IFR SPECTRSC FLAP/WND IMG ACQUISJ I AND R	Authorization required for non-participating providers.	C	1/1/2022
0641T	NCNTC NR IFR SPECTRSC FLAP/WND IMG ACQUISJ ONLY	Authorization required for all providers.	Y	1/1/2022
0642T	NCNTC NR IFR SPECTRSC FLAP/WND I AND R ONLY	Authorization required for non-participating providers.	C	1/1/2022
0643T	TRANSCATHETER L VENTR RESTORATION DEVICE IMPLTJ	Authorization required for all providers.	Y	1/1/2022
0644T	TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	Authorization required for non-participating providers.	C	1/1/2022
0646T	TTV/RPLCMT PROSTC VLV PERQ W/R HRT CATH AND ANGRPH	Authorization required for non-participating providers.	C	1/1/2022
0647T	INSJ GASTROSTOMY TUBE PERQ W/MAGNETIC GASTROPEXY	Authorization required for non-participating providers.	C	1/1/2022
0648T	QUAN MR ALYS TISS COMPJ W/O MRI SAME SESS 1ORGN	Authorization required for non-participating providers.	C	1/1/2022

0649T	QUAN MR ALYS TISS COMPOSITION W/MRI 1ORGN	Authorization required for non-participating providers.	C	1/1/2022
0650T	PRGRMG DEV EVAL SCRMS PHYS/QHP REMOTE	Authorization required for non-participating providers.	C	1/1/2022
0651T	MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY W/ AND R	Authorization required for non-participating providers.	C	1/1/2022
0652T	EGD FLEXIBLE TRANSNASAL DX W/COLLJ SPEC BR/WA	Authorization required for non-participating providers.	C	1/1/2022
0653T	EGD FLEXIBLE TRANSNASAL W/BIOPSY SINGLE/MULTIPLE	Authorization required for all providers.	Y	1/1/2022
0654T	EGD FLEXIBLE TRANSNASAL W/INSJ INTRAL TUBE/CATH	Authorization required for non-participating providers.	C	1/1/2022
0656T	ANTERIOR VERTEBRAL BODY TETHERING <7VRT SEGMENTS	Authorization required for non-participating providers.	C	1/1/2022
0658T	ELECTRICAL IMPEDENCE SPECTROSCOPY 1+SKIN LESIONS	Authorization required for non-participating providers.	C	1/1/2022
0660T	IMPLTJ ANT SGM IO NBIODEGRADABLE RX ELUTING SYS	Authorization required for non-participating providers.	C	1/1/2022
0662T	SCALP COOLING 1ST MEASUREMENT AND CAP CALIBRATION	Authorization required for non-participating providers.	C	1/1/2022
0663T	SCALP COOLING PLACEMENT MNTR AND REMOVAL OF DEVICE	Authorization required for all providers.	Y	1/1/2022
0665T	DONOR HYSTERECTOMY OPEN FROM LIVING DONOR	Authorization required for all providers.	Y	1/1/2022
0666T	DONOR HYSTERECTOMY LAPS/ROBOTIC FROM LIV DONOR	Authorization required for all providers.	Y	1/1/2022
0668T	BACKBENCH PREP CDVR/LIV DONOR UTERINE ALLOGRAFT	Authorization required for all providers.	Y	1/1/2022
0670T	BCKBNCH RCNSTJ CDVR/LIV DON UTER ALGRFT ART ANST	Authorization required for non-participating providers.	C	1/1/2022
1000F	TOBACCO USE ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
1002F	ASSESS ANGINAL SYMPTOM/LEVEL	Authorization required for non-participating providers.	C	1/1/2022
1003F	LEVEL OF ACTIVITY ASSESS	Authorization required for non-participating providers.	C	1/1/2022
1004F	CLIN SYMP VOL OVRLD ASSESS	Authorization required for non-participating providers.	C	1/1/2022
1005F	ASTHMA SYMPTOMS EVALUATE	Authorization required for non-participating providers.	C	1/1/2022
1006F	OSTEOARTHRITIS SYMPTOMS&FUNCJAL STATUS ASSES	Authorization required for non-participating providers.	C	1/1/2022
1007F	ANTI-INFLAMMATORY/ANALGESIC SYMPTOM RELIEF ASSES	Authorization required for non-participating providers.	C	1/1/2022
1008F	GI&RNL CRIBED/OTC NSAID RISK FACTORS ASSES	Authorization required for non-participating providers.	C	1/1/2022
1010F	Severity of angina assessed by level of activity (CAD)	Authorization required for non-participating providers.	C	1/1/2022
1011F	Angina present (CAD)	Authorization required for non-participating providers.	C	1/1/2022
1012F	Angina absent (CAD)	Authorization required for non-participating providers.	C	1/1/2022
1015F	CHRONIC OBSTRUCTIVE PUKMONARY DISEASE	Authorization required for non-participating providers.	C	1/1/2022
1018F	DYSPNEA ASSESSED, NOT PRESENT (COPD)	Authorization required for non-participating providers.	C	1/1/2022
1019F	DYSPNEA ASSESSED, PRESENT (COPD)	Authorization required for non-participating providers.	C	1/1/2022
1022F	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED (CAP, COPD)	Authorization required for non-participating providers.	C	1/1/2022
1026F	CO-MORBID CONDITIONS ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
1030F	INFLUENZA IMMUNIZATION STATUS ASSESSED (CAP)	Authorization required for non-participating providers.	C	1/1/2022
1031F	Smoking status and exposure to second hand smoke in the home	Authorization required for non-participating providers.	C	1/1/2022
1032F	Current tobacco smoker OR currently exposed to secondhand smoke	Authorization required for non-participating providers.	C	1/1/2022
1033F	Current tobacco snon-smoker AND not currently exposed to sec	Authorization required for non-participating providers.	C	1/1/2022
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	Authorization required for non-participating providers.	C	1/1/2022
1035F	CURRENT SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) (PV)	Authorization required for non-participating providers.	C	1/1/2022
1036F	TOBACCO NON-USER	Authorization required for non-participating providers.	C	1/1/2022
1038F	PERSISTANT ASTHMA (MILD, MODERATE, OR SEVERE) (ASTHMA)	Authorization required for non-participating providers.	C	1/1/2022
1039F	INTERMITTENT ASTHMA (ASTHMA)	Authorization required for non-participating providers.	C	1/1/2022
1040F	DSM-V INFO MDD DOCD	Authorization required for non-participating providers.	C	1/1/2022
1050F	HISTORY OF MOLE CHANGES	Authorization required for non-participating providers.	C	1/1/2022
1052F	Type, anatomic location, and activity all assessed (IBD)	Authorization required for non-participating providers.	C	1/1/2022
1055F	VISUAL FUNCT STATUS ASSESS	Authorization required for non-participating providers.	C	1/1/2022
1060F	DOC PERM/CONT/PAROX ATR. FIB	Authorization required for non-participating providers.	C	1/1/2022
1061F	DOC LACK PERM+CONT+PAROX FIB	Authorization required for non-participating providers.	C	1/1/2022
1065F	ISCHM STROKE SYMP LT3 HRSB/4	Authorization required for non-participating providers.	C	1/1/2022
1066F	ISCHM STROKE SYMP GE3 HRSB/4	Authorization required for non-participating providers.	C	1/1/2022
1070F	ALARM SYMP ASSESSED-ABSENT	Authorization required for non-participating providers.	C	1/1/2022

1071F	ALARM SYMP ASSESSED-1+ PRSNT	Authorization required for non-participating providers.	C	1/1/2022
1090F	PRES/ABSX URINE INCON ASSESS	Authorization required for non-participating providers.	C	1/1/2022
1091F	URINE INCON CHARACTERIZED	Authorization required for non-participating providers.	C	1/1/2022
1100F	PTFALLS ASSESS-DOC'D GE2+/YR	Authorization required for non-participating providers.	C	1/1/2022
1101F	PT FALLS ASSESS-DOC'D LE1/YR	Authorization required for non-participating providers.	C	1/1/2022
1110F	PT LFT INPT FAC W/IN 60 DAYS	Authorization required for non-participating providers.	C	1/1/2022
1111F	DSCHRG MED/CURRENT MED MERGE	Authorization required for non-participating providers.	C	1/1/2022
1116F	AURIC/PERI PAIN ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
1118F	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS OF THXPY	Authorization required for non-participating providers.	C	1/1/2022
1119F	INIT EVAL FOR CONDITION	Authorization required for non-participating providers.	C	1/1/2022
1121F	SUBS EVAL FOR CONDITION	Authorization required for non-participating providers.	C	1/1/2022
1123F	ACP DISCUSS/DSCN MKR DOCD	Authorization required for non-participating providers.	C	1/1/2022
1124F	ACP DISCUSS-NO DSCNMKR DOCD	Authorization required for non-participating providers.	C	1/1/2022
1125F	PAIN SEVERITY QUANTIFIED PAIN PRESENT	Authorization required for non-participating providers.	C	1/1/2022
1126F	PAIN SEVERITY QUANTIFIED NO PAIN PRESENT	Authorization required for non-participating providers.	C	1/1/2022
1127F	NEW EPISODE FOR CONDITION	Authorization required for non-participating providers.	C	1/1/2022
1128F	SUBS EPISODE FOR CONDITION	Authorization required for non-participating providers.	C	1/1/2022
1130F	BK PAIN & FXN ASSESSED CERTAIN ASPECTS OF CARE	Authorization required for non-participating providers.	C	1/1/2022
1134F	EPISODE OF BACK PAIN LASTING SIX WEEKS OR LESS	Authorization required for non-participating providers.	C	1/1/2022
1135F	EPISODE OF BACK PAIN LASTING LONGER THAN SIX WKS	Authorization required for non-participating providers.	C	1/1/2022
1136F	EPISODE OF BACK PAIN LASTING 12 WEEKS OR LESS	Authorization required for non-participating providers.	C	1/1/2022
1137F	EPISODE OF BACK PAIN LASTING LONGER THAN 12 WKS	Authorization required for non-participating providers.	C	1/1/2022
1150F	DOC PT RSK DEATH W/IN 1YR	Authorization required for non-participating providers.	C	1/1/2022
1151F	DOC NO PT RSK DEATH W/IN 1YR	Authorization required for non-participating providers.	C	1/1/2022
1152F	DOC ADVNCD DIS COMFORT 1ST	Authorization required for non-participating providers.	C	1/1/2022
1153F	DOC ADVNCD DIS CMFRT NOT 1ST	Authorization required for non-participating providers.	C	1/1/2022
1157F	ADVNC CARE PLAN IN RCRD	Authorization required for non-participating providers.	C	1/1/2022
1158F	ADVNC CARE PLAN TLK DOCD	Authorization required for non-participating providers.	C	1/1/2022
1159F	MED LIST DOCD IN RCRD	Authorization required for non-participating providers.	C	1/1/2022
1160F	RVW MEDS BY RX/DR IN RCRD	Authorization required for non-participating providers.	C	1/1/2022
1170F	FXNL STATUS ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
1175F	Functional status for dementia assessed and results reviewed (DEM)	Authorization required for non-participating providers.	C	1/1/2022
1180F	THROMBOEMB RISK ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)	Authorization required for non-participating providers.	C	1/1/2022
1182F	Neuropsychiatric symptoms, one or more present (DEM)	Authorization required for non-participating providers.	C	1/1/2022
1183F	Neuropsychiatric symptoms, absent (DEM)	Authorization required for non-participating providers.	C	1/1/2022
1200F	SEIZURE TYPE(S)+ FRQ DOCD	Authorization required for non-participating providers.	C	1/1/2022
1205F	EPI ETIOL SYND RVWD AND DOCD	Authorization required for non-participating providers.	C	1/1/2022
1220F	PT SCREENED FOR DEPRESSION	Authorization required for non-participating providers.	C	1/1/2022
1400F	PRKNS DIAG RVIEWED	Authorization required for non-participating providers.	C	1/1/2022
1450F	Symptoms improved or remained consistent with treatment goals	Authorization required for non-participating providers.	C	1/1/2022
1451F	Symptoms demonstrated clinically important deterioration since	Authorization required for non-participating providers.	C	1/1/2022
1460F	Qualifying cardiac event/diagnosis in previous 12 months (CAD)	Authorization required for non-participating providers.	C	1/1/2022
1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)	Authorization required for non-participating providers.	C	1/1/2022
1490F	Dementia severity classified, mild (DEM)	Authorization required for non-participating providers.	C	1/1/2022
1491F	Dementia severity classified, moderate (DEM)	Authorization required for non-participating providers.	C	1/1/2022
1493F	Dementia severity classified, sever (DEM)	Authorization required for non-participating providers.	C	1/1/2022
1494F	Cognition assessed and reviewed (DEM)	Authorization required for non-participating providers.	C	1/1/2022
2000F	BLOOD PRESSURE MEASURED	Authorization required for non-participating providers.	C	1/1/2022

2001F	WEIGHT RECORDED	Authorization required for non-participating providers.	C	1/1/2022
2002F	CLIN SIGN VOL OVRLD ASSESS	Authorization required for non-participating providers.	C	1/1/2022
2004F	1ST XM INVOLVED JT	Authorization required for non-participating providers.	C	1/1/2022
2010F	VITAL SIGNS RECORDED	Authorization required for non-participating providers.	C	1/1/2022
2014F	MENTAL STATUS ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
2015F	Asthma impairment assessed (Asthma)	Authorization required for non-participating providers.	C	1/1/2022
2016F	Asthma risk assessed (Asthma)	Authorization required for non-participating providers.	C	1/1/2022
2018F	HYDRATON STATUS ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
2019F	DILATED MACUL EXAM DONE	Authorization required for non-participating providers.	C	1/1/2022
2020F	DILATED FUNDUS EVALUATION PERFORMED	Authorization required for non-participating providers.	C	1/1/2022
2021F	DILAT MACUL+ EXAM DONE	Authorization required for non-participating providers.	C	1/1/2022
2022F	DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	Authorization required for non-participating providers.	C	1/1/2022
2024F	7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPHY	Authorization required for non-participating providers.	C	1/1/2022
2026F	EYE IMG VALID MATCH DX 7 STND FLD W/EVC RTNOPHY	Authorization required for non-participating providers.	C	1/1/2022
2027F	OPTIC NERVE HEAD EVAL DONE	Authorization required for non-participating providers.	C	1/1/2022
2028F	FOOT EXAMINATION PERFORMED	Authorization required for non-participating providers.	C	1/1/2022
2029F	COMPLETE PHYS SKIN EXAM DONE	Authorization required for non-participating providers.	C	1/1/2022
2030F	H2O STAT DOC'D NORMAL	Authorization required for non-participating providers.	C	1/1/2022
2031F	H2O STAT DOC'D DEHYDRATED	Authorization required for non-participating providers.	C	1/1/2022
2035F	TYMP MEMB MOTION EXAM'D	Authorization required for non-participating providers.	C	1/1/2022
2040F	PHYS EXAM ON DATE OF INIT VST FOR LBP DONE	Authorization required for non-participating providers.	C	1/1/2022
2044F	DOC MNLT HLTH ASSESSB/4 INTRVN-BKSURG/EPID INJXN	Authorization required for non-participating providers.	C	1/1/2022
2050F	WOUND CHAR SIZE ETC DOCD	Authorization required for non-participating providers.	C	1/1/2022
2060F	PT TALK EVAL HLTHWKR RE MDD	Authorization required for non-participating providers.	C	1/1/2022
3006F	CHEST-XRAY RESULTS DOCUMENTED AND REVIEWED (CAP)	Authorization required for non-participating providers.	C	1/1/2022
3008F	BODY MASS INDEX DOCD	Authorization required for non-participating providers.	C	1/1/2022
3011F	LIPID PANEL RESULTS	Authorization required for non-participating providers.	C	1/1/2022
3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV	Authorization required for non-participating providers.	C	1/1/2022
3015F	CERV CANCER SCREEN DOCD	Authorization required for non-participating providers.	C	1/1/2022
3016F	PT SCRND UNHLTHY OH USE	Authorization required for non-participating providers.	C	1/1/2022
3017F	COLORECTAL CA SCREEN DOC REV	Authorization required for non-participating providers.	C	1/1/2022
3018F	PRE-PRXD RSK ET AL DOCD	Authorization required for non-participating providers.	C	1/1/2022
3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge	Authorization required for non-participating providers.	C	1/1/2022
3020F	LVF ASSESS DOCUMENTED	Authorization required for non-participating providers.	C	1/1/2022
3021F	LEFT VENTRICULAR EJECTION FRACTION	Authorization required for non-participating providers.	C	1/1/2022
3022F	LEFT VENTRICULAR EJECTION FRACTION	Authorization required for non-participating providers.	C	1/1/2022
3023F	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED (COPD)	Authorization required for non-participating providers.	C	1/1/2022
3025F	SPIROMETRY TEST RESULTS	Authorization required for non-participating providers.	C	1/1/2022
3027F	SPIROMETRY TEST RESULTS	Authorization required for non-participating providers.	C	1/1/2022
3028F	OXYGEN SATURATION RESULTS	Authorization required for non-participating providers.	C	1/1/2022
3035F	OXYGEN SATURATION < 88% OR A PAO2 < 55MM HG (COPD)	Authorization required for non-participating providers.	C	1/1/2022
3037F	OXYGEN SATURATION > 88% OR A PAO2 > 55MM HG (COPD)	Authorization required for non-participating providers.	C	1/1/2022
3038F	PULM FX W/IN 12 MON B/4 SURG	Authorization required for non-participating providers.	C	1/1/2022
3040F	FUNCTIONAL EXPIRATORY VOLUME (FEV1) < 40% IF PREDICTED VALUE (COPD)	Authorization required for non-participating providers.	C	1/1/2022
3042F	FUNCTIONAL EXPIRATORY VOLUME (FEV1) > 40% IF PREDICTED VALUE (COPD)	Authorization required for non-participating providers.	C	1/1/2022
3044F	HG A1C LEVEL LT 7.0%	Authorization required for non-participating providers.	C	1/1/2022
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0% (DM)	Authorization required for non-participating providers.	C	1/1/2022
3048F	LDL-C <100 MG/DL	Authorization required for non-participating providers.	C	1/1/2022
3049F	LDL-C 100-129 MG/DL	Authorization required for non-participating providers.	C	1/1/2022

3050F	LDL-C >= 130 MG/DL	Authorization required for non-participating providers.	C	1/1/2022
3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF)	Authorization required for non-participating providers.	C	1/1/2022
3056F	Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF re	Authorization required for non-participating providers.	C	1/1/2022
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOC&REV	Authorization required for non-participating providers.	C	1/1/2022
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOC&REV	Authorization required for non-participating providers.	C	1/1/2022
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOC&REV	Authorization required for non-participating providers.	C	1/1/2022
3066F	DOCUMENTATION OF TREATMENT FOR NEPHROPATHY	Authorization required for non-participating providers.	C	1/1/2022
3072F	LOW RISK FOR RETINOPATHY	Authorization required for non-participating providers.	C	1/1/2022
3073F	DOCUMENTED LENGTH CORNEAL POWER & LENS POWER	Authorization required for non-participating providers.	C	1/1/2022
3074F	SVST BP < 130 MM HG	Authorization required for non-participating providers.	C	1/1/2022
3075F	SVST BP GE 130 - 139MM HG	Authorization required for non-participating providers.	C	1/1/2022
3077F	SVST BP >= 140 MM HG	Authorization required for non-participating providers.	C	1/1/2022
3078F	DIAST BP < 80 MM HG	Authorization required for non-participating providers.	C	1/1/2022
3079F	DIAST BP 80-89 MM HG	Authorization required for non-participating providers.	C	1/1/2022
3080F	DIAST BP >= 90 MM HG	Authorization required for non-participating providers.	C	1/1/2022
3082F	Kt/V LT1.2	Authorization required for non-participating providers.	C	1/1/2022
3083F	Kt/V GE 1.2 and <1.7	Authorization required for non-participating providers.	C	1/1/2022
3084F	Kt/V GE 1.7	Authorization required for non-participating providers.	C	1/1/2022
3085F	SUICIDE RISK ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
3088F	MDD MILD	Authorization required for non-participating providers.	C	1/1/2022
3089F	MDD MODERATE	Authorization required for non-participating providers.	C	1/1/2022
3090F	MDD SEVERE W/O PSYCH	Authorization required for non-participating providers.	C	1/1/2022
3091F	MDD SEVERE W/ PSYCH	Authorization required for non-participating providers.	C	1/1/2022
3092F	MDD IN REMISSION	Authorization required for non-participating providers.	C	1/1/2022
3093F	DOC NEW DIAG 1ST/ADDL. MDD	Authorization required for non-participating providers.	C	1/1/2022
3095F	CENTRAL DEXA RESULTS DOCD	Authorization required for non-participating providers.	C	1/1/2022
3096F	CENTRAL DEXA ORDERED	Authorization required for non-participating providers.	C	1/1/2022
3100F	IMAGE TEST REF CAROT DIAM	Authorization required for non-participating providers.	C	1/1/2022
3110F	DOC PRES/ABSN HMRHG/LESION	Authorization required for non-participating providers.	C	1/1/2022
3111F	CT/MRI BRAIN DONE W/IN 24HRS	Authorization required for non-participating providers.	C	1/1/2022
3112F	CT/MRI BRAIN DONE GT24 HRS	Authorization required for non-participating providers.	C	1/1/2022
3115F	Quantitative results of an evaluation of current level of activity and cl	Authorization required for non-participating providers.	C	1/1/2022
3117F	Heart Failure disease specific structured assessment tool completed (HF)	Authorization required for non-participating providers.	C	1/1/2022
3118F	New York Heart Association (NYHA) Class documented (HF)	Authorization required for non-participating providers.	C	1/1/2022
3119F	No Evaluation of level of activity or clinical symptoms (HF)	Authorization required for non-participating providers.	C	1/1/2022
3120F	12-LEAD ECG PERFORMED	Authorization required for non-participating providers.	C	1/1/2022
3130F	UPPER GI ENDOSCOPY PERFORMED	Authorization required for non-participating providers.	C	1/1/2022
3132F	DOC REF. UPPER GI ENDOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
3140F	UPPER GI ENDO SHOWS BARRTT'S	Authorization required for non-participating providers.	C	1/1/2022
3141F	UPPER GI ENDO NOT BARRTT'S	Authorization required for non-participating providers.	C	1/1/2022
3142F	BARIUM SWALLOW TEST ORDERED	Authorization required for non-participating providers.	C	1/1/2022
3150F	FORCEPS ESOPH BIOPSY DONE	Authorization required for non-participating providers.	C	1/1/2022
3155F	CYTOGEN TEST MARROW B/4 TX	Authorization required for non-participating providers.	C	1/1/2022
3160F	DOC FE+ STORES B/4 EPO THX	Authorization required for non-participating providers.	C	1/1/2022
3170F	FLOW CYTO DONE B/4 TX	Authorization required for non-participating providers.	C	1/1/2022
3200F	BARIUM SWALLOW TEST NOT REQ	Authorization required for non-participating providers.	C	1/1/2022
3210F	GRP A STREP TEST PERFORMED	Authorization required for non-participating providers.	C	1/1/2022
3215F	PT IMMUNITY TO HEP A DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3216F	PT IMMUNITY TO HEP B DOCD	Authorization required for non-participating providers.	C	1/1/2022

3218F	RNA TSTNG HEP C DOC'D DONE	Authorization required for non-participating providers.	C	1/1/2022
3220F	HEP C QUANT RNA TSTNG DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3230F	NOTE HRING TST W/IN 6 MON	Authorization required for non-participating providers.	C	1/1/2022
3250F	NONPRIM LOC ANAT BX SITE TUM	Authorization required for non-participating providers.	C	1/1/2022
3260F	PT CAT/PN CAT/HIST GRD DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3265F	RNA TSTNG HEP C VIR ORD/DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3266F	HEP C GENO TSTNG DOC'D B/4 ANTIVRL TXMNT HEP C	Authorization required for non-participating providers.	C	1/1/2022
3267F	PATH RPRT W/ PT PN CAT ET AL	Authorization required for non-participating providers.	C	1/1/2022
3268F	PSA 1' TMR T STG & GLEASON SCORE DOC'D B/4 TXMNT	Authorization required for non-participating providers.	C	1/1/2022
3269F	BONE SCAN DONE B/4 TXMNT/AFTR DIAG OF PRST CNCR	Authorization required for non-participating providers.	C	1/1/2022
3270F	BONE SCAN NOT DONE B/4 TXMNT/AFTR DIAG PRST CNCR	Authorization required for non-participating providers.	C	1/1/2022
3271F	LOW RISK OF RECURRENCE PROSTATE CANCER	Authorization required for non-participating providers.	C	1/1/2022
3272F	INTERMED RISK OF RECURRENCE PROSTATE CANCER	Authorization required for non-participating providers.	C	1/1/2022
3273F	HIGH RISK OF RECURRENCE PROSTATE CANCER	Authorization required for non-participating providers.	C	1/1/2022
3274F	PROST CANCER RSK RECUR NOT KNWN/NOT LOW - HIGH	Authorization required for non-participating providers.	C	1/1/2022
3278F	SERUM LEVELS CA P INTACT PTH & LIPID PROF	Authorization required for non-participating providers.	C	1/1/2022
3279F	HB LEVEL GREATER THAN OR EQUAL TO 13 G/DL	Authorization required for non-participating providers.	C	1/1/2022
3280F	HB LEVEL 11 G/DL TO 12.9 G/DL	Authorization required for non-participating providers.	C	1/1/2022
3281F	HB LEVEL LESS THAN 11 G/DL	Authorization required for non-participating providers.	C	1/1/2022
3284F	IOP REDUCED >= 15% PRE-INTERVENTION LEVEL	Authorization required for non-participating providers.	C	1/1/2022
3285F	IOP REDUCED < 15% PRE-INTERVENTION LEVEL	Authorization required for non-participating providers.	C	1/1/2022
3288F	FALLS RISK ASSESSMENT DOCUMENTED	Authorization required for non-participating providers.	C	1/1/2022
3290F	PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED	Authorization required for non-participating providers.	C	1/1/2022
3291F	PATIENT IS D (RH) POSITIVE OR SENSITIZED	Authorization required for non-participating providers.	C	1/1/2022
3292F	HIV TSTNG ASK/DOC'D/RVWD AT 1ST/2ND PRENATAL VST	Authorization required for non-participating providers.	C	1/1/2022
3293F	ABO RH BLOOD TYPING DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3294F	GRP B STREP SCREENING DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3300F	AJCC STAGE DOC'D & RVWD B/4 STARTING THERAPY	Authorization required for non-participating providers.	C	1/1/2022
3301F	CNCR STG DOC'D AS METAST & RVWD B/4 THXPY	Authorization required for non-participating providers.	C	1/1/2022
3315F	ER/PR POSITIVE BREAST CANCER	Authorization required for non-participating providers.	C	1/1/2022
3316F	ER/PR NEGATIVE BREAST CANCER	Authorization required for non-participating providers.	C	1/1/2022
3317F	PATH RPRT + FOR MALIG DOC'D & RVWD B/4 CHEMO	Authorization required for non-participating providers.	C	1/1/2022
3318F	PATH RPRT + FOR MALIG DOC'D & RVWD B/4 RAD THXPY	Authorization required for non-participating providers.	C	1/1/2022
3319F	10F6 CHST X-RAY-CT-US-MRI-PET NUCL MED SCANS	Authorization required for non-participating providers.	C	1/1/2022
3320F	00F6 CHST X-RAY-CT-US-MRI-PET NUCL MED SCANS	Authorization required for non-participating providers.	C	1/1/2022
3321F	AJCC CNCR 0/IA MELAN DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3322F	MELAN >AJCC STAGE 0 OR IA	Authorization required for non-participating providers.	C	1/1/2022
3323F	CLIN NODE STNG DOC'D B/4 SURG	Authorization required for non-participating providers.	C	1/1/2022
3324F	MRI CT SCAN ORD RVWD RQSTD	Authorization required for non-participating providers.	C	1/1/2022
3325F	PREOP ASSESS FXN MED NOTE FOR SURG B/4 CAT SURG	Authorization required for non-participating providers.	C	1/1/2022
3328F	PRFRMNC DOC'D 2 WKS B/4 SURG	Authorization required for non-participating providers.	C	1/1/2022
3330F	IMAGING STUDY ORDERED	Authorization required for non-participating providers.	C	1/1/2022
3331F	IMAGING STUDY NOT ORDERED	Authorization required for non-participating providers.	C	1/1/2022
3340F	MAMMO ASSESS INC XRAY DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3341F	MAMMO ASSESS NEGATIVE., DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3342F	MAMMO ASSESS BENGN, DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3343F	MAMMO PROBABLY BENGN DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3344F	MAMMO ASSESS SUSP, DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3345F	MAMMO ASSESS HGHYLMALIG DOC	Authorization required for non-participating providers.	C	1/1/2022

3350F	MAMMO BX PROVEN MALIG DOC'D	Authorization required for non-participating providers.	C	1/1/2022
3351F	NEG SCRND DEP SYMP BY DEPTOOL	Authorization required for non-participating providers.	C	1/1/2022
3352F	NO SIG DEP SYMP BY DEP TOOL	Authorization required for non-participating providers.	C	1/1/2022
3353F	MILD-MOD DEP SYMP BY DEPTOOL	Authorization required for non-participating providers.	C	1/1/2022
3354F	CLIN SIG DEP SYM BY DEP TOOL	Authorization required for non-participating providers.	C	1/1/2022
3370F	AJCC BRST CNCR STAGE 0 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3372F	AJCC BRST CNCR STAGE 1 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3374F	AJCC BRST CNCR STAGE 1+DOCD	Authorization required for non-participating providers.	C	1/1/2022
3376F	AJCC BRSTCNCR STAGE 2 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3378F	AJCC BRSTCNCR STAGE 3 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3380F	AJCC BRSTCNCR STAGE 4 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3382F	AJCC CLN CNCR STAGE 0 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3384F	AJCC CLN CNCR STAGE 1 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3386F	AJCC CLN CNCR STAGE 2 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3388F	AJCC CLN CNCR STAGE 3 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3390F	AJCC CLN CNCR STAGE 4 DOCD	Authorization required for non-participating providers.	C	1/1/2022
3394F	QUANT HER2 IHC EVAL BRST CX	Authorization required for non-participating providers.	C	1/1/2022
3395F	QUANT HER2 IHC EVAL BRST CX	Authorization required for non-participating providers.	C	1/1/2022
3450F	DYSPNEA SCRND, NO-MILD DYSP	Authorization required for non-participating providers.	C	1/1/2022
3451F	DYSPNEA SCRND MOD-HIGH DYSP	Authorization required for non-participating providers.	C	1/1/2022
3452F	DYSPNEA NOT SCREENED	Authorization required for non-participating providers.	C	1/1/2022
3455F	TB SCRNG DONE-INTERPD 6MON	Authorization required for non-participating providers.	C	1/1/2022
3470F	RA DISEASE ACTIVITY, LOW	Authorization required for non-participating providers.	C	1/1/2022
3471F	RA DISEASE ACTIVITY, MOD	Authorization required for non-participating providers.	C	1/1/2022
3472F	RA DISEASE ACTIVITY, HIGH	Authorization required for non-participating providers.	C	1/1/2022
3475F	DISEASE PROGN RA POOR DOCD	Authorization required for non-participating providers.	C	1/1/2022
3476F	DISEASE PROGN RA GOOD DOCD	Authorization required for non-participating providers.	C	1/1/2022
3490F	HISTORY - AIDS-DEFINING COND	Authorization required for non-participating providers.	C	1/1/2022
3491F	HIV UNSURE BABY OF HIV+MOMS	Authorization required for non-participating providers.	C	1/1/2022
3492F	HISTORY CD4+ CELL COUNT <350	Authorization required for non-participating providers.	C	1/1/2022
3493F	NO HIST CD4+CELL CNT<350	Authorization required for non-participating providers.	C	1/1/2022
3494F	CD4+CELL COUNT <200CELLS/MM3	Authorization required for non-participating providers.	C	1/1/2022
3495F	CD4+CELL CNT 200-499 CELLS	Allow 24 visits per 180 days, then pre-authorization is required.	C	1/1/2022
3496F	CD4+ CELL COUNT ≥500 CELLS	Authorization required for non-participating providers.	C	1/1/2022
3497F	CD4+ CELL PERCENTAGE <15%	Authorization required for non-participating providers.	C	1/1/2022
3498F	CD4+ CELL PERCENTAGE ≥15%	Authorization required for non-participating providers.	C	1/1/2022
3500F	CD4+CELL CNT/% DOCD AS DONE	Authorization required for non-participating providers.	C	1/1/2022
3502F	HIV RNA VRL LD <LMTS QUANTIF	Authorization required for non-participating providers.	C	1/1/2022
3503F	HIV RNA VRL LDNOT<LMTS QUNTF	Authorization required for non-participating providers.	C	1/1/2022
3510F	DOC TB SCRNG-RSLTS INTERPD	Authorization required for non-participating providers.	C	1/1/2022
3511F	CHLMYD/GONRH TSTS DOCD DONE	Authorization required for non-participating providers.	C	1/1/2022
3512F	SYPH SCRNG DOCD AS DONE	Authorization required for non-participating providers.	C	1/1/2022
3513F	HEP B SCRNG DOCD AS DONE	Authorization required for non-participating providers.	C	1/1/2022
3514F	HEP C SCRNG DOCD AS DONE	Authorization required for non-participating providers.	C	1/1/2022
3515F	PT HAS DOCD IMMUN TO HEP C	Authorization required for non-participating providers.	C	1/1/2022
3517F	Hepatitis B Virus (HBV) status assessed and results interpreted within o	Authorization required for non-participating providers.	C	1/1/2022
3520F	Clostridium difficile testing performed (IBD)	Authorization required for non-participating providers.	C	1/1/2022
3550F	LOW RSK THROMBOEMBOLISM	Authorization required for non-participating providers.	C	1/1/2022
3551F	INTRMED RSK THROMBOEMBOLISM	Authorization required for non-participating providers.	C	1/1/2022

3552F	HGH RISK FOR THROMBOEMBOLISM	Authorization required for non-participating providers.	C	1/1/2022
3555F	PT INR MEASUREMENT PERFORMED	Authorization required for non-participating providers.	C	1/1/2022
3570F	RPRT BONE SCINT XREF W XRAY	Authorization required for non-participating providers.	C	1/1/2022
3572F	PT CONSID POSS RISK FX	Authorization required for non-participating providers.	C	1/1/2022
3573F	PT NOT CONSID POSS RISK FX	Authorization required for non-participating providers.	C	1/1/2022
3650F	EEG ORDERED RVWD REQSTD	Authorization required for non-participating providers.	C	1/1/2022
3700F	PSYCH DISORDERS ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
3720F	COGNIT IMPAIRMENT ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
3725F	Screening for depression performed (DEM)	Authorization required for non-participating providers.	C	1/1/2022
3750F	Patient not receiving dose of corticosteroids greater than or equal to 1	Authorization required for non-participating providers.	C	1/1/2022
4000F	TOBACCO USE TXMNT COUNSELING	Authorization required for non-participating providers.	C	1/1/2022
4001F	TOBACCO USE TXMNT PHARMACOL	Authorization required for non-participating providers.	C	1/1/2022
4003F	PT ED WRITE/ORAL PTS W/ HF	Authorization required for non-participating providers.	C	1/1/2022
4004F	PT TOBACCO SCREEN RCVD TLK	Authorization required for non-participating providers.	C	1/1/2022
4005F	PHARM THX FOR OP RXD	Authorization required for non-participating providers.	C	1/1/2022
4008F	Beta-Blocker therapy prescribed or currently being taken (CAD, HF)	Authorization required for non-participating providers.	C	1/1/2022
4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor	Authorization required for non-participating providers.	C	1/1/2022
4011F	ORAL ANTIPLATELET THERAPY PRESCRIBED1	Authorization required for non-participating providers.	C	1/1/2022
4012F	WARFARIN THERAPY RX	Authorization required for non-participating providers.	C	1/1/2022
4013F	Statin therapy prescribed or currently being taken (CAD)	Authorization required for non-participating providers.	C	1/1/2022
4014F	WRITTEN DISCHARGE INSTR PRVD	Authorization required for non-participating providers.	C	1/1/2022
4015F	PERSIST ASTHMA MEDICINE CTRL	Authorization required for non-participating providers.	C	1/1/2022
4016F	ANTI-INFLAMMATORY/ANALGESIC AGT PRESCRIBED	Authorization required for non-participating providers.	C	1/1/2022
4017F	GI PROPH NSAID USE PRESCRIBED	Authorization required for non-participating providers.	C	1/1/2022
4018F	THER XERS INVOLVED JT PRESCRIBED	Authorization required for non-participating providers.	C	1/1/2022
4019F	DOC RECPT COUNSL VIT D/CALC+	Authorization required for non-participating providers.	C	1/1/2022
4025F	INHALED BRONCHODILATOR PRESCRIBED (COPD)	Authorization required for non-participating providers.	C	1/1/2022
4030F	LONG TERM OXYGEN THERAPY PRESCRIBED	Authorization required for non-participating providers.	C	1/1/2022
4033F	PULMONARY REHABILITATION EXERCISE TRAINING RECOMMENDED (COPD)	Authorization required for non-participating providers.	C	1/1/2022
4035F	INFLUENZA IMM REC	Authorization required for non-participating providers.	C	1/1/2022
4037F	INFLUENZA IMM ORDER/ADMIN	Authorization required for non-participating providers.	C	1/1/2022
4040F	PNEUMOC VAC/ADMIN/RCVD	Authorization required for non-participating providers.	C	1/1/2022
4041F	DOC ORDER CEFAZOLIN/CEFUROX	Authorization required for non-participating providers.	C	1/1/2022
4042F	DOC ANTIBIO NOT GIVEN	Authorization required for non-participating providers.	C	1/1/2022
4043F	DOC ORDER GIVEN STOP ANTIBIO	Authorization required for non-participating providers.	C	1/1/2022
4044F	DOC ORDER GIVEN VTE PROPHYLX	Authorization required for non-participating providers.	C	1/1/2022
4045F	APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED	Authorization required for non-participating providers.	C	1/1/2022
4046F	DOC ANTIBIO GIVEN B/4 SURG	Authorization required for non-participating providers.	C	1/1/2022
4047F	DOC ANTIBIO GIVEN B/4 SURG	Authorization required for non-participating providers.	C	1/1/2022
4048F	DOC ANTIBIO GIVEN B/4 SURG	Authorization required for non-participating providers.	C	1/1/2022
4049F	DOC ORDER GIVEN STOP ANTIBIO	Authorization required for non-participating providers.	C	1/1/2022
4050F	HT CARE PLAN DOC	Authorization required for non-participating providers.	C	1/1/2022
4051F	REFERRED FOR AN ARTERIO-VEINOUS (AV) FISTULA	Authorization required for non-participating providers.	C	1/1/2022
4052F	HEMODIALYSIS VIA AV FISTULA	Authorization required for non-participating providers.	C	1/1/2022
4053F	HEMODIALYSIS VIA AV GRAFT	Authorization required for non-participating providers.	C	1/1/2022
4054F	HEMODIALYSIS VIA CATHETER	Authorization required for non-participating providers.	C	1/1/2022
4055F	PT. RCVNG PERITON DIALYSIS	Authorization required for non-participating providers.	C	1/1/2022
4056F	APPROP. ORAL REHYD. RECOMM'D	Authorization required for non-participating providers.	C	1/1/2022
4058F	PED GASTRO ED GIVEN CAREGVR	Authorization required for non-participating providers.	C	1/1/2022

4060F	PSYCH SVCS PROVIDED	Authorization required for non-participating providers.	C	1/1/2022
4062F	PT REFERRAL PSYCH DOC'D	Authorization required for non-participating providers.	C	1/1/2022
4063F	ANTIDEPRES RXTHXPY NOT RXD	Authorization required for non-participating providers.	C	1/1/2022
4064F	ANTIDEPRESSANT RX	Authorization required for non-participating providers.	C	1/1/2022
4065F	ANTI PSYCHOTIC RX	Authorization required for non-participating providers.	C	1/1/2022
4066F	ECT PROVIDED	Authorization required for non-participating providers.	C	1/1/2022
4067F	PT REFERRAL FOR ECT DOC'D	Authorization required for non-participating providers.	C	1/1/2022
4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)	Authorization required for non-participating providers.	C	1/1/2022
4070F	DVT PROPHYLX REC'D DAY 2	Authorization required for non-participating providers.	C	1/1/2022
4073F	ORAL ANTIPLAT THX RX DISCHRG	Authorization required for non-participating providers.	C	1/1/2022
4075F	ANTICOAG THX RX AT DISCHRG	Authorization required for non-participating providers.	C	1/1/2022
4077F	DOC T-PA ADMIN CONSIDERED	Authorization required for non-participating providers.	C	1/1/2022
4079F	DOC REHAB SVCS CONSIDERED	Authorization required for non-participating providers.	C	1/1/2022
4084F	ASPIRIN REC'D W/IN 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
4086F	Aspirin or clopidogrel prescribed (CAD)	Authorization required for non-participating providers.	C	1/1/2022
4090F	PT RCVNG EPO THXPY	Authorization required for non-participating providers.	C	1/1/2022
4095F	PT NOT RCVNG EPO THXPY	Authorization required for non-participating providers.	C	1/1/2022
4100F	BIPHOS THXPY VEIN ORD/REC'VD	Authorization required for non-participating providers.	C	1/1/2022
4110F	INT. MAM ART USED FOR CABG	Authorization required for non-participating providers.	C	1/1/2022
4115F	BETA BLCKR ADMIN W/IN 24 HRS	Authorization required for non-participating providers.	C	1/1/2022
4120F	ANTIBIOTIC PRESCRIBED OR DISPENSED	Authorization required for non-participating providers.	C	1/1/2022
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED	Authorization required for non-participating providers.	C	1/1/2022
4130F	TOPICAL PREP RX AOE	Authorization required for non-participating providers.	C	1/1/2022
4131F	SYST ANTIMICROBIAL THX RX	Authorization required for non-participating providers.	C	1/1/2022
4132F	NO SYST ANTIMICROBIAL THX RX	Authorization required for non-participating providers.	C	1/1/2022
4133F	ANTIHIST/DECONG RX/RECOM	Authorization required for non-participating providers.	C	1/1/2022
4134F	NO ANTIHIST/DECONG RX/RECOM	Authorization required for non-participating providers.	C	1/1/2022
4135F	SYSTEMIC CORTICOSTEROIDS RX	Authorization required for non-participating providers.	C	1/1/2022
4136F	SYST CORTICOSTEROIDS NOT RX	Authorization required for non-participating providers.	C	1/1/2022
4140F	Inhaled corticosteroids prescribed (Asthma)	Authorization required for non-participating providers.	C	1/1/2022
4142F	Corticosteroid sparing therapy prescribed (IBD)	Authorization required for non-participating providers.	C	1/1/2022
4144F	Alternative long-term control medication prescribed (Asthma)	Authorization required for non-participating providers.	C	1/1/2022
4145F	Two or more anti-hypertensive agents prescribed or currently being taken	Authorization required for non-participating providers.	C	1/1/2022
4148F	HEP A VAC INJXN ADMIN/RECVD	Authorization required for non-participating providers.	C	1/1/2022
4149F	HEP B VACCINE ADMIN/RECVD	Authorization required for non-participating providers.	C	1/1/2022
4150F	PT RCVNG ANTIVIR TXMNT HEP C	Authorization required for non-participating providers.	C	1/1/2022
4151F	PT NOT RCVNG ANTIVIR HEP C	Authorization required for non-participating providers.	C	1/1/2022
4153F	COMBO PEGINTF/RIB RX	Authorization required for non-participating providers.	C	1/1/2022
4155F	HEP A VAC SERIES PREV RECVD	Authorization required for non-participating providers.	C	1/1/2022
4157F	HEP B VAC SERIES PREV RECVD	Authorization required for non-participating providers.	C	1/1/2022
4158F	PT CNSLD RE RISKS OH USE	Authorization required for non-participating providers.	C	1/1/2022
4159F	CONTRCP TALK B/4 ANTIV TXMNT	Authorization required for non-participating providers.	C	1/1/2022
4163F	PT TLK 4 TXMNT OPTS 4 PROS CANCER B/4 TXMNT	Authorization required for non-participating providers.	C	1/1/2022
4164F	ADJUVANT HORMONAL THXPY RX/ADMIN	Authorization required for non-participating providers.	C	1/1/2022
4165F	3D-CRT OR INTENSITY MODUL RAD THXPY REC'VD	Authorization required for non-participating providers.	C	1/1/2022
4167F	HEAD-BED ELEV 30-45 DEG 1ST VENT DAY ORDERED	Authorization required for non-participating providers.	C	1/1/2022
4168F	PT RCVG CARE ICU & RCVNG MECH VENT 24HRS OR LESS	Authorization required for non-participating providers.	C	1/1/2022
4169F	PT NOT RCVG CARE IN ICU/NOT RCVG MECHL VENT	Authorization required for non-participating providers.	C	1/1/2022
4171F	PATIENT RECEIVING (ESA) THERAPY	Authorization required for non-participating providers.	C	1/1/2022

4172F	PATIENT NOT RECEIVING (ESA) THERAPY	Authorization required for non-participating providers.	C	1/1/2022
4174F	TLK VIS FXN & QUAL LIFE/TRXMNT 4 PT/CRGVR	Authorization required for non-participating providers.	C	1/1/2022
4175F	VIS OF >= 20/40 DONE W/IN 90 DAYS OF SURG	Authorization required for non-participating providers.	C	1/1/2022
4176F	TLK RE UV LT PROT/LACK VALUE OF NUTR 2 STOP CAT	Authorization required for non-participating providers.	C	1/1/2022
4177F	TLK RE GOOD/BAD AREDSPREV PROGRAMD2 PT/CRGVR	Authorization required for non-participating providers.	C	1/1/2022
4178F	ANTI-D IG RCVD B/N 26-30 WKS GESTATION	Authorization required for non-participating providers.	C	1/1/2022
4179F	TAMOXIFEN OR AROMATASE INHIBITOR (AI) RX'D	Authorization required for non-participating providers.	C	1/1/2022
4180F	ADIV THXPYRXD/RCVD STG3	Authorization required for non-participating providers.	C	1/1/2022
4181F	CONFORMAL RADIATION THERAPY RECEIVED	Authorization required for non-participating providers.	C	1/1/2022
4182F	CONFORMAL RADIATION THERAPY NOT RECEIVED	Authorization required for non-participating providers.	C	1/1/2022
4185F	NONSTOP 12MON THXPY W/ PPI OR H2 H2RA RCVD	Authorization required for non-participating providers.	C	1/1/2022
4186F	NO CONTIN 12MON THXPY W/ PPI OR H2 H2RA RCVD	Authorization required for non-participating providers.	C	1/1/2022
4187F	DIS MODIFY ANTI-RHEU DRUG THXPY RX/GVN	Authorization required for non-participating providers.	C	1/1/2022
4188F	APPROP ACE/ARB THXP MONIT TEST ORDRD/DONE	Authorization required for non-participating providers.	C	1/1/2022
4189F	APPROP DIGOXIN THXP MONIT TST ORDRD/DONE	Authorization required for non-participating providers.	C	1/1/2022
4190F	APPROP DIURETIC THXP MONIT TST ORDRD/DONE	Authorization required for non-participating providers.	C	1/1/2022
4191F	APPROP ANTICONVUL THXP MONIT TST ORDRD/DONE	Authorization required for non-participating providers.	C	1/1/2022
4192F	PT NOT RCVNG GLUCOCO THXPY	Authorization required for non-participating providers.	C	1/1/2022
4193F	PT RCVNG<10MG DAILY PREDNISO	Authorization required for non-participating providers.	C	1/1/2022
4194F	PT RCVNG>10MG DAILY PREDNISO	Authorization required for non-participating providers.	C	1/1/2022
4195F	PT RCVNG ANTI-RHEUM THXPY RA	Authorization required for non-participating providers.	C	1/1/2022
4196F	PTNOT RCVNG ANTI-RHM THXPYRA	Authorization required for non-participating providers.	C	1/1/2022
4200F	EXTERNAL BEAM TO PROST+/-NOD	Authorization required for non-participating providers.	C	1/1/2022
4201F	EXTRNL BM THXPY+/-NODAL IRAD	Authorization required for non-participating providers.	C	1/1/2022
4210F	ACE/ARB MED THXPY >= 6 MONTHS	Authorization required for non-participating providers.	C	1/1/2022
4220F	DIGOXIN MEDICATION THERAPY FOR 6 MONTHS OR MORE	Authorization required for non-participating providers.	C	1/1/2022
4221F	DIURETIC MEDICATION THERAPY FOR 6 MONTHS OR MORE	Authorization required for non-participating providers.	C	1/1/2022
4230F	ANTICONVUL MED THERAPY FOR 6 MONTHS OR MORE	Authorization required for non-participating providers.	C	1/1/2022
4240F	INSTR XRCZ BACK PAIN 12 WKS	Authorization required for non-participating providers.	C	1/1/2022
4242F	TLK RE SPRVSD XRCZ PROG TO PTS FOR BK PN>12WKS	Authorization required for non-participating providers.	C	1/1/2022
4245F	PT TLK 1ST VST TO KEEP/RESUME NORMAL ACTIVITIES	Authorization required for non-participating providers.	C	1/1/2022
4248F	PT TLK 1ST VST BK PN AGNST BED REST >=4 DAYS	Authorization required for non-participating providers.	C	1/1/2022
4250F	WRMNG 4 SURG - NORMOTHERMIA	Authorization required for non-participating providers.	C	1/1/2022
4255F	ANESTH 60 MIN/> AS DOCD	Authorization required for non-participating providers.	C	1/1/2022
4256F	ANESTHE <60 MIN AS DOCD	Authorization required for non-participating providers.	C	1/1/2022
4260F	WOUND SRFC CULTURETECH USED	Authorization required for non-participating providers.	C	1/1/2022
4261F	TECH OTHER THAN SURFC CULTR	Authorization required for non-participating providers.	C	1/1/2022
4265F	WET-DRY DRESSINGS RX-RECMD	Authorization required for non-participating providers.	C	1/1/2022
4266F	NO WET-DRY DRSSINGS RX-RECMD	Authorization required for non-participating providers.	C	1/1/2022
4267F	COMPRSSION THXPY PRESCRIBED	Authorization required for non-participating providers.	C	1/1/2022
4268F	PT ED RE COMP THXPY RCVD	Authorization required for non-participating providers.	C	1/1/2022
4269F	APPROPOS MTHD OFFLOADING RXD	Authorization required for non-participating providers.	C	1/1/2022
4270F	PT RCVNG ANTI R-VIRAL THXPY	Authorization required for non-participating providers.	C	1/1/2022
4271F	PT RCVNG ANTI R-VIRAL THXPY	Authorization required for non-participating providers.	C	1/1/2022
4274F	FLU IMMUNO ADMIN'D RCVD	Authorization required for non-participating providers.	C	1/1/2022
4276F	POTENT ANTIVIR THXPY RXD	Authorization required for non-participating providers.	C	1/1/2022
4279F	PCP PROPHYLAXIS RXD	Authorization required for non-participating providers.	C	1/1/2022
4280F	PCP PROPHYLAX RXD 3MON LOW %	Authorization required for non-participating providers.	C	1/1/2022
4290F	PT SCRNEF FOR INJ DRUG USE	Authorization required for non-participating providers.	C	1/1/2022

4293F	PT SCRND - HGH-RSK SEX BEHAV	Authorization required for non-participating providers.	C	1/1/2022
4300F	PT RCVNG WARF THXPY	Authorization required for non-participating providers.	C	1/1/2022
4301F	PT NOT RCVNG WARF THXPY	Authorization required for non-participating providers.	C	1/1/2022
4305F	PT ED RE FT CARE INSPCT RCVD	Authorization required for non-participating providers.	C	1/1/2022
4306F	PT TLK PSYCH & RX OPD ADDIC	Authorization required for non-participating providers.	C	1/1/2022
4320F	PT TALK PSYCHSOC+RX OH DPND	Authorization required for non-participating providers.	C	1/1/2022
4322F	Caregiver provided with education and referred to additional resources f	Authorization required for non-participating providers.	C	1/1/2022
4324F	PT QUERIED PRKNS COMPLIC	Authorization required for non-participating providers.	C	1/1/2022
4325F	MED TXMNT OPTIONS REVWD W/PT	Authorization required for non-participating providers.	C	1/1/2022
4326F	PT ASKED RE SYMPT AUTO DYFXN	Authorization required for non-participating providers.	C	1/1/2022
4328F	PAT ASKED RE SLEEP DISTURB	Authorization required for non-participating providers.	C	1/1/2022
4330F	CNSLNG EPI SPEC SFTY ISSUES	Authorization required for non-participating providers.	C	1/1/2022
4340F	CNSLNG CHILDBRNG+ WOMEN EPI	Authorization required for non-participating providers.	C	1/1/2022
4350F	Counseling provided on symptom management, end of life decisions, and	Authorization required for non-participating providers.	C	1/1/2022
43850I		Authorization required for non-participating providers.	C	1/1/2022
4400F	REHAB THXPY OPTIONS W/PT	Authorization required for non-participating providers.	C	1/1/2022
4450F	Self-care education provided to patient (HF)	Authorization required for non-participating providers.	C	1/1/2022
4470F	Implantable Cardioverter-Defibrillator (ICD) counseling provided (HF)	Authorization required for non-participating providers.	C	1/1/2022
4480F	Patient receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy for	Authorization required for non-participating providers.	C	1/1/2022
4481F	Patient receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy for	Authorization required for non-participating providers.	C	1/1/2022
4500F	Referred to an outpatient cardiac rehabilitation program (CAD)	Authorization required for non-participating providers.	C	1/1/2022
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (Authorization required for non-participating providers.	C	1/1/2022
4525F	Neuropsychiatric intervention ordered (DEM)	Authorization required for non-participating providers.	C	1/1/2022
4526F	Neuropsychiatric intervention received (DEM)	Authorization required for non-participating providers.	C	1/1/2022
5005F	PT COUNSLD ON EXAM FOR MOLES	Authorization required for non-participating providers.	C	1/1/2022
5010F	MACUL RESULT PHY/QHP MNG DM	Authorization required for non-participating providers.	C	1/1/2022
5015F	DOC FX & TEST/TXMNT FOR OP	Authorization required for non-participating providers.	C	1/1/2022
5020F	TXMNTS 2 PHYS/QHP BY 1 MON	Authorization required for non-participating providers.	C	1/1/2022
5050F	TRXTMNT PLN TO PRVDR MNGNG CARE W/IN 1MON OF DIAG	Authorization required for non-participating providers.	C	1/1/2022
5060F	FNDNGS DIAG MAM TO MNGNG PRACT W/IN 3DAYS INTERP	Authorization required for non-participating providers.	C	1/1/2022
5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS PHONE/PERSON	Authorization required for non-participating providers.	C	1/1/2022
5100F	RSK FX REF W/N 24 HRS XRAY	Authorization required for non-participating providers.	C	1/1/2022
5200F	EVAL APPROX SURG THXPY EPI	Authorization required for non-participating providers.	C	1/1/2022
5250F	Asthma discharge plan present (Asthma)	Authorization required for non-participating providers.	C	1/1/2022
6005F	RATIONALE	Authorization required for non-participating providers.	C	1/1/2022
6010F	DYSPHAG TEST DONE B/4 EATING	Authorization required for non-participating providers.	C	1/1/2022
6015F	PT RCVNG/OK FOR EATING/SWALLOWING	Authorization required for non-participating providers.	C	1/1/2022
6020F	NPO (NOTHING-MOUTH) ORDERED	Authorization required for non-participating providers.	C	1/1/2022
6030F	MAX STERILE BARRIERS FLWD	Authorization required for non-participating providers.	C	1/1/2022
6040F	USE APPROP RAD DOSE RDXN DEV/MAN TECHS DOCD	Authorization required for non-participating providers.	C	1/1/2022
6045F	RAD XPSR/TIME IN LAST REPORT FLUORO PRXD DOC'D	Authorization required for non-participating providers.	C	1/1/2022
6070F	PT ASKED/CNSLD AED EFFECTS	Authorization required for non-participating providers.	C	1/1/2022
6080F	PT/CAREGIVER QUERIED FALLS	Authorization required for non-participating providers.	C	1/1/2022
6090F	PT/CAREGIVER QUERIED-SAFETY	Authorization required for non-participating providers.	C	1/1/2022
6100F	VERIFY PT SITE PXD DOCD	Authorization required for non-participating providers.	C	1/1/2022
6101F	Safety counseling for Dementia provided (DEM)	Authorization required for non-participating providers.	C	1/1/2022
6102F	Safety counseling for dementia ordered (DEM)	Authorization required for non-participating providers.	C	1/1/2022
6110F	Counseling provided regarding risks of driving and the alternative to dr	Authorization required for non-participating providers.	C	1/1/2022
6150F	Patient not receiving a first course of anti-TNF (tumor necrosis factor)	Authorization required for non-participating providers.	C	1/1/2022

7010F	PT INFO INTO RECALL SYSTEM	Authorization required for non-participating providers.	C	1/1/2022
7020F	BRST IMAG-RPRTNG & DATA SYS ASSESS CAT IN DBASE	Authorization required for non-participating providers.	C	1/1/2022
7025F	PT INFO INTO CUE SYS W/ TARGET MAMMO DUE DATE	Authorization required for non-participating providers.	C	1/1/2022
9001F	AORTIC ANEURYSM<5CM DIAM CT	Authorization required for non-participating providers.	C	1/1/2022
9002F	AORTIC ANEURYSM 5-5.4CM DIAM	Authorization required for non-participating providers.	C	1/1/2022
9003F	AORTIC ANRYSM5.5-5.4CM DIAM	Authorization required for non-participating providers.	C	1/1/2022
9004F	AORTIC ANRYSM 6/GRTR CM DIAM	Authorization required for non-participating providers.	C	1/1/2022
9005F	ASYMPT CAROT/VRTBRBAS STEN	Authorization required for non-participating providers.	C	1/1/2022
9006F	SYMPT STEN-TIA/STRK<120DAYS	Authorization required for non-participating providers.	C	1/1/2022
9007F	OTHER CAROT STEN120DAYS/GRTR	Authorization required for non-participating providers.	C	1/1/2022
A0430	AMB SRV CONV AIR TRANS 1W FIX WING	Authorization required for all providers.	Y	1/1/2022
A0435	FIXED WING AIR MILEAGE P/STATUTE MI	Authorization required for all providers.	Y	1/1/2022
A4212	NON CORING NEEDLE/STYLET W/O CATHETER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4213	SYRINGE STERILE 20CC/GREATER EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4217	STERILE WATER/SALINE 500 ML	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4220	REFILL KIT FOR IMPLNT INFUSION PUMP	Authorization required for all providers.	Y	1/1/2022
A4221	SUPS MAINT NON-INS RX INFUS CATH PW	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4222	SUPP EXT DRUG INFUS PUMP PER CASSETTE/BAG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4223	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG	Authorization required for all providers.	Y	1/1/2022
A4224	SUPPLY INSULIN INF CATH/WK	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4225	SUP/EXT INSULIN INF PUMP SYR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4226	SPL MAINT INS IP DR ADJ USING TX CONT G SENS WK	Authorization required for non-participating providers.	C	1/1/2022
A4233	REPLACE BATTERY ALKALINE OTH THAN J CELL USE W MED NEC HM BL GL MON	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4234	REPLACE BATTERY ALKALINE J CELL FOR USE W MED NEC HM BL GLUCOSE MONITOR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4235	REPLACE BATTERY LITHIUM FOR USE W MED NEC HOME BLOOD GLUCOSE MONITOR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4236	REPLACE BATTERY LITHIUM FOR USE W MED NEC HOME BLOOD GLUCOSE MONITOR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4265	PARAFFIN, PER POUND	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A4268	CONTRACEPT SUPPLY CONDOM FEMALE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4284	BRST SHIELD&SPLSH PROTCTR PUMP REPL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4310	INSERT TRAY WO DRAIN BAG/CATHETER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4311	INSERT TRAY WO DRAIN BAG W/INDWELL CATH LATEX	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4312	INSERT TRAY WO DRAIN BAG W/INDWELL CATH SILICON	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4313	INSERT TRAY WO DRAIN BAG W/3 WAY INDWELL CATH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4314	INSERT TRAY W/DRAIN BAG & INDWELL CATH LATEX	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4315	INSERT TRAY W/DRAIN BAG & INDWELL CATH SILICONE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4316	INSERT TRAY W/DRAIN BAG & 3/WAY INDWELL CATH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4320	IRRIGATION TRAY W/BULB/PISTON SYRINGE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4322	IRRIGATION SYRINGE BULB/PISTON EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY T	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4327	FEMALE EXT URINARY COLLECT DEVICE; METAL CUP EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4328	FEMALE EXT URINARY COLLECT DEVICE POUCH EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4330	PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4331	EXT DRAIN TUBING W/CNCTR/ADPTR EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4332	LUBE IND STR PKT-URIN CATH INS EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4333	URING CATH ANC DEV ADHES SKIN ATT EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4334	URIN CATH ANCHRG DEV LEG STRAP EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A4338	INDW CATH FOLEY 2 WAY ATEX W/COATING EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4340	INDWELL CATH SPECIALTY TYPE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4344	INDW CATH FOLEY 2 WAY SILICONE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4349	MALE EXTERNAL CATHETER W/WO ADHES DISPOSABLE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4351	INTERMITTENT URINARY CATH STRAIGHT TIP EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4352	INTERMITTENT URINARY CATH COUDE TIP EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4353	INTERMITTENT URINARY CATHETER W/INSERTION SUPP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4355	IRRIG TUB SET CONT IRRIG VIA FOLEY EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4356	EXT URETHRAL CLAMP/COMPRESS DEVICE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4357	BDSO DRBG DAY/NIGHT W/WO TUB/ANTIREFLUX EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4358	URINARY LEG BAG VINYL W/WO TUB EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4360	DISPOSABLE EXT URETHRAL DEV	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4421	OSTOMY SUPPLY MISC	Authorization required for all providers.	Y	1/1/2022
A4450	TAPE NON-WATERPROOF-18 SQUARE IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4452	TAPE WATERPROOF PER 18 SQUARE IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4456	ADHESIVE REMOVER, WIPES	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4459	MANUAL PUMP ENEMA, REUSABLE	Authorization required for all providers.	Y	1/1/2022
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4465	NONELASTIC BINDER FOR EXTREM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4467	BELT STRAP SLEEV GRMNT COVER	Authorization required for all providers.	Y	1/1/2022
A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE-EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4555	CA TX E-STIM ELECTR/TRANSDUC	Authorization required for all providers.	Y	1/1/2022
A4556	ELECTRODES (APNEA MONITOR)	Authorization required for all providers.	Y	1/1/2022

A4557	LEAD WIRES (APNEA MONITOR)	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4558	CONDUCTIVE GEL OR PASTE FOR USE WITH ELECTRICAL DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4565	SLINGS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4566	SHOULD SLING/VEST/ABRESTRAIN	Authorization required for all providers.	Y	1/1/2022
A4595	ELEC STIM SUPPLIES 2 LEAD PER MONTH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4604	TUBING W INTEGRATED HEATING ELEMENT USE W POSITIVE AIRWAY PRESSURE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4605	GAUZE, ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4606	O2 PROBE W/OXIMETER DEVICE REPLCMT	Authorization required for all providers.	Y	1/1/2022
A4615	CANNULA NASAL	Authorization required for all providers.	Y	1/1/2022
A4619	FACE TENT	Authorization required for all providers.	Y	1/1/2022
A4623	TRACHEOSTOMY, INNER CANNULA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4624	TRACHEAL SUCTN CATH NOT CLOS SYS EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4626	TRACHEOSTOMY CLEANING BRUSH EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4629	TRACH CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4630	REPLACE BATTERY MED NECESSARY TENS PT OWN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4635	UNDERARM PAD CRUTCH REPLACEMENT EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4636	REPLACE HANDGRIP CANE CRUTCH WALKER EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4637	REPLACE TIP CANE CRUTCH WALKER EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4640	REPLACE PAD MED NEC ALT PRESSURE PAD PT OWN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4649	SURGICAL SUPPLY MISC	Authorization required for all providers.	Y	1/1/2022
A4660	SPHYGMOMANOMETER/BP W/CUFF&STETH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4663	BLOOD PRESSURE CUFF ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4927	GLOVES NON-STERILE PER 100	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4930	GLOVES STERILE PER PAIR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4931	ORL THERMOMETER REUSBL ANY TYPE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A4932	RECTAL THERMOMETER REUSBL TYPE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A5056	1 PC OST POUCH W FILTER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A5057	1 PC OST POU W BUILT-IN CONV	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A5105	URINARY SUSPENSORY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A5112	URINARY LEG BAG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A5113	LEG STRAP LATEX REPLCE ONLY PER SET	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A5114	LEG STRAP FOAM/FABRIC REPLAC ONLY PER SET	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A5200	PERCUT CATH/TUBE ANCHOR DEV ADHES SKIN ATT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6000	NON CONTACT WOUND WARMING WOUND COVER	Authorization required for all providers.	Y	1/1/2022
A6010	COLLAGEN BASED WOUND FILLER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6011	COLLAGEN GEL/PASTE WOUND FIL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6021	COLLAGEN DRESSING <=16 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6022	COLLAGEN DRSG>16<=48 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6023	COLLAGEN DRESSING >48 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6024	COLLAGEN DSG WOUND FILLER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6154	WOUND POUCH-EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A6196	ALGINATE DRESSING <=16 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6197	ALGINATE DRSG >16 <=48 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6198	ALGINATE DRESSING > 48 SQ IN	Authorization required for all providers.	Y	1/1/2022
A6199	ALGINATE DRSG WOUND FILLER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6203	COMPOSITE DRSG <= 16 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6204	COMPOSITE DRSG >16<=48 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6205	COMPOSITE DRSG > 48 SQ IN	Authorization required for all providers.	Y	1/1/2022
A6206	CONTACT LAYER <= 16 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6207	CONTACT LAYER >16<= 48 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6208	CONTACT LAYER > 48 SQ IN	Authorization required for all providers.	Y	1/1/2022
A6209	FOAM DRSG <=16 SQ IN W/O BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6210	FOAM DRG >16<=48 SQ IN W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6211	FOAM DRG > 48 SQ IN W/O BRDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6212	FOAM DRG <=16 SQ IN W/BORDER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6213	FOAM DRG >16<=48 SQ IN W/BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6214	FOAM DRG > 48 SQ IN W/BORDER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6215	FOAM DRESSING WOUND FILLER	Authorization required for all providers.	Y	1/1/2022
A6216	GZE NON-IMPG/STER <=16 SQ IN WO ADHES BORD-EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6217	GZE NON-IMPG/STER >16 <=48 SQ IN WO ADHES-EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6218	GZE NON-IMPG/STER 48 SQ IN W/O ADHES BORD-EA	Authorization required for all providers.	Y	1/1/2022
A6219	GAUZE <= 16 SQ IN W/BORDER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6220	GAUZE >16 <=48 SQ IN W/BORDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6221	GAUZE > 48 SQ IN W/BORDER	Authorization required for all providers.	Y	1/1/2022

A6222	GAUZE <=16 IN NO W/SAL W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6223	GAUZE >16<=48 NO W/SAL W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6224	GAUZE > 48 IN NO W/SAL W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6228	GAUZE <= 16 SQ IN WATER/SAL	Authorization required for all providers.	Y	1/1/2022
A6229	GAUZE >16<=48 SQ IN WATR/SAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6230	GAUZE > 48 SQ IN WATER/SALNE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6231	HYDROGEL DSG<=16 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6232	HYDROGEL DSG>16<=48 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6234	HYDROCOLLD DRG <=16 W/O BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6235	HYDROCOLLD DRG >16<=48 W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6236	HYDROCOLLD DRG > 48 IN W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6237	HYDROCOLLD DRG <=16 IN W/BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6238	HYDROCOLLD DRG >16<=48 W/BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6239	HYDROCOLLD DRG > 48 IN W/BDR	Authorization required for all providers.	Y	1/1/2022
A6240	HYDROCOLLD DRG FILLER PASTE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6241	HYDROCOLLOID DRG FILLER DRY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6242	HYDROGEL DRG <=16 IN W/O BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6243	HYDROGEL DRG >16<=48 W/O BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6244	HYDROGEL DRG >48 IN W/O BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6245	HYDROGEL DRG <= 16 IN W/BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6246	HYDROGEL DRG >16<=48 IN W/B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A6247	HYDROGEL DRG > 48 SQ IN W/B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6248	HYDROGEL DRSG GEL FILLER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6250	SKIN SEALANTS PROTECT MOISTURIZER ANY TYPE/SIZE	Authorization required for all providers.	Y	1/1/2022
A6251	ABSORPT DRG <=16 SQ IN W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6252	ABSORPT DRG >16 <=48 W/O BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6253	ABSORPT DRG > 48 SQ IN W/O B	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6254	ABSORPT DRG <=16 SQ IN W/BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6255	ABSORPT DRG >16<=48 IN W/BDR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6256	ABSORPT DRG > 48 SQ IN W/BDR	Authorization required for all providers.	Y	1/1/2022
A6257	TRANSPARENT FILM <= 16 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6258	TRANSPARENT FILM >16<=48 IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6259	TRANSPARENT FILM > 48 SQ IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6260	WOUND CLEANSER ANY TYPE/SIZE	Authorization required for all providers.	Y	1/1/2022
A6261	WOUND FILLER GEL/PASTE /OZ	Authorization required for all providers.	Y	1/1/2022
A6262	WOUND FILLER DRY FORM / GRAM	Authorization required for all providers.	Y	1/1/2022
A6266	IMPREG GAUZE NO H2O/SAL/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6402	GAUZE NON-IMPREG STER <=16 SQ IN WO ADHES-EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6403	GAUZE NON-IMPREG STER >16<=48 SQ IN WO ADHES-EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6404	GAUZE NON-IMPREG STER >48 SQ IN WO ADHES-EA	Authorization required for all providers.	Y	1/1/2022
A6407	PACKING STRIPS, NON-IMPREG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6410	EYE PAD STERILE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6411	EYE PAD NON-STERILE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6412	EYE PATCH OCCLUSIVE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A6441	PAD BNDG/N-ELAST/N-WVN/N-KNTTD/WIDTH>OR=TO 3 INCH&LESS 5 INCH/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6442	CNFRMNG BNDG/N-ELAS, KNTTD/WVN/N-STERILE, WIDTH LESS 3 INCH/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6443	CNF BNDG/N-ELAS/KNTTD/WVN/N-STERILE/WIDTH >OR=TO 3 IN&LESS 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6444	CNF BNDG/N-ELAS/KNTTD/WOVEN/N-STERILE, WIDTH >OR=TO 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6445	CNF BNDG/N-ELAS/KNTTD/WOVEN, STERILE, WIDTH LESS 3 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6446	CNF BNDG/N-ELAS/KNTTD/WOVEN, STERILE, WIDTH >OR=3 IN&LESS 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6447	CNF BNDG/N-ELAS/KNTTD/WVN/STERILE/WIDTH >OR=TO 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6448	LGHT CMPRSSN BNDG/ELAS/KNTTD/WVN/WIDTH LESS 3 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6449	LGHT CMPRSSN BNDG/ELAS/KNTTD/WVN/WIDTH>OR=TO 3&LESS 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6450	LGHT CMPRSSN BNDG/ELAS/KNTTD/WVN/WIDTH>OR=TO 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6451	MDRT CMPRSSN BNDG/ELAS/KNTTD/WVN/RESSTNC1.25-1.34 FT@50% STRECH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6452	HGH CMPR BNDG/ELAS/KNTTD/WVN/RSST>OR=1.35FT/50%STRT/ WID>OR=3IN&LESS5IN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6453	SELF-ADHER BNDG/ELAS/N-KNTTD/N-WVN/WIDTH LESS 3 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6454	SELF-ADHET BNDG/ELAS/N-KNTTD/N-WVN/WIDTH>OR=TO 3 IN&LESS 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6455	SELF-ADHER BNDG/ELAS/N-KNTTD/N-WVN/WIDTH>OR=TO 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6456	ZINC PST IMPRNTD BNDG/N-ELAS/KNTTD/WVN/WIDTH>OR=TO 3 IN&LESS 5 IN/YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6457	TUBULAR DRESSING W OR W/O ELASTIC ANY WIDTH /LINEAR YARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6501	COMPRS BURN GARMNT BDYSUIT CSTM FAB	Authorization required for all providers.	Y	1/1/2022
A6502	COMPRS BRN GARMNT CHIN STRAP CSTM	Authorization required for all providers.	Y	1/1/2022
A6503	COMPRS BRN GARMNT FCE HOOD CSTM FAB	Authorization required for all providers.	Y	1/1/2022
A6504	COMPRS BRN GARMNT GLOV WRST CSTM	Authorization required for all providers.	Y	1/1/2022
A6505	COMPRS BRN GARMNT GLOV ELB CSTM FAB	Authorization required for all providers.	Y	1/1/2022
A6506	COMPRS BURN GARMNT GLOV AX CSTM FAB	Authorization required for all providers.	Y	1/1/2022
A6507	COMPRS BRN GARMNT FT KNEE LEN CSTM	Authorization required for all providers.	Y	1/1/2022

A6508	COMPRS BRN GARMNT FT THI LEN CSTM	Authorization required for all providers.	Y	1/1/2022
A6509	COMPRS BRN GARMNT TRNK WAIST CSTM	Authorization required for all providers.	Y	1/1/2022
A6510	COMPRS BRN GARMNT TRNK ARM LEG OPN	Authorization required for all providers.	Y	1/1/2022
A6511	COMPRS BRN GARMNT LW TRNK LEG OPN	Authorization required for all providers.	Y	1/1/2022
A6512	COMPRESSION BURN GARMENT NOC	Authorization required for all providers.	Y	1/1/2022
A6513	COMPRESSION BURN MASK FACE AND/OR NECK PLASTIC OR EQUAL CUSTOM	Authorization required for all providers.	Y	1/1/2022
A6530	GRADIENT COMPRESSION STOCKING BELOW KNEE 18-30 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6531	GRADIENT COMPRESSION STOCKING BELOW KNEE 30-40 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6532	GRADIENT COMPRESSION STOCKING BELOW KNEE 40-50 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6533	GRADIENT COMPRESSION STOCKING THIGH LENGTH 18-30 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6534	GRADIENT COMPRESSION STOCKING THIGH LENGTH 30-40 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6535	GRADIENT COMPRESSION STOCKING THIGH LENGTH 40-50 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6536	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE 18-30 MMHG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6537	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE 30-40 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6538	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE 40-50 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6539	GRADIENT COMPRESSION STOCKING WAIST LENGTH 18-30 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6540	GRADIENT COMPRESSION STOCKING WAIST LENGTH 30-40 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6541	GRADIENT COMPRESSION STOCKING WAIST LENGTH 40-50 MMHG EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6544	GRADIENT COMPRESSION STOCKING GARTER BELT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6545	GRAD COMP NON-ELASTIC BK	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A6549	G COMPRESSION STOCKING	Authorization required for all providers.	Y	1/1/2022
A7000	CANISTER DISP USED W SUCT PUMP EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7002	TUBING USED W/SUCT PUMP EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7003	ADMIN SET, W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A7005	ADMIN SET W/SMALL VOL NEB NON-DISP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7006	ADMIN SET W/SMALL VOL FLTRED NEB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7007	LG VOL NEB DISP UNFILL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7010	CORRG TUBING DISP USE W/NEB 100 FT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7012	WATER COLLEC DEV USE W/LG VOL NEB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7013	DISPOSABLE COMPRESSOR FILTER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7014	FLTR NONDISP USE W/COMPRES/US GEN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7015	AEROSOL MASK USED WITH DME NEBULIZER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7018	H2O DIST USE W/LG VOL NEB 1000 ML	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7020	INTERFACE, COUGH STIM DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7025	HI FREQ CHST WALL OSCILAT VEST REPL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7026	HI FREQ CHST WALL OSCILAT HOSE REPL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7027	COMBINATION ORAL/NASAL MASK	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7028	REPL ORAL CUSHION COMBO MASK	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7029	REPL NASAL PILLOW COMB MASK	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7031	FCE MASK INTERFCE REPL FULL MASK EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7032	REPLCMT CUSHN NASL APPLIC DEVICE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7033	REPL PILLWS NASL APPLIC DEVC PAIR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7034	NASL INTERFCE POS ARWAY PRSS DEVC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

A7035	HEADGEAR USED W/POS ARWAY PRSS DVC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7036	CHINSTRAP USE W/POS ARWAY PRSS DEVC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7037	TUBING USED W/POS ARWAY PRESS DEVC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7039	FLTR NON DISPBL POS ARWAY PRSS DEVC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7044	ORL INTERFACE W/POS ARWAY PRSS DEVC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7046	WATER CHAMBER/HMDFR/USED W POS AIRWAY PRESS DVCE/RPLCMNT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7047	RESP SUCTION ORAL INTERFACE	Authorization required for all providers.	Y	1/1/2022
A7048	VACUUM DRAIN BOTTLE/TUBE KIT	Authorization required for all providers.	Y	1/1/2022
A7501	TRACHEOSTOMA VALV INC DIAPHRAGM EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7507	INT FILTR & HLDR-HMES/TRACH VALV EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE/N-CFFD/(PVC)/SILICONE OR EQUAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE/CFFD/(PVC)/SILICONE OR EQUAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE/STAINL STEEL OR EQUAL	Authorization required for all providers.	Y	1/1/2022
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7525	TRACHEOSTOMY MASK, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A8000	HELMET, PROTECTIVE, SOFT, PREFAB INCL ALL COMPONENTS & ACCESSORIES	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A8001	HELMET, PROTECTIVE, HARD, PREFAB INCL ALL COMPONENTS & ACCESSORIES	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABR INCL ALL COMPONENTS & ACCESSOR	Authorization required for all providers.	Y	1/1/2022
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABR, INCL ALL COMPONENTS & ACCESSOR	Authorization required for all providers.	Y	1/1/2022

A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	Authorization required for all providers.	Y	1/1/2022
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Authorization required for all providers.	Y	1/1/2022
A9517	RADPHRM TX I-131 SODIUM IOD CAP-MCI	Authorization required for non-participating providers.	C	1/1/2022
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	Authorization required for non-participating providers.	C	1/1/2022
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN THERAPEUTIC TREATMENT DOSE UP TO 40	Authorization required for non-participating providers.	C	1/1/2022
A9563	SODIUM PHOSPHATE P-32 THERAPEUTIC /MILLICURIE	Authorization required for non-participating providers.	C	1/1/2022
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION THERAPEUTIC /MILLICURIE	Authorization required for non-participating providers.	C	1/1/2022
A9590	IODINE I-131 IOBENGUANE 1 MCI	Authorization required for non-participating providers.	C	1/1/2022
A9604	SM 153 LEXIDRONAM	Authorization required for non-participating providers.	C	1/1/2022
A9606	RADIUM RA223 DICHLORIDE THER	Authorization required for non-participating providers.	C	1/1/2022
A9699	SPL RADOPHRM TX IMAG AGT NOC	Authorization required for non-participating providers.	C	1/1/2022
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	Authorization required for all providers.	Y	1/1/2022
A9999	MISCELLANEOUS DME SUPPLY/ACCESS NOS/DEFAULT CODE - USED FOR INFORMATIONA	Authorization required for all providers.	Y	1/1/2022
B4034	ENTER FEED SUPKIT SYR BY DAY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
B4035	ENTERAL FEED SUPP PUMP PER D	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
B4036	ENTERAL FEED SUP KIT GRAV BY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
B4081	NASOGASTRIC TUBING W/STYLET	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
B4082	NASOGASTRIC TUBING WO STYLET	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
B4087	GASTRO/JEJUNO TUBE, STD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
B4088	GASTRO/JEJUNO TUBE, LOW-PRO	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
B4100	FOOD THICKENER ADMINED ORALLY-OUNCE	Authorization required for all providers.	Y	1/1/2022
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Authorization required for all providers.	Y	1/1/2022
B4149	ENTRAL F BLENDERIZD NAT FOODS W/INTACT NUTRIENTS	Authorization required for all providers.	Y	1/1/2022
B4150	ENTRL FRMLA CATEG I SEMI-SYN PROTEIN 100 CAL=1U	Authorization required for all providers.	Y	1/1/2022
B4152	ENTRL FRMLA CATEG II INTACT PROT ISO 100 CAL=1U	Authorization required for all providers.	Y	1/1/2022
B4153	ENTRL FRMLA CATEG III HYDROLYZE PROT 100 CAL=1U	Authorization required for all providers.	Y	1/1/2022
B4154	ENTRL FRMLA CATEG IV DEFINED FORMULA 100 CAL=1U	Authorization required for all providers.	Y	1/1/2022
B4155	ENTRL FRMLA CATEG V MODULAR COMPONENT 100 CAL=1U	Authorization required for all providers.	Y	1/1/2022
B4157	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	Authorization required for all providers.	Y	1/1/2022
B4158	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS	Authorization required for all providers.	Y	1/1/2022
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS	Authorization required for all providers.	Y	1/1/2022
B416	#N/A	Authorization required for all providers.	Y	1/1/2022
B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Authorization required for all providers.	Y	1/1/2022
B4161	EF PED HYDROLYZED/AMINO ACID	Authorization required for all providers.	Y	1/1/2022
B4162	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Authorization required for all providers.	Y	1/1/2022
B4187	OMEGAVEN 10 G LIPIDS	Authorization required for non-participating providers.	C	1/1/2022
B9002	ENTERAL NUTR INFUSION PUMP ANY TYPE	Authorization required for all providers.	Y	1/1/2022
B9998	NOC ENTERAL SUPPLIES	Authorization required for all providers.	Y	1/1/2022
B9999	NOC PARENTERAL SUPPLIES	Authorization required for all providers.	Y	1/1/2022

C1062	INTRAVERTBRAL BODY FRACTURE AUG WITH IMPLANT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	Authorization required for non-participating providers.	C	1/1/2022
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	Authorization required for non-participating providers.	C	1/1/2022
C1734	ORTHOPEDIC/DEVIC/DX MATRIX OPP BTB/SFT TISS-TO BN	Authorization required for non-participating providers.	C	1/1/2022
C1761	CATHETER TRANSLUMINAL IVASC LITHOTRIPSY COR	Authorization required for non-participating providers.	C	1/1/2022
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	Authorization required for non-participating providers.	C	1/1/2022
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	Authorization required for non-participating providers.	C	1/1/2022
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1820	GEN NEUROSTIM RECHRG BATT&CHARG SYS	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1822	GEN NEUROSTIM HI FREQ RECHARG BATT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Authorization required for non-participating providers.	C	1/1/2022
C1824	GENERATOR CARDIAC CONTRACTILITY MODULATION	Authorization required for non-participating providers.	C	1/1/2022
C1825	GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	Authorization required for non-participating providers.	C	1/1/2022
C1831	PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
C1839	IRIS PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
C1840	TELESCOPIC INTRAOCULAR LENS	Authorization required for non-participating providers.	C	1/1/2022
C1879	#N/A	Authorization required for non-participating providers.	C	1/1/2022
C1882	CARDIOVERTER DEFIBRILATOR IMPLANTABLE	Authorization required for non-participating providers.	C	1/1/2022
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1890	NO IMPLANT/INSERTABLE DEVC USED W/DEVIC-INT PROC	Authorization required for non-participating providers.	C	1/1/2022
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C1982	CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL	Authorization required for non-participating providers.	C	1/1/2022
C2596	PROBE IMAGE GUIDED ROBOTIC WATERJET ABLATION	Authorization required for non-participating providers.	C	1/1/2022
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Authorization required for non-participating providers.	C	1/1/2022
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Authorization required for non-participating providers.	C	1/1/2022
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	Authorization required for non-participating providers.	C	1/1/2022
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C2645	BRT PLANAR SOURCE PD-103 PER SQ ML	Authorization required for non-participating providers.	C	1/1/2022
C9046	COCAINE HYDROCHLORIDE NASAL SOL TOP ADMN 1 MG	Authorization required for non-participating providers.	C	1/1/2022
C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9062	INJECTN DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9064	MITOMYCIN PYELOCALYCEAL INSTILLATION 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

C9065	INJECTION ROMIDEPSIN NON-LYPOHILIZED 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9066	INJECTION SACTUZUMAB GOVITECAN-HZIY 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9067	GALLIUM GA-68 DOTATOC DIAGNOSTIC 0.01 MCI	Authorization required for non-participating providers.	C	1/1/2022
C9074	INJECTION LUMASIRAN 0.5 MG	Authorization required for all providers.	Y	1/1/2022
C9075	INJECTION CASIMERSEN 10 MG	Authorization required for all providers.	Y	1/1/2022
C9076	LISOCABTAGENE MARALEUCER PER THERAPEUTIC DOSE	Authorization required for all providers.	Y	1/1/2022
C9077	INJECTION CABOTEGRAVIR AND RILPIVIRINE 2 MG/3 MG	Authorization required for all providers.	Y	1/1/2022
C9079	INJECTION EVINACUMAB-DGNB 5 MG	Authorization required for all providers.	Y	1/1/2022
C9080	INJECTION MELPHALAN FLUFENAMIDE HCL 1 MG	Authorization required for all providers.	Y	1/1/2022
C9081	IDECABTAG VICLEUC<=460MIL BCMA CAR+TCELL LEUK DS	Authorization required for all providers.	Y	1/1/2022
C9082	INJECTION DOSTARLIMAB GXLY 100 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9083	INJECTION AMIVANTAMAB-VMJW 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9084	INJECTION LONCASTUXIMAB TESIRINE-LPYL 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
C9117	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
C9119	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
C9123	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
C9124	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
C9258	INJECTION, TELAVANCIN, 10 MG	Authorization required for non-participating providers.	C	1/1/2022
C9274	CROTALIDAE POLY IMMUNE FAB	Authorization required for non-participating providers.	C	1/1/2022
C9276	CABAZITAXEL INJECTION	Authorization required for all providers.	Y	1/1/2022
C9277	LUMIZYME, 1 MG	Authorization required for all providers.	Y	1/1/2022
C9278	INCOBOTULINUMTOXIN A	Authorization required for all providers.	Y	1/1/2022
C9280	INJECTION, ERIBULIN MESYLATE	Authorization required for all providers.	Y	1/1/2022
C9281	INJECTION, PEGLOTICASE	Authorization required for all providers.	Y	1/1/2022
C9282	INJ, CEFTAROLINE FOSAMIL	Authorization required for non-participating providers.	C	1/1/2022

C9284	INJECTION, IPILIMUMAB	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
C9286	INJECTION, BELATACEPT	Authorization required for all providers.	Y	1/1/2022
C9287	INJ, BRENTUXIMAB VEDOTIN	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
C9367	#N/A	Authorization required for non-participating providers.	C	1/1/2022
C9460	INJECTION CANGRELOR 1 MG	Authorization required for non-participating providers.	C	1/1/2022
C9462	INJECTION, DELAFLOXACIN	Authorization required for non-participating providers.	C	1/1/2022
C9482	SOTALOL HYDROCHLORIDE IV	Authorization required for non-participating providers.	C	1/1/2022
C9488	INJ CONIVAPTAN HYDROCHLORIDE 1 MG	Authorization required for non-participating providers.	C	1/1/2022
C9600	PERC DRUG-EL COR STENT SING	Authorization required for all providers.	Y	1/1/2022
C9601	PERC DRUG-EL COR STENT BRAN	Authorization required for non-participating providers.	C	1/1/2022
C9602	PERC D-E COR STENT ATHER S	Authorization required for non-participating providers.	C	1/1/2022
C9603	PERC D-E COR STENT ATHER BR	Authorization required for non-participating providers.	C	1/1/2022
C9604	PERC D-E COR REVASC T CABG S	Authorization required for non-participating providers.	C	1/1/2022
C9605	PERC D-E COR REVASC T CABG B	Authorization required for non-participating providers.	C	1/1/2022
C9606	PERC D-E COR REVASC W AMI S	Authorization required for non-participating providers.	C	1/1/2022
C9607	PERC D-E COR REVASC CHRO SIN	Authorization required for non-participating providers.	C	1/1/2022
C9729	PERCUT LUMBAR LAMI	Authorization required for non-participating providers.	C	1/1/2022
C9730	BRONCHIAL THERMO, 1 LOBE	Authorization required for non-participating providers.	C	1/1/2022
C9731	BRONCHIAL THERMO, >1 LOBE	Authorization required for non-participating providers.	C	1/1/2022
C9751	BRONCHOSCOPY RIGID/FLEXIBLE TRANBRON ABL LESION	Authorization required for non-participating providers.	C	1/1/2022
C9752	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB/SAC	Authorization required for non-participating providers.	C	1/1/2022
C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L/S	Authorization required for non-participating providers.	C	1/1/2022
C9757	LAMINOTOMY DECOMP NERVE ROOT 1 INTERSPACE LUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
C9758	BI PROC NYHA CL III/IV HF TRNSCATH IMPL IAS/PC	Authorization required for non-participating providers.	C	1/1/2022
C9759	TRANSCATHETER IO BLOOD VESSEL MICROINFUSION TX	Authorization required for non-participating providers.	C	1/1/2022
C9760	NONRND NONBLINDED PROC NYHA CLASS II III IV HF	Authorization required for non-participating providers.	C	1/1/2022
C9761	CS URS AND /PYELOSOPY LITH AND VAC ASPIR K COLL SYS AND U	Authorization required for non-participating providers.	C	1/1/2022
C9764	REV EVAR OPN/PERQ LE AA NO TIB/PR IV LITHOTRIP	Authorization required for non-participating providers.	C	1/1/2022
C9765	REV EVAR LE AA IV LITHOTRIPSY AND TL STENT PLCMT	Authorization required for non-participating providers.	C	1/1/2022
C9766	REV EVAC LE AA IV LITHOTRIPSY AND ATHERECTOMY	Authorization required for non-participating providers.	C	1/1/2022
C9767	REV EVAR LE AA IV LITHO AND TL STNT PLCMT AND ATHERECT	Authorization required for non-participating providers.	C	1/1/2022
C9768	ENDO UG DIR MSR HEP PORTOSYS PRESS GRAD ANY METH	Authorization required for non-participating providers.	C	1/1/2022
C9769	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	Authorization required for non-participating providers.	C	1/1/2022
C9770	VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOLOG AGENT	Authorization required for non-participating providers.	C	1/1/2022
C9771	NASAL/SINUS ENDO CRYO NSL TISS AND/ NERVE UNIL/BIL	Authorization required for non-participating providers.	C	1/1/2022
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	Authorization required for non-participating providers.	C	1/1/2022
C9773	RVSC EVAR OPEN/PC TIBIAL/PA IVASC LITH AND TL SP	Authorization required for non-participating providers.	C	1/1/2022
C9774	RVSC EVAR OPN/PERQ TIB/PER ART IVASC LITH AND ATHREC	Authorization required for non-participating providers.	C	1/1/2022
C9775	RVSC EVAR OPN/P TIB/PA IVASC LITH AND TL STNT PL AND ATH	Authorization required for non-participating providers.	C	1/1/2022
C9777	ESOPHAGEAL MUCOSAL INTEGR TST ELEC IMPD TO	Authorization required for non-participating providers.	C	1/1/2022
C9778	COLPOPEXY VAGINAL MI EXTRAPERITONEAL APPROACH	Authorization required for all providers.	Y	1/1/2022
C9779	ESD INCLUD ENDOSCOPY/COLONOSCOPY MUCOSAL CLOS	Authorization required for non-participating providers.	C	1/1/2022
C9780	INS CVC THRU CVO VIA INF AND SUP APRCH INC IMG GD	Authorization required for non-participating providers.	C	1/1/2022
C9818	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
C9825	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
C9826	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022

D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	Authorization required for non-participating providers.	C	1/1/2022
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	Authorization required for non-participating providers.	C	1/1/2022
D0145	ORAL EVAL FOR PATIENT UNDER 3 YRS AGE & COUNSEL W PRIM CAREGIVER	Authorization required for non-participating providers.	C	1/1/2022
D0150	COMP ORAL EVALUATION - NEW/EST PT	Authorization required for non-participating providers.	C	1/1/2022
D0160	DETAIL & EXTEN ORAL EVAL-PROB FOCUSED, BR	Authorization required for non-participating providers.	C	1/1/2022
D0170	RE-EVAL LTD-PROB FOCUSED (ESTAB PT)	Authorization required for non-participating providers.	C	1/1/2022
D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	Authorization required for non-participating providers.	C	1/1/2022
D0210	INTRAORAL-CMPL SER RADIOGRAPH IMAGES	Authorization required for non-participating providers.	C	1/1/2022
D0220	IO-PERIAPICAL 1ST RADIOGRAPHIC IMAGE	Authorization required for non-participating providers.	C	1/1/2022
D0230	IO-PERIAPICAL EA ADD RADIOGRPH IMAG	Authorization required for non-participating providers.	C	1/1/2022
D0240	INTRAORAL-OCCLUSAL RADIOGRAPH IMAGE	Authorization required for non-participating providers.	C	1/1/2022
D0250	EXTRA-ORAL - 2D PROJECTION X-RAY	Authorization required for non-participating providers.	C	1/1/2022
D0251	EXTRA-ORAL POSTERIOR DENTAL X-RAY	Authorization required for non-participating providers.	C	1/1/2022
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	Authorization required for non-participating providers.	C	1/1/2022
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	Authorization required for non-participating providers.	C	1/1/2022
D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	Authorization required for non-participating providers.	C	1/1/2022
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	Authorization required for non-participating providers.	C	1/1/2022
D0277	VERT BITEWINGS - 7-8 RADIOGRAPH IMAG	Authorization required for non-participating providers.	C	1/1/2022
D0310	SIALOGRAPHY	Authorization required for non-participating providers.	C	1/1/2022
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCLUDING INJ	Authorization required for non-participating providers.	C	1/1/2022
D0321	OTH TMJ FILMS BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D0322	TOMOGRAPHIC SURVEY	Authorization required for non-participating providers.	C	1/1/2022
D0330	PANORAMIC RADIOGRAPHIC IMAGE	Authorization required for non-participating providers.	C	1/1/2022
D0340	2D CEPHALOMET X-RAY-ACQN MSR&ANALY	Authorization required for non-participating providers.	C	1/1/2022
D0350	ORAL/FACIAL PHOTOGRAPH IMAGES IO/EO	Authorization required for non-participating providers.	C	1/1/2022
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	Authorization required for non-participating providers.	C	1/1/2022
D0362	CONE BEAM 2 DIMENSIONAL IMAGE RECONSTR USING EXIST DATA INCL MULT IMG	Authorization required for non-participating providers.	C	1/1/2022
D0393	TX SIMULATION 3D IMAGE VOLUME	Authorization required for non-participating providers.	C	1/1/2022
D0394	DIGTL SUBTR 2/> IMAGES/VOL SAME MOD	Authorization required for non-participating providers.	C	1/1/2022
D0395	FUSION 2/> 3D IMAG VOL 1/> MODAL	Authorization required for non-participating providers.	C	1/1/2022
D0411	HBA1C IN OFFICE POS TESTING	Authorization required for non-participating providers.	C	1/1/2022
D0415	BACTERIOLOGIC STUDIES DETERMINE PATHOLOGIC AGENT	Authorization required for non-participating providers.	C	1/1/2022
D0416	VIRAL CULTURE	Authorization required for non-participating providers.	C	1/1/2022
D0417	COLLECT & PREP SALIVA SAMPLE	Authorization required for non-participating providers.	C	1/1/2022
D0418	ANALYSIS OF SALIVA SAMPLE	Authorization required for non-participating providers.	C	1/1/2022
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	Authorization required for non-participating providers.	C	1/1/2022
D0422	CLCT & PREP GENETIC SAMPLE MATERIAL	Authorization required for non-participating providers.	C	1/1/2022
D0423	GENETIC TEST SUSCEPT DZ-DPEC ANALY	Authorization required for non-participating providers.	C	1/1/2022
D0425	CARIES SUSCEPTIBILITY TESTS	Authorization required for non-participating providers.	C	1/1/2022
D0431	ADIUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	Authorization required for non-participating providers.	C	1/1/2022
D0460	PULP VITALITY TESTS	Authorization required for non-participating providers.	C	1/1/2022
D0470	DIAGNOSTIC CASTS	Authorization required for non-participating providers.	C	1/1/2022
D0472	ACCESS TISS-GROSS EXAM-PREP & REPRT	Authorization required for non-participating providers.	C	1/1/2022
D0473	ACCESS TISS-GROSS/MICRO-PREP/REPRT	Authorization required for non-participating providers.	C	1/1/2022
D0474	ACCESS TISS/SURG MARGINS-PREP/REPRT	Authorization required for non-participating providers.	C	1/1/2022
D0475	DECALCIFICATION PROCEDURE	Authorization required for non-participating providers.	C	1/1/2022
D0476	SPECIAL STAINS FOR MICROORGANISMS	Authorization required for non-participating providers.	C	1/1/2022
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	Authorization required for non-participating providers.	C	1/1/2022
D0478	IMMUNOHISTOCHEMICAL STAINS	Authorization required for non-participating providers.	C	1/1/2022

D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	Authorization required for non-participating providers.	C	1/1/2022
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAM, PREP	Authorization required for non-participating providers.	C	1/1/2022
D0481	ELECTRON MICROSCOPY DIAGNOSTIC	Authorization required for non-participating providers.	C	1/1/2022
D0482	DIRECT IMMUNOFLOURESCENCE	Authorization required for non-participating providers.	C	1/1/2022
D0483	INDIRECT IMMUNOFLOURESCENCE	Authorization required for non-participating providers.	C	1/1/2022
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	Authorization required for non-participating providers.	C	1/1/2022
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	Authorization required for non-participating providers.	C	1/1/2022
D0486	LAB ACCSS TRNSEPI CYTL SMP MICRO EX	Authorization required for non-participating providers.	C	1/1/2022
D0502	OTHER ORAL PATHOLOGY PROC REPORT/OTHER ORAL PATHOLOGY PROC REPORT	Authorization required for non-participating providers.	C	1/1/2022
D0601	CARIES RISK ASSESS DOC FIND LOW RSK/NEUROLOGICAL WITH MOTOR >47.75 ,COMO	Authorization required for non-participating providers.	C	1/1/2022
D0602	CARIES RISK ASSESS DOC FIND MOD RSK/UROLOGICAL WITH MOTOR >37.35 & MOTOR	Authorization required for non-participating providers.	C	1/1/2022
D0603	CARIES RISK ASSESS DOC FIND HI RSK/NEUROLOGICAL WITH MOTOR >25.85 & MOTO	Authorization required for non-participating providers.	C	1/1/2022
D0605	ANTIBODY TST FOR A PH REL PATHOGEN INCL COV	Authorization required for non-participating providers.	C	1/1/2022
D0606	MOLECULAR TESTG PH REL PATHOGEN INCL CORONAVIRUS	Authorization required for non-participating providers.	C	1/1/2022
D0705	Fracture of lower extremity with motor sc/EXTRA-ORAL POST DENTAL RAD IMG	Authorization required for non-participating providers.	C	1/1/2022
D0706	INTRAORAL - OCCLUSAL RAD IMAGE - IMAGE CAP ONLY	Authorization required for non-participating providers.	C	1/1/2022
D0707	INTRAORAL - PERIAPICAL RAD IMG - IMAGE CAP ONLY	Authorization required for non-participating providers.	C	1/1/2022
D0708	INTRAORAL - BITEWING RAD IMG - IMG CAPTURE ONLY	Authorization required for non-participating providers.	C	1/1/2022
D0709	INTRAORAL - CMPL SERIES OF RAD IMG-IMG CAP ONLY	Authorization required for non-participating providers.	C	1/1/2022
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D1110	PROPHYLAXIS - ADULT	Authorization required for non-participating providers.	C	1/1/2022
D1120	PROPHYLAXIS - CHILD	Authorization required for non-participating providers.	C	1/1/2022
D1203	TOPICAL APPLIC OF FLUORIDE - CHILD/OSTEOARTHRITIS WITH MOTOR <30.75, COM	Authorization required for non-participating providers.	C	1/1/2022
D1204	TOPICAL APP FLUORIDE ADULT	Authorization required for non-participating providers.	C	1/1/2022
D1206	TOPICAL APPLICATN FLUORIDE VARNISH	Authorization required for non-participating providers.	C	1/1/2022
D1310	NUTRITION COUNSEL CONTROL OF DENTAL DISEASE	Authorization required for non-participating providers.	C	1/1/2022
D1320	TOBACCO COUNSEL-CONTRL & PREVENT ORAL DIS	Authorization required for non-participating providers.	C	1/1/2022
D1321	CNSL ORAL BEHAV AND SYS HLTH EFF HI-RISK SUBST USE	Authorization required for non-participating providers.	C	1/1/2022
D1330	ORAL HYGIENE INSTRUCTION	Authorization required for non-participating providers.	C	1/1/2022
D1351	SEALANT PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D1352	PRVNT RSN RESTOR PMNT TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D1354	APPLICATION CARIES ARREST MEDICAMENT - PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D1355	CARIES PREVENTIVE MEDICAMENT APPLIC - PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D1510	SPACE MAINTAINER - FIXED UNILATERAL - PER QUAD	Authorization required for non-participating providers.	C	1/1/2022
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D1520	SPACE MAINTAINER - REMOVABLE UNI - PER QUADRANT	Authorization required for non-participating providers.	C	1/1/2022
D1526	SPACE MAINTAIN- REMOVABLE- BILATERAL, MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIB	Authorization required for non-participating providers.	C	1/1/2022
D1551	RE-CEMENT OR RE-BOND BIL SPACE MAINTAINER - MAX	Authorization required for non-participating providers.	C	1/1/2022
D1552	RE-CEMENT/RE-BOND BIL SPACE MAINTAINER - MAND	Authorization required for non-participating providers.	C	1/1/2022
D1553	RE-CEMENT/RE-BOND UNI SPACE MAINTAINR - PER QUAD	Authorization required for non-participating providers.	C	1/1/2022
D1556	REMOVAL OF FIXED UNI SPACE MAINTAINER - PER QUAD	Authorization required for non-participating providers.	C	1/1/2022
D1557	REMOVAL OF FIXED BILATERAL SPACE MNTNR - MAX	Authorization required for non-participating providers.	C	1/1/2022
D1558	REMOVAL FIXED BILATERAL SPACE MAINTAINER - MAND	Authorization required for non-participating providers.	C	1/1/2022
D1999	UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D2140	AMALGAM-ONE SURFACE PRIMARY/PERM	Authorization required for non-participating providers.	C	1/1/2022
D2150	AMALGAM-TWO SURFACES PRIMARY/PERM	Authorization required for non-participating providers.	C	1/1/2022
D2160	AMALGAM-3 SURFACES PRIMARY/PERM	Authorization required for non-participating providers.	C	1/1/2022

D2161	AMALGAM-FOUR/MORE SURF PRIM/PERM	Authorization required for non-participating providers.	C	1/1/2022
D2330	RESIN ONE SURFACE ANTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D2331	RESIN TWO SURFACES ANTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D2332	RESIN THREE SURFACES ANTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D2335	RESIN FOUR/MORE SURFACES/INCISAL ANGLE ANT	Authorization required for non-participating providers.	C	1/1/2022
D2390	RESIN COMPOS CROWN ANTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D2394	RESIN COMPOS - 4/MORE SURFACES POST	Authorization required for non-participating providers.	C	1/1/2022
D2410	GOLD FOIL ONE SURFACE	Authorization required for non-participating providers.	C	1/1/2022
D2420	GOLD FOIL TWO SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2430	GOLD FOIL THREE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2510	INLAY METALLIC ONE SURFACE	Authorization required for non-participating providers.	C	1/1/2022
D2520	INLAY-METALLIC TWO-SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2542	ONLAY-METALLIC-2 SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2543	ONLAY-METALLIC-THREE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2544	ONLAY-METALLIC-FOUR OR MORE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2610	INLAY PORCELAIN/CERAMIC ONE SURFACE	Authorization required for non-participating providers.	C	1/1/2022
D2620	INLAY PORCELAIN/CERAMIC TWO SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2642	ONLAY-PORCELAIN/CERAMIC-TWO SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2643	ONLAY-PORCELAIN/CERAMIC-THREE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2644	ONLAY-PORCELAIN/CERAMIC-FOUR OR MORE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2650	INLAY COMPOSIT RESIN ONE SURFACE (LAB PROC)	Authorization required for non-participating providers.	C	1/1/2022
D2651	INLAY COMPOSIT RESIN TWO SURFACE (LAB PROC)	Authorization required for non-participating providers.	C	1/1/2022
D2652	INLAY-COMPOSITE/RESIN>=3 SURF (LAB PROCESS)	Authorization required for non-participating providers.	C	1/1/2022
D2662	ONLAY-COMPOSITE/RESIN-TWO SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2663	ONLAY-COMPOSITE/RESIN-THREE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2664	ONLAY-COMPOSITE/RESIN-FOUR OR MORE SURFACES	Authorization required for non-participating providers.	C	1/1/2022
D2710	CROWN - RESIN-BASED COMPOSITE	Authorization required for non-participating providers.	C	1/1/2022
D2712	CROWN 3/4 RESINBASED COMPOSITE INDIRECT	Authorization required for non-participating providers.	C	1/1/2022
D2720	CROWN RESIN WITH HIGH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2721	CROWN RESIN WITH PREDOMINANTLY BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2722	CROWN RESIN WITH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2740	CROWN - PORCELAIN/CERAMIC	Authorization required for non-participating providers.	C	1/1/2022
D2750	CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2751	CROWN PORCELAIN FUSED TO PREDOMINATE BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2752	CROWN PORCELAIN FUSED TO NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2753	CROWN - PORCELAIN FUSED TO TIT AND TIT ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D2780	CROWN 3/4 CAST HIGH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2781	CROWN 3/4 CAST PREDOM BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2782	CROWN 3/4 CAST NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2783	CROWN 3/4 PORCELAIN/CERAMIC	Authorization required for non-participating providers.	C	1/1/2022
D2790	CROWN FULL CAST HIGH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2791	CROWN FULL CAST PREDOMINANTLY BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2792	CROWN FULL CAST NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS	Authorization required for non-participating providers.	C	1/1/2022

D2799	INTERIM CR - FUR TX/COMPL DX NES PRI FINAL IMP	Authorization required for non-participating providers.	C	1/1/2022
D2910	RECEMENT INLAY ONLY/PART COV REST	Authorization required for non-participating providers.	C	1/1/2022
D2915	RECEMENT CAST/PREFAB POST & CORE	Authorization required for non-participating providers.	C	1/1/2022
D2920	RECEMENT CROWN	Authorization required for non-participating providers.	C	1/1/2022
D2921	REATTCH TOOTH FRAG INCISL EDGE/CUSP	Authorization required for non-participating providers.	C	1/1/2022
D2928	PREFABRICATED PORCELAIN/CER CROWN - PERM TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D2930	PREFABRICATED STAINLESS STEEL CROWN PRIMRY TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D2931	PREFABRICATED STAINLESS STEEL CROWN PERM TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D2932	PREFABRICATED RESIN CROWN	Authorization required for non-participating providers.	C	1/1/2022
D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW	Authorization required for non-participating providers.	C	1/1/2022
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	Authorization required for non-participating providers.	C	1/1/2022
D2940	PROTECTIVE RESTORATION	Authorization required for non-participating providers.	C	1/1/2022
D2941	INTRIM TX RESTORATION-PRIM DENTITN	Authorization required for non-participating providers.	C	1/1/2022
D2949	RESTORATIV FOUNDATN INDIR RESTORATN	Authorization required for non-participating providers.	C	1/1/2022
D2950	CORE BUILDUP INCL PINS WHEN REQUIRE	Authorization required for non-participating providers.	C	1/1/2022
D2951	PIN RETENTION PER TOOTH IN ADD TO RESTORATION	Authorization required for non-participating providers.	C	1/1/2022
D2952	POST & CODE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	Authorization required for non-participating providers.	C	1/1/2022
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST, SAME TOOTCH	Authorization required for non-participating providers.	C	1/1/2022
D2954	PREFABRICATED POST & CORE IN ADD TO CROWN	Authorization required for non-participating providers.	C	1/1/2022
D2955	POST REMOVAL	Authorization required for non-participating providers.	C	1/1/2022
D2957	EA ADD PREFAB POST-SAME TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D2960	LABIAL VENEER - DIRECT	Authorization required for non-participating providers.	C	1/1/2022
D2961	LABIAL VENEER RESIN LAMINATE - INDIRECT	Authorization required for non-participating providers.	C	1/1/2022
D2962	LABIAL VENEER PORCELAIN LAMINATE - INDIRECT	Authorization required for non-participating providers.	C	1/1/2022
D2971	ADD PROC CUSTOMIZE CR UND EXST PART DENTUR FRWK	Authorization required for non-participating providers.	C	1/1/2022
D2975	COPING	Authorization required for non-participating providers.	C	1/1/2022
D2980	CROWN REPR NEC RESTORATV MATL FAIL	Authorization required for non-participating providers.	C	1/1/2022
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D3110	PULP CAP DIRECT (EXCLUDING FINAL RESTORATION)	Authorization required for non-participating providers.	C	1/1/2022
D3120	PULP CAP INDIRECT (EXCLUDING FINAL RESTORATION)	Authorization required for non-participating providers.	C	1/1/2022
D3220	THERAPEUTIC PULPOTOMY (EXC FINAL RESTORATION)	Authorization required for non-participating providers.	C	1/1/2022
D3221	PULPAL DEBRID PRIMARY&PERM TEETH	Authorization required for non-participating providers.	C	1/1/2022
D3222	PART PULP FOR APEXOGENESIS	Authorization required for non-participating providers.	C	1/1/2022
D3230	PULPAL THERAP-ANT PRIM TTH (EXCLD FINAL RESTOR)	Authorization required for non-participating providers.	C	1/1/2022
D3240	PULPAL THERAP-POST PRIM TTH (EXCLD FINAL RESTOR)	Authorization required for non-participating providers.	C	1/1/2022
D3310	END THXPY ANTERIOR TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D3330	ENDODONTIC THERAPY MOLAR TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D3331	TX ROOT CANAL OBSTRUC NON-SURG	Authorization required for non-participating providers.	C	1/1/2022
D3332	INCOMPLT ENDO THERAP-INOP/FX TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D3333	INT ROOT REPR-PERFORATION DEFECTS	Authorization required for non-participating providers.	C	1/1/2022
D3346	RETREATMENT PREVIOUS ROOT CANAL THERAPY-ANT	Authorization required for non-participating providers.	C	1/1/2022
D3347	RETREATMENT PREVIOUS RC TX-PREMOLAR	Authorization required for non-participating providers.	C	1/1/2022
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLA	Authorization required for non-participating providers.	C	1/1/2022
D3351	APEX/RECALCIFICATION INITIAL VISIT	Authorization required for non-participating providers.	C	1/1/2022
D3352	APEX/RECALCIFICATN INTRM MED REPLAC	Authorization required for non-participating providers.	C	1/1/2022
D3353	APEXIFICATION/RECALCIFICATION FINAL VISIT	Authorization required for non-participating providers.	C	1/1/2022
D3355	PULPAL REGENERATION - INITIAL VISIT	Authorization required for non-participating providers.	C	1/1/2022
D3356	PULPAL REGENERATION - MED REPLACMNT	Authorization required for non-participating providers.	C	1/1/2022

D3357	PULPAL REGENERATION - COMPLETION TX	Authorization required for non-participating providers.	C	1/1/2022
D3410	APICOECTOMY - ANTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D3421	APICOECTOMY - PREMOLAR	Authorization required for non-participating providers.	C	1/1/2022
D3425	APICOECTOMY - MOLAR FIRST ROOT	Authorization required for non-participating providers.	C	1/1/2022
D3426	APICOECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D3428	BONE GRAFT PERIRADICULR SURG 1 SITE	Authorization required for non-participating providers.	C	1/1/2022
D3429	BONE GRAFT PERIRADICULR SURG EA ADD	Authorization required for non-participating providers.	C	1/1/2022
D3430	RETROGRADE FILLING PER ROOT	Authorization required for non-participating providers.	C	1/1/2022
D3431	BIOL MATL TSS REGEN PERIRADICLR SRG	Authorization required for non-participating providers.	C	1/1/2022
D3432	GUIDE TISS REGEN PERIRADICULAR SURG	Authorization required for non-participating providers.	C	1/1/2022
D3450	ROOT AMPUTATION PER ROOT	Authorization required for non-participating providers.	C	1/1/2022
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
D3470	INTENTIONAL REPLANTATION (INC NECESSARY SPLINT)	Authorization required for non-participating providers.	C	1/1/2022
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	Authorization required for non-participating providers.	C	1/1/2022
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	Authorization required for non-participating providers.	C	1/1/2022
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	Authorization required for non-participating providers.	C	1/1/2022
D3501	SURG EXP OF RS W/O APICOECTOMY/REPR RR - ANT	Authorization required for non-participating providers.	C	1/1/2022
D3502	SURG EXP RS W/O APICOECTOMY/REPR OF RR - PM	Authorization required for non-participating providers.	C	1/1/2022
D3503	SURG EXP RS NO APICOECT/REPR RT RESORPTN - MOLAR	Authorization required for non-participating providers.	C	1/1/2022
D3910	SURGICAL PROC ISOLATE TOOTH W/RUBBER DAM	Authorization required for non-participating providers.	C	1/1/2022
D3920	HEMISECTION (INC ROOT REMOVAL) WO ROOT CANAL	Authorization required for non-participating providers.	C	1/1/2022
D3950	CANAL PREP & FITTING PREFORMED DOWEL/POST	Authorization required for non-participating providers.	C	1/1/2022
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH B	Authorization required for non-participating providers.	C	1/1/2022
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH B	Authorization required for non-participating providers.	C	1/1/2022
D4230	ANAT CROWN EXP-4/>CONT TEETH/BND TT SPACES QUAD	Authorization required for non-participating providers.	C	1/1/2022
D4231	ANAT CROWN EXP 1-3 TEETH/BND TOOTH SP PER QUAD	Authorization required for non-participating providers.	C	1/1/2022
D4240	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS	Authorization required for non-participating providers.	C	1/1/2022
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS	Authorization required for non-participating providers.	C	1/1/2022
D4245	APICALLY POSITIONED FLAP	Authorization required for non-participating providers.	C	1/1/2022
D4249	CLIN CROWN LEN - HARD TISSUE	Authorization required for non-participating providers.	C	1/1/2022
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	Authorization required for non-participating providers.	C	1/1/2022
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	Authorization required for non-participating providers.	C	1/1/2022
D4263	BONE REPL GRAFT - RET NAT TOOTH - 1ST SITE QUAD	Authorization required for non-participating providers.	C	1/1/2022
D4264	BONE REPL GR - RET NAT TOOTH - EA ADD SITE QUAD	Authorization required for non-participating providers.	C	1/1/2022
D4265	BIOL MATL AID SOFT AND OSSEOUS TISS REGEN PER SITE	Authorization required for non-participating providers.	C	1/1/2022
D4266	GUID TISS REGEN-RESORB BARRIER/SITE/TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D4267	GUID TISS REGEN-NONRESORB BARR/SITE/TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D4268	GUIDED TISSUE REGENERATION	Authorization required for non-participating providers.	C	1/1/2022
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Authorization required for non-participating providers.	C	1/1/2022
D4271	FREE SOFT TISS GRFT PROC (INCL DON SITE SURG)	Authorization required for non-participating providers.	C	1/1/2022
D4273	AUTOGEN CONNECTIVE TISS GRAFT PROC	Authorization required for non-participating providers.	C	1/1/2022
D4274	MESIAL/DISTAL WEDGE PROCEDURE SINGLE TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D4275	NON-AUTOGENOUS CONNECTIVE TISS GRFT	Authorization required for non-participating providers.	C	1/1/2022
D4276	COMB CNCTIVE TISSUE AND PEDICLE GRAFT PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D4283	AUTOGEN CONNECTIVE TISS GRAFT PROC	Authorization required for non-participating providers.	C	1/1/2022
D4285	NON-AUTOGEN CNCT TISSUE GRAFT PROC	Authorization required for non-participating providers.	C	1/1/2022
D4320	PROVISIONAL SPLINTING-INTRACORONAL	Authorization required for non-participating providers.	C	1/1/2022
D4321	PROVISIONAL SPLINTING EXTRACORONAL	Authorization required for non-participating providers.	C	1/1/2022

D4341	PRDONTAL SCAL 4/> CONT TEETH-QUAD	Authorization required for non-participating providers.	C	1/1/2022
D4342	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	Authorization required for non-participating providers.	C	1/1/2022
D4355	FM DEBR ENBL COMP OR E&DX SUBQ VST	Authorization required for non-participating providers.	C	1/1/2022
D4381	LOC DEL ANTIM DZ CRVICUL TISS-TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D4910	PERIODONTAL MAINTENANCE	Authorization required for non-participating providers.	C	1/1/2022
D4920	UNSCHEDULED DRESSING CHANGE	Authorization required for non-participating providers.	C	1/1/2022
D4921	GINGIVAL IRRIGATION - PER QUADRANT	Authorization required for non-participating providers.	C	1/1/2022
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D5110	COMPLETE DENTURE MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D5120	COMPLETE DENTURE MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5130	IMMEDIATE DENTURE MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D5140	IMMEDIATE DENTURE MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	Authorization required for non-participating providers.	C	1/1/2022
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	Authorization required for non-participating providers.	C	1/1/2022
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK	Authorization required for non-participating providers.	C	1/1/2022
D5214	MANDIBULAR PRTL DENTURE - CAST METAL FRAMEWORK	Authorization required for non-participating providers.	C	1/1/2022
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE	Authorization required for non-participating providers.	C	1/1/2022
D5222	IMMEDIATE MANDIBULAR PRTL DENTURE - RESIN BASE	Authorization required for non-participating providers.	C	1/1/2022
D5223	IMMEDIATE MAX PRTL DENTURE - CAST METAL FRAMEWRK	Authorization required for non-participating providers.	C	1/1/2022
D5224	IMMEDIATE MAND PRTL DENTURE - CAST MTL FRAMEWORK	Authorization required for non-participating providers.	C	1/1/2022
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	Authorization required for non-participating providers.	C	1/1/2022
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	Authorization required for non-participating providers.	C	1/1/2022
D5282	REMOVABLE UNI PART DENTUR - 1 PECE CAST METL MAX	Authorization required for non-participating providers.	C	1/1/2022
D5283	REMOV UNI PART DENTUR - 1 PECE CAST METL MAND	Authorization required for non-participating providers.	C	1/1/2022
D5284	REMOV UNI PRT DNTUR - 1 PECE FLEX BASE - PER QUAD	Authorization required for non-participating providers.	C	1/1/2022
D5286	REMOV UNI PART DENTUR - ONE PECE RSN - PER QUAD	Authorization required for non-participating providers.	C	1/1/2022
D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5511	REPAIR BKN CMPL DENTURE BASE MAND	Authorization required for non-participating providers.	C	1/1/2022
D5512	REPAIR BKN CMPL DENTURE BASE MAX	Authorization required for non-participating providers.	C	1/1/2022
D5520	REPLACE MISS/BROKE TEETH COMP DENTURE EA TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D5611	REPAIR RESIN PRTL DENTURE BASE MAND	Authorization required for non-participating providers.	C	1/1/2022
D5612	REPAIR RESIN PRTL DENTURE BASE MAX	Authorization required for non-participating providers.	C	1/1/2022
D5621	REPAIR CAST PARTIAL FRAMEWORK MAND	Authorization required for non-participating providers.	C	1/1/2022
D5622	REPAIR CAST PARTIAL FRAMEWORK MAX	Authorization required for non-participating providers.	C	1/1/2022
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D5640	REPLACE BROKEN TEETH PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Authorization required for non-participating providers.	C	1/1/2022
D5660	ADD CLASP XST PRT DENTURE-PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D5670	REPL ALL TEETH&ACRYLC FRMEWRK MAX	Authorization required for non-participating providers.	C	1/1/2022
D5671	REPL ALL TEETH&ACRYLC FRMEWRK MAND	Authorization required for non-participating providers.	C	1/1/2022
D5710	REBASE COMPLETE MAXILLARY DENTURE	Authorization required for non-participating providers.	C	1/1/2022
D5711	REBASE COMPLETE MANDIBULAR DENTURE	Authorization required for non-participating providers.	C	1/1/2022
D5720	REBASE MAXILLARY PARTIAL DENTURE	Authorization required for non-participating providers.	C	1/1/2022
D5721	REBASE MANDIBULAR PARTIAL DENTURE	Authorization required for non-participating providers.	C	1/1/2022
D5730	RELINE COMPLETE MAXILLARY DENTURE DIRECT	Authorization required for non-participating providers.	C	1/1/2022
D5731	RELINE COMPLETE MANDIBULAR DENTURE DIRECT	Authorization required for non-participating providers.	C	1/1/2022
D5740	RELINE MAXILLARY PARTIAL DENTURE DIRECT	Authorization required for non-participating providers.	C	1/1/2022

D5741	RELINE MANDIBULAR PARTIAL DENTURE DIRECT	Authorization required for non-participating providers.	C	1/1/2022
D5750	RELINE COMPLETE MAXILLARY DENTURE INDIRECT	Authorization required for non-participating providers.	C	1/1/2022
D5751	RELINE COMPLETE MANDIBULAR DENTURE INDIRECT	Authorization required for non-participating providers.	C	1/1/2022
D5760	RELINE MAXILLARY PARTIAL DENTURE INDIRECT	Authorization required for non-participating providers.	C	1/1/2022
D5761	RELINE MANDIBULAR PARTIAL DENTURE INDIRECT	Authorization required for non-participating providers.	C	1/1/2022
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	Authorization required for non-participating providers.	C	1/1/2022
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	Authorization required for non-participating providers.	C	1/1/2022
D5820	INTERIM PARTIAL DENTURE MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5850	TISSUE CONDITIONING, MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D5851	TISSUE CONDITIONING, MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5862	PRECISION ATTACHMENT BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D5863	OVERDENTURE - COMPLETE MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D5864	OVERDENTURE - PARTIAL MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D5865	OVERDENTURE - COMPLETE MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5866	OVERDENTURE - PARTIAL MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D5867	REPLACEMENT REPL PART SEMI-PRCISN/PRCISN PER ATT	Authorization required for non-participating providers.	C	1/1/2022
D5875	MODIFI REMOV PROSTH POST IMPLNT	Authorization required for non-participating providers.	C	1/1/2022
D5876	ADD MET SUBSTRUC TO ACRYLIC FULL DENT (PER ARCH)	Authorization required for non-participating providers.	C	1/1/2022
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Authorization required for non-participating providers.	C	1/1/2022
D5911	FACIAL MOULAGE (SECTIONAL)	Authorization required for non-participating providers.	C	1/1/2022
D5912	FACIAL MOULAGE (COMPLETE)	Authorization required for non-participating providers.	C	1/1/2022
D5913	NASAL PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5914	AURICULAR PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5915	ORBITAL PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5916	OCULAR PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5919	FACIAL PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5922	NASAL SEPTAL PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5923	OCULAR PROSTHESIS INTERIM	Authorization required for non-participating providers.	C	1/1/2022
D5924	CRANIAL PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5926	NASAL PROSTHESIS REPLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
D5927	AURICULAR PROSTHESIS REPLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
D5928	ORBITAL PROSTHESIS REPLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
D5929	FACIAL PROSTHESIS REPLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
D5931	OBTURATOR PROSTHESIS SURGICAL	Authorization required for non-participating providers.	C	1/1/2022
D5932	OBTURATOR PROSTHESIS DEFINITIVE	Authorization required for non-participating providers.	C	1/1/2022
D5933	OBTURATOR PROSTHESIS MODIFICATION	Authorization required for non-participating providers.	C	1/1/2022
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	Authorization required for non-participating providers.	C	1/1/2022
D5935	MANDIBULAR RESECTION PROSTHESIS WO GUIDE FLANGE	Authorization required for non-participating providers.	C	1/1/2022
D5936	OBTURATOR/PROSTHESIS INTERIM	Authorization required for non-participating providers.	C	1/1/2022
D5937	TRISMUS APPLIANCE (NOT TM TREATMENT)	Authorization required for non-participating providers.	C	1/1/2022
D5951	FEEDING AID	Authorization required for non-participating providers.	C	1/1/2022
D5952	SPEECH AID PROSTHESIS PEDIATRIC	Authorization required for non-participating providers.	C	1/1/2022
D5953	SPEECH AID PROSTHESIS ADULT	Authorization required for non-participating providers.	C	1/1/2022
D5954	PALATAL AUGMENTATION PROSTHESIS	Authorization required for non-participating providers.	C	1/1/2022
D5955	PALATAL LIFE PROSTHESIS DEFINITIVE	Authorization required for non-participating providers.	C	1/1/2022
D5958	PALATAL LIFT PROSTHESIS INTERIM	Authorization required for non-participating providers.	C	1/1/2022
D5959	PALATAL LIFT PROSTHESIS MODIFICATION	Authorization required for non-participating providers.	C	1/1/2022

D5960	SPEECH AID PROSTHESIS MODIFICATION	Authorization required for non-participating providers.	C	1/1/2022
D5982	SURGICAL STENT	Authorization required for non-participating providers.	C	1/1/2022
D5983	RADIATION CARRIER	Authorization required for non-participating providers.	C	1/1/2022
D5984	RADIATION SHIELD	Authorization required for non-participating providers.	C	1/1/2022
D5985	RADIATION CONE LOCATOR	Authorization required for non-participating providers.	C	1/1/2022
D5986	FLUORIDE GEL CARRIER	Authorization required for non-participating providers.	C	1/1/2022
D5987	COMMISSURE SPLINT	Authorization required for non-participating providers.	C	1/1/2022
D5988	SURGICAL SPLINT	Authorization required for non-participating providers.	C	1/1/2022
D5991	VESICULOBULLOUS DZ MEDICAMENT CARR	Authorization required for non-participating providers.	C	1/1/2022
D5992	MAXFAC PROSTHETIC ADJ, BY RPT	Authorization required for non-participating providers.	C	1/1/2022
D5993	MAINT CLEAN MFP OTH THAN REQ ADJ	Authorization required for non-participating providers.	C	1/1/2022
D5995	PERIO MEDICAMNT CARR PERIPH SEAL - LAB PROCD-MAX	Authorization required for non-participating providers.	C	1/1/2022
D5996	PERIO MEDICAMNT CARR PERIPH SL - LAB PROCD-MAND	Authorization required for non-participating providers.	C	1/1/2022
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D6010	SURG PLCMT IMPL BODY: ENDOSTEAL	Authorization required for non-participating providers.	C	1/1/2022
D6011	SURGICAL ACCESS TO AN IMPLANT BODY	Authorization required for non-participating providers.	C	1/1/2022
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS ENDOS	Authorization required for non-participating providers.	C	1/1/2022
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
D6040	SURGICAL PLACEMENT: EOSTEAL IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	Authorization required for non-participating providers.	C	1/1/2022
D6056	PREFAB ABUTMENT-INCL MOD & PLCMNT	Authorization required for non-participating providers.	C	1/1/2022
D6057	CUSTOM FAB ABUTMENT-INCL PLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
D6058	ABUT SUPP PORCELN/CERAMIC CROWN	Authorization required for non-participating providers.	C	1/1/2022
D6059	ABUT PORCLN TO MTL CRWN HI NOBL MTL	Authorization required for non-participating providers.	C	1/1/2022
D6060	ABUT PORCLN TO METL CROWN BASE METL	Authorization required for non-participating providers.	C	1/1/2022
D6061	ABUT PORCELAIN-FUSE TO METAL CROWN	Authorization required for non-participating providers.	C	1/1/2022
D6062	ABUT SUPPRT CAST METAL CROWN	Authorization required for non-participating providers.	C	1/1/2022
D6063	ABUT SUPPRT CAST METAL CROWN	Authorization required for non-participating providers.	C	1/1/2022
D6064	ABUT SUPPRT CAST METAL CROWN	Authorization required for non-participating providers.	C	1/1/2022
D6065	IMPLNT SUPPRT PORCELAIN/CERAM CROWN	Authorization required for non-participating providers.	C	1/1/2022
D6066	IMPLANT SUPP CROWN - PORCELAIN FUSED HI NBL ALY	Authorization required for non-participating providers.	C	1/1/2022
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6068	ABUT RETAINER-PORCELN/CERAM FPD	Authorization required for non-participating providers.	C	1/1/2022
D6069	ABUT RETAINER-PORCELN TO METAL FPD	Authorization required for non-participating providers.	C	1/1/2022
D6070	ABUT RETAINER-PORCELN TO METAL FPD	Authorization required for non-participating providers.	C	1/1/2022
D6071	ABUT RETAINER-PORCELN TO METAL FPD	Authorization required for non-participating providers.	C	1/1/2022
D6072	ABUT RETAINER FOR CAST METAL FPD	Authorization required for non-participating providers.	C	1/1/2022
D6073	ABUT SUPPRT RETAINER-CAST METAL FPD	Authorization required for non-participating providers.	C	1/1/2022
D6074	ABUT SUPPRT RETAINER-CAST METAL FPD	Authorization required for non-participating providers.	C	1/1/2022
D6075	IMPLNT SUPPRT RETAINER-CERAMIC FPD	Authorization required for non-participating providers.	C	1/1/2022
D6076	IMPLANT SUPP RET FPD - PORCELN FUSED HI NBL ALY	Authorization required for non-participating providers.	C	1/1/2022
D6077	IMPLANT SUPP RET METAL FPD - HIGH NOBLE ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6080	IMPL MAINT PROC REMV REINSRT CLEAN	Authorization required for non-participating providers.	C	1/1/2022
D6082	IMPLANT SUPP CRWN - PORCELAIN FU PREDOM BASE ALY	Authorization required for non-participating providers.	C	1/1/2022
D6083	IMPLANT SUPP CROWN - PORCELAIN FU NOBLE ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6084	IMPLANT SUPPORTED CROWN - PORCELN FU TI AND TI ALY	Authorization required for non-participating providers.	C	1/1/2022
D6086	IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALY	Authorization required for non-participating providers.	C	1/1/2022
D6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	Authorization required for non-participating providers.	C	1/1/2022

D6088	IMPLANT SUPPORTED CROWN - TI AND TI ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D6091	REPL OF REPL PART ATT IMPL/ABUT S PROS PER ATT	Authorization required for non-participating providers.	C	1/1/2022
D6092	RECEMENT IMPL/ABUT SUPPORTED CROWN	Authorization required for non-participating providers.	C	1/1/2022
D6093	RECEMENT IMPL/ABUT FIX PART DENTURE	Authorization required for non-participating providers.	C	1/1/2022
D6094	ABUTMENT SUPP CROWN - TITANIUM AND TITANIUM ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D6096	REMOVE BROKEN IMPL RETAINING SCREW	Authorization required for non-participating providers.	C	1/1/2022
D6097	ABUTMENT SUPP CROWN - PORCELAIN FU TI AND TI ALLOY	Authorization required for non-participating providers.	C	1/1/2022
D6098	IMPLANT SUPP RETN - PORC FU TO PDMT BASE ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6099	IMPLANT SUPP RTNR FOR FPD - PORCELAIN FU NBL ALY	Authorization required for non-participating providers.	C	1/1/2022
D6100	SURGICAL REMOVAL OF IMPLANT BODY	Authorization required for non-participating providers.	C	1/1/2022
D6118	IMP/ABUT SPTD INT D EDENT ARCH-M	Authorization required for non-participating providers.	C	1/1/2022
D6119	IMPL/ABUT SPT INT F D EDNT ARCH-MAX	Authorization required for non-participating providers.	C	1/1/2022
D6120	IMPL SUPP RETAIN - PORCELN FUSD TO TIT AND TIT ALY	Authorization required for non-participating providers.	C	1/1/2022
D6121	IMPLANT SUPP RETAIN METAL FPD - PREDOM BASE AL	Authorization required for non-participating providers.	C	1/1/2022
D6122	IMPLANT SUPP RETAINER FOR METAL FPD - NOBLE AL	Authorization required for non-participating providers.	C	1/1/2022
D6123	IMPLANT SUPP RETAIN METAL FPD - TIT AND TIT ALY	Authorization required for non-participating providers.	C	1/1/2022
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	Authorization required for non-participating providers.	C	1/1/2022
D6194	ABUTMENT SUPP RETAIN CROWN FPD - TIT AND TIT ALY	Authorization required for non-participating providers.	C	1/1/2022
D6195	ABUT SUPP RETAIN - PORCLN FUSED TO TIT AND TIT ALY	Authorization required for non-participating providers.	C	1/1/2022
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	Authorization required for non-participating providers.	C	1/1/2022
D6210	PONTIC CAST HIGH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6211	PONTIC CAST PREDOMINANTLY BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6212	PONTIC CAST NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6240	PONTIC PORCELAIN FUSED TO HIGH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6241	PONTIC PORCELAIN FUSED PREDOMINANTLY BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6242	PONTIC PORCELAIN FUSED TO NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6243	PONTIC - PORCELAIN FUSED TO TIT AND TIT ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6245	PONTIC - PORCELAIN/CERAMIC	Authorization required for non-participating providers.	C	1/1/2022
D6250	PONTIC RESIN W/HIGH NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6251	PONTIC RESIN W/PREDOMINANTLY BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6252	PONTIC RESIN W/NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6253	INTRM PONTIC-FUR TX/CMPL DX NEC B4 FINAL IMPRESS	Authorization required for non-participating providers.	C	1/1/2022
D6254	PROSTODON, FXD, INTER PONTIC	Authorization required for non-participating providers.	C	1/1/2022
D6545	RETAIN-CAST METAL FOR RESIN BONDED FIXED PROSTH	Authorization required for non-participating providers.	C	1/1/2022
D6548	RETAINER-PORCELN/CERAM-FIXED PROSTH	Authorization required for non-participating providers.	C	1/1/2022
D6600	RETAINER INLAY-PORCELN/CERAM 2 SURF	Authorization required for non-participating providers.	C	1/1/2022
D6601	RETAINER INLAY-PORC/CERAM 3/MOR SRF	Authorization required for non-participating providers.	C	1/1/2022
D6602	RET INLAY-CAST HI NOBLE METL 2 SURF	Authorization required for non-participating providers.	C	1/1/2022
D6603	RET INLA-CST HI NOBL MTL 3/MORE SRF	Authorization required for non-participating providers.	C	1/1/2022
D6604	RET INLAY-CAST PDMT BASE METL 2 SRF	Authorization required for non-participating providers.	C	1/1/2022
D6605	RET INLA-CST PDMT BSE MTL 3/MOR SRF	Authorization required for non-participating providers.	C	1/1/2022
D6606	RETAIN INLAY-CAST NOBLE METL 2 SURF	Authorization required for non-participating providers.	C	1/1/2022
D6607	RET INLAY-CAST NOBLE METL 3/MRE SRF	Authorization required for non-participating providers.	C	1/1/2022

D6608	RETAINER ONLAY-PORCELN/CERAM 2 SURF	Authorization required for non-participating providers.	C	1/1/2022
D6609	RETAINR ONLAY-PORC/CERAM 3/MORE SRF	Authorization required for non-participating providers.	C	1/1/2022
D6610	RET ONLAY-CAST HI NOBLE METL 2 SURF	Authorization required for non-participating providers.	C	1/1/2022
D6611	RET ON-CST HI NOBLE METL 3/MORE SRF	Authorization required for non-participating providers.	C	1/1/2022
D6612	ONLAY-CAST PREDOM BASE METL 2 SURF	Authorization required for non-participating providers.	C	1/1/2022
D6613	RET ON-CST PDMT BSE METL 3/MORE SRF	Authorization required for non-participating providers.	C	1/1/2022
D6614	RET ONLAY-CAST NOBLE METAL 2 SURF	Authorization required for non-participating providers.	C	1/1/2022
D6615	RET ONLAY-CST NOBLE METL 3/MORE SRF	Authorization required for non-participating providers.	C	1/1/2022
D6624	RETAINER INLAY - TITANIUM	Authorization required for non-participating providers.	C	1/1/2022
D6634	RETAINER ONLAY - TITANIUM	Authorization required for non-participating providers.	C	1/1/2022
D6710	RET CROWN-INDIR RESIN BASED COMPOS	Authorization required for non-participating providers.	C	1/1/2022
D6720	RETAINER CROWN-RESIN HI NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6721	RETAINER CROWN-RESIN PDMT BASE METL	Authorization required for non-participating providers.	C	1/1/2022
D6722	RETAINER CROWN-RESIN W/NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	Authorization required for non-participating providers.	C	1/1/2022
D6750	RET CROWN-PORC FUSED HI NOBLE METL	Authorization required for non-participating providers.	C	1/1/2022
D6751	RET CROWN-PORC FUSED PDMT BASE METL	Authorization required for non-participating providers.	C	1/1/2022
D6752	RETR CRWN-PORCELN FUSD NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6753	RETAINER CROWN - PORCELN FUSED TIT AND TIT ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6780	RETRNR CROWN-3/4 CAST HI NOBLE METL	Authorization required for non-participating providers.	C	1/1/2022
D6781	RETRNR CRWN-3/4 CAST PDMT BASE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6782	RETAINER CROWN-3/4 CAST NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6783	RETAINER CROWN-3/4 PORCELAIN/CERAMC	Authorization required for non-participating providers.	C	1/1/2022
D6784	RETAINER CROWN 3/4 - TITANIUM AND TITANIUM ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6790	RETRNR CRWN-FULL CAST HI NOBLE METAL	Authorization required for non-participating providers.	C	1/1/2022
D6791	RETRNR CRWN-FULL CAST PDMT BASE METL	Authorization required for non-participating providers.	C	1/1/2022
D6792	RETAINER CROWN-FULL CAST NOBLE METL	Authorization required for non-participating providers.	C	1/1/2022
D6793	INTRM RET CRWN-FUR TX/CMPL DX NEC B4 FINL IMPRSS	Authorization required for non-participating providers.	C	1/1/2022
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	Authorization required for non-participating providers.	C	1/1/2022
D6795	FXD PARTIAL DENTAL RETAINERS	Authorization required for non-participating providers.	C	1/1/2022
D6920	CONNECTOR BAR	Authorization required for non-participating providers.	C	1/1/2022
D6930	RECEMENT FIXED PARTIAL DENTURE	Authorization required for non-participating providers.	C	1/1/2022
D6940	STRESS BREAKER	Authorization required for non-participating providers.	C	1/1/2022
D6950	PRECISION ATTACHMENT	Authorization required for non-participating providers.	C	1/1/2022
D6970	POST & CORE IN ADDITIONAL TO FIXED PARTIAL DENTURE RETAINER, IN	Authorization required for non-participating providers.	C	1/1/2022
D6972	PREFAB POST & CORE IN ADD-FIX PART DENT RETAIN	Authorization required for non-participating providers.	C	1/1/2022
D6973	CORE BUILD UP RETAINER INCLUDING ANY PINS	Authorization required for non-participating providers.	C	1/1/2022
D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST, SAME TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D6977	EA ADD PREFAB POST-SAME TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D6980	FXD PRT DNTR REPR NEC RSTRTV MTL FL	Authorization required for non-participating providers.	C	1/1/2022
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	Authorization required for non-participating providers.	C	1/1/2022
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Authorization required for non-participating providers.	C	1/1/2022
D7111	EXTRACT CORONAL RMNNTS-PRIM TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	Authorization required for non-participating providers.	C	1/1/2022
D7210	EXTRACTION ERU TOOTH RQR REMV BONE &/SECTN TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D7220	REMOVAL IMPACTED TOOTH SOFT TISSUE	Authorization required for non-participating providers.	C	1/1/2022
D7230	REMOVAL IMPACTED TOOTH PARTIALLY BONY	Authorization required for non-participating providers.	C	1/1/2022
D7240	REMOVAL IMPACTED TOOTH COMPLETELY BONY	Authorization required for non-participating providers.	C	1/1/2022
D7241	REMOVAL IMPACTED TOOTH COMPLETE BONY W/COMP	Authorization required for non-participating providers.	C	1/1/2022

D7250	REMOVAL OF RESIDUAL TOOTH ROOTS	Authorization required for non-participating providers.	C	1/1/2022
D7251	SURG EXTRACT, PARTL TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D7260	ORAL ANTRAL FISTULA CLOSURE	Authorization required for non-participating providers.	C	1/1/2022
D7261	PRIMARY CLOSURE SINUS PERFORATION	Authorization required for non-participating providers.	C	1/1/2022
D7270	TOOTH REIMPL&/STBL ACC DISPLCD	Authorization required for non-participating providers.	C	1/1/2022
D7272	TOOTH TRANSPL (INCL REIMPLNT, SPLNT, STAB)	Authorization required for non-participating providers.	C	1/1/2022
D7280	EXPOSURE OF AN UNERUPTED TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D7282	MOBILZ ERUPT/MALPSTN TOOTH AID ERUP	Authorization required for non-participating providers.	C	1/1/2022
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D7285	BIOPSY OF ORAL TISSUE HARD	Authorization required for non-participating providers.	C	1/1/2022
D7286	BIOPSY OF ORAL TISSUE SOFT	Authorization required for non-participating providers.	C	1/1/2022
D7287	CYTOLOGY SAMPLE COLLECTION	Authorization required for non-participating providers.	C	1/1/2022
D7288	BRUSH BIOPSY TRANSEPIHELIAL SAMPLE COLLECTION	Authorization required for non-participating providers.	C	1/1/2022
D7290	SURGICAL REPOSITIONING OF TEETH	Authorization required for non-participating providers.	C	1/1/2022
D7291	TRNSSEPTL/SUPRA CRESTAL FIBEROT RPT	Authorization required for non-participating providers.	C	1/1/2022
D7292	PLCMT TEMP ANCH DEVC SCREW RETN PLATE RQR FLAP	Authorization required for non-participating providers.	C	1/1/2022
D7293	PLACEMENT TEMP ANCHORAGE DEVC RQR FLAP	Authorization required for non-participating providers.	C	1/1/2022
D7294	PLACEMENT TEMP ANC DEVC W/O FLAP	Authorization required for non-participating providers.	C	1/1/2022
D7295	OTHER SURGICAL PROCEDURES	Authorization required for non-participating providers.	C	1/1/2022
D7296	CORTICOTOMY-1-3 TEETH/TOOTH SP QUAD	Authorization required for non-participating providers.	C	1/1/2022
D7297	CORTICOTOMY-4/> TEETH/TOOTH SP QUAD	Authorization required for non-participating providers.	C	1/1/2022
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	Authorization required for non-participating providers.	C	1/1/2022
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	Authorization required for non-participating providers.	C	1/1/2022
D7320	ALVEOPLASTY NOT W/EXTRACTIONS PER QUADRANT	Authorization required for non-participating providers.	C	1/1/2022
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	Authorization required for non-participating providers.	C	1/1/2022
D7340	VESTIBULOPLASTY RIDGE EXTENS (2ND EPITHELIAL)	Authorization required for non-participating providers.	C	1/1/2022
D7350	VESTIBULOPLASTY RIDGE EXTENS (W/GRAFTS ETC)	Authorization required for non-participating providers.	C	1/1/2022
D7410	EXCISION BENIGN LESION UP TO 1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7411	EXCISION OF BENIGN LESION > 1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7412	EXCISION BENIGN LESION COMPLICATED	Authorization required for non-participating providers.	C	1/1/2022
D7413	EXCISION MALIG LESION UP 1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7414	EXCISION MALIGNANT LESION > 1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7415	EXCISION MALIG LESION COMPLICATED	Authorization required for non-participating providers.	C	1/1/2022
D7440	EXCISE MALIG TUMOR/LESION TO 1.25CM	Authorization required for non-participating providers.	C	1/1/2022
D7441	EXCISE MALIG TUMOR/LESION MORE THAN 1.25CM	Authorization required for non-participating providers.	C	1/1/2022
D7450	REMOV BEN ODONTOGNIC TUMR-TO 1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7451	REMOV BEN ODONTOGNIC TUMR >1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7460	REMOV BEN NONODONTGN TUMR-TO 1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7461	REMOV BEN NONODONTGNIC TUMR >1.25 CM	Authorization required for non-participating providers.	C	1/1/2022
D7465	DESTRUCTION LESION(S) PHYSICAL/CHEMICAL BR	Authorization required for non-participating providers.	C	1/1/2022
D7471	REMOVAL OF LATERAL EXOSTOSIS	Authorization required for non-participating providers.	C	1/1/2022
D7472	REMOVAL OF TORUS PALATINUS	Authorization required for non-participating providers.	C	1/1/2022
D7473	REMOVAL OF TORUS MANDIBULARIS	Authorization required for non-participating providers.	C	1/1/2022
D7485	REDUCTION OF OSSEOUS TUBEROSITY	Authorization required for non-participating providers.	C	1/1/2022
D7490	RADICAL RESECTION MANDIBLE W/BONE GRAFT	Authorization required for non-participating providers.	C	1/1/2022
D7510	INCISION & DRAINAGE ABSCESS INTRAORAL SOFT TISS	Authorization required for non-participating providers.	C	1/1/2022
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	Authorization required for non-participating providers.	C	1/1/2022
D7520	INCISION & DRAINAGE ABSCESS EXTRAORAL SOFT TISS	Authorization required for non-participating providers.	C	1/1/2022
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	Authorization required for non-participating providers.	C	1/1/2022

D7530	REMOV FB MUCOS SKN/SUBQ ALVEOL TISS	Authorization required for non-participating providers.	C	1/1/2022
D7540	REMOVAL REACT PROD FOREIGN BODIES MUSCULOSKEL	Authorization required for non-participating providers.	C	1/1/2022
D7550	PART OSTEC/SEQECT REMV NON-VITAL BN	Authorization required for non-participating providers.	C	1/1/2022
D7560	MAXILLARY SINUSOTOMY REMOVE TOOTH FRAG/BODY	Authorization required for non-participating providers.	C	1/1/2022
D7610	MAXILLA-OPEN REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7620	MAXILLA CLOSE REDUCT (TEETH IMMOBIL IF PRESENT)	Authorization required for non-participating providers.	C	1/1/2022
D7630	MANDIBLE-OPEN REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7640	MANDIBLE CLOSE REDUCT (TEETH IMMOBIL IF PRESENT)	Authorization required for non-participating providers.	C	1/1/2022
D7650	MALAR &/OR ZYGOMATIC ARCH OPEN REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7660	MALAR &/OR ZYGOMATIC ARCH CLOSED REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7670	ALVEOL - CLO RDUCC MAY W/STBL TEETH	Authorization required for non-participating providers.	C	1/1/2022
D7671	ALVEOL - OPN RDUCC MAY W/STBL TEETH	Authorization required for non-participating providers.	C	1/1/2022
D7680	FACIAL BONES COMP REDUCT W/FIX & MULT APPROACHES	Authorization required for non-participating providers.	C	1/1/2022
D7710	MAXILLA-OPEN REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7720	MAXILLA CLOSED REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7730	MANDIBLE-OPEN REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7740	MANDIBLE CLOSED REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7760	MALAR &/OR ZYGOMATIC ARCH CLOSED REDUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	Authorization required for non-participating providers.	C	1/1/2022
D7771	ALVEOL CLOS RDUCC STBL TEETH	Authorization required for non-participating providers.	C	1/1/2022
D7780	FACIAL BONES-COMP RDUCC FIX & MX SURG APPROACHES	Authorization required for non-participating providers.	C	1/1/2022
D7810	OPEN REDUCTION OF DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
D7820	CLOSED REDUCTION OF DISLOCATION	Authorization required for non-participating providers.	C	1/1/2022
D7830	MANIPULATION UNDER ANESTHESIA	Authorization required for non-participating providers.	C	1/1/2022
D7840	CONDYLECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7850	SURGICAL DISCECTOMY W/WO IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
D7852	DISC REPAIR	Authorization required for non-participating providers.	C	1/1/2022
D7854	SYNOVECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7856	MYOTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7858	JOINT RECONSTRUCTION	Authorization required for non-participating providers.	C	1/1/2022
D7860	ARTHROTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7865	ARTHROPLASTY	Authorization required for non-participating providers.	C	1/1/2022
D7870	ARTHROCENTESIS	Authorization required for non-participating providers.	C	1/1/2022
D7871	NON-ARTHROSCOPIC LYSIS & LAVAGE	Authorization required for non-participating providers.	C	1/1/2022
D7872	ARTHROSCOPY DIAGNOSIS W/WO BIOPSY	Authorization required for non-participating providers.	C	1/1/2022
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	Authorization required for non-participating providers.	C	1/1/2022
D7874	ARTHROSCOPY: DISC REPOSITIONING & STABILIZATION	Authorization required for non-participating providers.	C	1/1/2022
D7875	ARTHROSCOPY: SYNOVECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7876	ARTHROSCOPY: DISCECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7877	ARTHROSCOPY: DEBRIDEMENT	Authorization required for non-participating providers.	C	1/1/2022
D7880	OCCLUSAL ORTHOTIC APPLIANCE	Authorization required for non-participating providers.	C	1/1/2022
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	Authorization required for non-participating providers.	C	1/1/2022
D7899	UNSPECIFIED TMD THERAPY BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D7910	SUTURE RECENT SMALL WOUNDS TO 5 CM	Authorization required for non-participating providers.	C	1/1/2022
D7911	COMPLICATED SUTURE UP TO 5CM	Authorization required for non-participating providers.	C	1/1/2022
D7912	COMPLICATED SUTURE GREATER THAN 5 CM	Authorization required for non-participating providers.	C	1/1/2022
D7920	SKIN GRAFTS (IDENT DEFECT LOCATION & TYPE)	Authorization required for non-participating providers.	C	1/1/2022
D7922	PLCMT INTRA-SOC BIOL DRSG AID HEMO/CLOT SITE	Authorization required for non-participating providers.	C	1/1/2022

D7940	OSTEOPLASTY ORTHOGNATHIC DEFORMITIES	Authorization required for non-participating providers.	C	1/1/2022
D7941	OSTEOTOMY RAMUS CLOSED	Authorization required for non-participating providers.	C	1/1/2022
D7943	OSTEOTOMY RAMUS OPEN W/BONE GRAFT	Authorization required for non-participating providers.	C	1/1/2022
D7944	OSTEOTOMY SEGMENTED OR SUBAPICAL	Authorization required for non-participating providers.	C	1/1/2022
D7945	OSTEOTOMY-BODY OF MANDIBLE	Authorization required for non-participating providers.	C	1/1/2022
D7946	LEFORT I MAXILLA TOTAL	Authorization required for non-participating providers.	C	1/1/2022
D7947	LEFORT I MAXILLA SEGMENTED	Authorization required for non-participating providers.	C	1/1/2022
D7948	LEFORT II/LEFORT III - W/O BONE GRAFT	Authorization required for non-participating providers.	C	1/1/2022
D7949	LEFORT II/LEFORT III W/BONE GRAFT	Authorization required for non-participating providers.	C	1/1/2022
D7950	OSS OSTEOPERIOSTL CART GFT MAND/MAX	Authorization required for non-participating providers.	C	1/1/2022
D7951	SINUS AUG BONE/BONE SUBST LAT OPN	Authorization required for non-participating providers.	C	1/1/2022
D7953	BONE REPLCMT GRAFT RIDGE PRES -SITE	Authorization required for non-participating providers.	C	1/1/2022
D7955	REPR MAXLOFACL SOFT&/HARD TISS DFCT	Authorization required for non-participating providers.	C	1/1/2022
D7961	BUCCAL/LABIAL FRENECTOMY FRENULECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7962	LINGUAL FRENECTOMY FRENULECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7963	FRENULOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
D7970	EXCISION HYPERPLASTIC TISSUE PER ARCH	Authorization required for non-participating providers.	C	1/1/2022
D7971	EXCISION OF PERICORONAL GINGIVA	Authorization required for non-participating providers.	C	1/1/2022
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	Authorization required for non-participating providers.	C	1/1/2022
D7979	NON - SURGICAL SIALOLITHOTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7980	SURGICAL SIALOLITHOTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D7982	SIALODOCHOPLASTY	Authorization required for non-participating providers.	C	1/1/2022
D7983	CLOSURE OF SALIVARY FISTULA	Authorization required for non-participating providers.	C	1/1/2022
D7990	EMERGENCY TRACHEOTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7991	CORONOIDECTOMY	Authorization required for non-participating providers.	C	1/1/2022
D7993	SURGICAL PLCMT OF CRANIOFACIAL IMPL - EXTRA ORAL	Authorization required for non-participating providers.	C	1/1/2022
D7994	SURGICAL PLACEMENT ZYGOMATIC IMPLANT	Authorization required for non-participating providers.	C	1/1/2022
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BR	Authorization required for non-participating providers.	C	1/1/2022
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES, BR	Authorization required for non-participating providers.	C	1/1/2022
D7997	APPLIANCE REMOV INCLU REMOV ARCHBAR	Authorization required for non-participating providers.	C	1/1/2022
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJ W A FRACTURE	Authorization required for non-participating providers.	C	1/1/2022
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D8010	LIMITED O'DONTIC TX OF PRIMARY DENTITION	Authorization required for non-participating providers.	C	1/1/2022
D8020	LIMITED O'DONTIC TX OF TRANSITIONAL DENTITION	Authorization required for non-participating providers.	C	1/1/2022
D8030	LIMITED O'DONTIC TX OF ADOLESCENT DENTITION	Authorization required for non-participating providers.	C	1/1/2022
D8040	LIMITED O'DONTIC TX OF ADULT DENTITION	Authorization required for non-participating providers.	C	1/1/2022
D8050	INTERCEPTIVE O'DONTIC TX OF PRIMARY DENTITION	Authorization required for non-participating providers.	C	1/1/2022
D8060	INTERCEPTIVE O'DONTIC TX OF TRANSITIONAL DENT	Authorization required for non-participating providers.	C	1/1/2022
D8070	COMPREHENSIVE O'DONTIC TX OF TRANSITIONAL DENT	Authorization required for non-participating providers.	C	1/1/2022
D8080	COMPREHENSIVE O'DONTIC TX OF ADOLESCENT DENT	Authorization required for non-participating providers.	C	1/1/2022
D8090	COMPREHENSIVE O'DONTIC TX OF ADULT DENTITION	Authorization required for non-participating providers.	C	1/1/2022
D8210	REMOVABLE APPLIANCE THERAPY	Authorization required for non-participating providers.	C	1/1/2022
D8220	FIXED APPLIANCE THERAPY	Authorization required for non-participating providers.	C	1/1/2022
D8660	PREORTHODONTIC TREATMENT VISIT	Authorization required for non-participating providers.	C	1/1/2022
D8670	PERIODIC ORTHODONTIC TX VISIT	Authorization required for non-participating providers.	C	1/1/2022
D8680	ORTHODONTIC RETENTION	Authorization required for non-participating providers.	C	1/1/2022
D8681	REMOVABLE ORTHODONTIC RETAINER ADJ	Authorization required for non-participating providers.	C	1/1/2022
D8690	ORTHODONTIC TREATMENT	Authorization required for non-participating providers.	C	1/1/2022

D8695	REMOV F ORTHO APPL RSN OTH THAN C TX	Authorization required for non-participating providers.	C	1/1/2022
D8696	REPAIR OF ORTHODONTIC APPLIANCE - MAXILLARY	Authorization required for non-participating providers.	C	1/1/2022
D8697	REPAIR OF ORTHODONTIC APPLIANCE - MANDIBULAR	Authorization required for non-participating providers.	C	1/1/2022
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER - MAXILLAR	Authorization required for non-participating providers.	C	1/1/2022
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBUL	Authorization required for non-participating providers.	C	1/1/2022
D8701	REPAIR OF FIXED RETAINER INCL REATTACHMENT - MAX	Authorization required for non-participating providers.	C	1/1/2022
D8702	REPAIR FIXED RETAINER INCL REATTACHMENT - MAND	Authorization required for non-participating providers.	C	1/1/2022
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAX	Authorization required for non-participating providers.	C	1/1/2022
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MAND	Authorization required for non-participating providers.	C	1/1/2022
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D9110	PALLIATIVE (EMERGENCY) TREAT DENTAL PAIN MINOR	Authorization required for non-participating providers.	C	1/1/2022
D9120	FIXED PARTIAL DENTURE SECTIONING	Authorization required for non-participating providers.	C	1/1/2022
D9130	TMJ DYSFUNCTION - NON-INVASIVE PT	Authorization required for non-participating providers.	C	1/1/2022
D9210	LOCAL ANES NOT W/OPERATIVE SURGICAL PROCEDURES	Authorization required for non-participating providers.	C	1/1/2022
D9211	REGIONAL BLOCK ANESTHESIA	Authorization required for non-participating providers.	C	1/1/2022
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	Authorization required for non-participating providers.	C	1/1/2022
D9215	LOCAL ANESTHESIA	Authorization required for non-participating providers.	C	1/1/2022
D9222	DEEP SEDATION/GEN ANES-1ST 15 MINS	Authorization required for non-participating providers.	C	1/1/2022
D9223	DS/GEN ANES-EA SUBSQT 15 MIN INCR	Authorization required for non-participating providers.	C	1/1/2022
D9230	ANALGESIA	Authorization required for non-participating providers.	C	1/1/2022
D9239	IV MOD SEDAT/ANALGESIA-1ST 15 MINS	Authorization required for non-participating providers.	C	1/1/2022
D9243	IV MOD SED/ANAL-EA SUBS 15 MIN INCR	Authorization required for non-participating providers.	C	1/1/2022
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	Authorization required for non-participating providers.	C	1/1/2022
D9310	CONSULT DIAGNOSTIC SERV PROV BY DDS OR PHYS OTH THAN REQUESTING DDS	Authorization required for non-participating providers.	C	1/1/2022
D9410	HOUSE CALL	Authorization required for non-participating providers.	C	1/1/2022
D9420	HOSPITAL CALL	Authorization required for non-participating providers.	C	1/1/2022
D9430	OFFICE VISIT OBSERVATION (REG HOURS) ONLY	Authorization required for non-participating providers.	C	1/1/2022
D9440	OFFICE VISIT AFTER REGULAR SCHEDULE HOURS	Authorization required for non-participating providers.	C	1/1/2022
D9450	CASE PRSATION DTL&EXT TX PLANNING	Authorization required for non-participating providers.	C	1/1/2022
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	Authorization required for non-participating providers.	C	1/1/2022
D9612	THERAPEUTIC PARENTERAL DRUGS 2 OR MORE ADMINI, DIFFERENT MEDS	Authorization required for non-participating providers.	C	1/1/2022
D9613	INFILTRATION SUSTAINED RELEASE TX DRUG PER QUAD	Authorization required for non-participating providers.	C	1/1/2022
D9630	DRUGS/MEDICAMENTS DISPENSED OFFICE FOR HOME USE	Authorization required for all providers.	Y	1/1/2022
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Authorization required for non-participating providers.	C	1/1/2022
D9911	APPLIC DESENSITIZING RESIN TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D9920	BEHAVIOR MANAGEMENT BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D9930	TREAT COMPLICATION (POST SURG) UNUSUAL BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
D9932	CLEAN&INSPECT REMV CMPL DENTUR MAXIL	Authorization required for non-participating providers.	C	1/1/2022
D9933	CLEAN&INSPECT REMV CMPL DENTUR MAND	Authorization required for non-participating providers.	C	1/1/2022
D9934	CLEAN&INSPECT REMV PRT DENTUR MAXIL	Authorization required for non-participating providers.	C	1/1/2022
D9935	CLEAN&INSPECT REMV PART DENTUR MAND	Authorization required for non-participating providers.	C	1/1/2022
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	Authorization required for non-participating providers.	C	1/1/2022
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	Authorization required for non-participating providers.	C	1/1/2022
D9943	OCCLUSAL GUARD ADJUSTMENT	Authorization required for non-participating providers.	C	1/1/2022
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	Authorization required for non-participating providers.	C	1/1/2022
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	Authorization required for non-participating providers.	C	1/1/2022
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	Authorization required for non-participating providers.	C	1/1/2022
D9950	OCCLUSION ANALYSIS MOUNTED CASE	Authorization required for non-participating providers.	C	1/1/2022
D9951	OCCLUSAL ADJUSTMENT LIMITED	Authorization required for non-participating providers.	C	1/1/2022

D9952	OCCUSAL ADJUSTMENT COMPLETE	Authorization required for non-participating providers.	C	1/1/2022
D9961	DUPLICATE/COPY PATIENT'S RECORDS	Authorization required for non-participating providers.	C	1/1/2022
D9970	ENAMEL MICROABRASION	Authorization required for non-participating providers.	C	1/1/2022
D9971	ODONTOPLASTY - PER TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D9972	EXTERNAL BLEACH-PER ARCH-PRFRM OFF	Authorization required for non-participating providers.	C	1/1/2022
D9973	EXT BLEACHING/TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D9974	INT BLEACHING/TOOTH	Authorization required for non-participating providers.	C	1/1/2022
D9985	SALES TAX	Authorization required for non-participating providers.	C	1/1/2022
D9990	CERTI TRANSL/SIGN-LANG SERVICES PER VISIT	Authorization required for non-participating providers.	C	1/1/2022
D9995	TELEDENTISTRY - SYNCHRONOUS - RT ENC	Authorization required for non-participating providers.	C	1/1/2022
D9996	TELEDNT-ASYN - I STD&FWD DNT SUB REV	Authorization required for non-participating providers.	C	1/1/2022
D9997	DENTAL CASE MGMT - PTS SPECIAL HEALTH CARE NEEDS	Authorization required for non-participating providers.	C	1/1/2022
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT	Authorization required for non-participating providers.	C	1/1/2022
E0100	CANE ALL MATERIAL ADJUSTABLE/FIXED W/TIP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0105	CANE QUAD/3 PRONG ALL MATERIALS ADJ/FIXED W/TIPS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0110	CRUTCHS FOREARM ALL MAT ADJ/FIXED W/TIP HANDGRP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0111	CRUTCH FOREARM VAR MAT ADJ/FIX W/TIP HANDGRIP EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0112	CRUTCHS UNDERARM WOOD ADJ/FIX PAIR PAD/TIP GRIP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0113	CRUTCH UNDERARM WOOD ADJ/FIX PAD/TIP/GRIP EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0114	CRUTCHES UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0116	CRUTCH UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0130	WALKER RIGID (PICKUP) ADJUST/FIXED HEIGHT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0135	WALKER FOLDING (PICKUP) ADJUST/FIXED HEIGHT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0141	WALKER, RIGID, WHELLED, ADJUSTABLE OR FIXED HEIGHT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0143	WALKER, FOLDING, WHELLED, ADJUSTABLE OR FIXED HEIGHT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0144	WALKER/ENCLSD, 4 SIDED FRMD, RIGID OR FOLDING, WHELLED W POSTERIOR SEAT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

E0148	WALKER HD WO WHEELS RIGID/FLDG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0149	WALKER, HEAVY DUTY, WHEELED, RIGIT OR FOLDING, ANY TYPE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0153	PLATFORM ATTACHMENT FOREARM CRUTCH EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0154	PLATFORM ATTACHMENT WALKER EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0155	WHEEL ATTACHMENT RIGID PICK-UP WALKER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0156	SEAT ATTACHMENT WALKER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0157	CRUTCH ATTACHMENT WALKER EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0158	LEG EXTENSIONS - WALKER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0159	BRAKE ATT WHEELED WALKER REPLACEMENT EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0160	SITZ TYPE BATH/EQUIP-PORTABLE-USE W/WO COMMODE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0161	SITZ TYP BATH-PORT-USE W/WO COMMODE-W/FAUCET ATT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0163	COMMODE CHAIR STATIONARY W/FIXED ARMS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0165	COMMODE CHAIR, MOBILE OR STATIONARY WITH DETACHABLE ARMS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0168	COMMODE CHAIR XWD &/OR HD W/WO ARMS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0175	FOOT REST USE W/COMMODE CHAIR EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING W	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0184	DRY PRESSURE MATTRESS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0185	GEL/GEL LIKE PRESS PAD STAN MATRS LENGTH/WIDTH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

E0186	AIR PRESSURE MATTRESS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0187	WATER PRESSURE MATTRESS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0188	SYNTHETIC SHEEPSKIN PAD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE , INCL ALL C	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0191	HEEL/ELBOW PROTECTOR EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0193	POWERED AIR FLOTATION BED (LOW AIR LOW THERAPY)	Authorization required for all providers.	Y	1/1/2022
E0194	AIR FLUIDIZED BED	Authorization required for all providers.	Y	1/1/2022
E0196	GEL PRESSURE MATTRESS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0197	AIR PRESS PAD STAN MATRS LENGTH/WIDTH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0198	H2O PRESS PAD STAN MATRS LENGTH/WIDTH	Authorization required for all providers.	Y	1/1/2022
E0199	DRY PRESS PAD STAN MATRS LENGTH/WIDTH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0200	HEAT LAMP WO STAND INCL BULB/INFRARED ELEMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER	Authorization required for all providers.	Y	1/1/2022
E0205	HEAT LAMP W/STAND INCL BULB/INFRARED ELEMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0210	ELECTRIC HEAT PAD STANDARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0215	ELECTRIC HEAT PAD MOIST	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0217	WATER CIRCULATING HEAT PAD W/PUMP	Authorization required for all providers.	Y	1/1/2022
E0218	FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0235	PARAFFIN BATH UNIT PORTABLE	Authorization required for all providers.	Y	1/1/2022
E0236	PUMP WATER CIRCULATING PAD	Authorization required for all providers.	Y	1/1/2022
E0240	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0241	BATH TUB WALL RAIL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0242	BATH TUB RAIL FLOOR BASE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

E0243	TOILET RAIL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0244	RAISED TOILET SEAT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0245	TUB STOOL/BENCH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0246	TRANSFER TUB RAIL ATTACHMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0248	TRNSFR BENCH, HEAVY DUTY/TUB OR TOILET W OR W/OUT COMMODE OPENING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0249	PAD WATER CIRCULATING HEAT U	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0250	HOSP BED FIX HEIGHT W/ANY SIDE RAILS/MATTRESS	Authorization required for all providers.	Y	1/1/2022
E0251	HOSP BED FIX HEIGHT W/ANY RAILS WO MATTRESS	Authorization required for all providers.	Y	1/1/2022
E0255	HOSP BED VARIABLE HI-LO W/ANY RAILS W/MATTRESS	Authorization required for all providers.	Y	1/1/2022
E0256	HOSP BED VARIABLE HI-LO W/ANY RAILS WO MATTRESS	Authorization required for all providers.	Y	1/1/2022
E0261	HOSP BED SEMI-ELEC W/ANY RAILS WO MATTRESS	Authorization required for all providers.	Y	1/1/2022
E0265	HOSP BED TOTAL ELEC W/ANY RAILS W/MATTRESS	Authorization required for all providers.	Y	1/1/2022
E0266	HOSP BED TOTAL ELEC W/ANY RAILS WO MATTRESS	Authorization required for all providers.	Y	1/1/2022
E0271	MATTRESS INNERSPRING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0272	MATTRESS FOAM RUBBER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0275	BED PAN STANDARD METAL/PLASTIC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0276	BED PAD FRACTURE METAL/PLASTIC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0277	POWERED PRESS-REDUCING AIR MATRS	Authorization required for all providers.	Y	1/1/2022
E0280	BED CRADLE ANY TYPE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0300	ENCLOSED PED CRIB HOSP GRADE	Authorization required for all providers.	Y	1/1/2022
E0301	HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP>350 PDS/LESS OR = 600 /W/OUT MATT	Authorization required for all providers.	Y	1/1/2022
E0303	HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP>350 PDS/LESS OR = 600 /W MATT	Authorization required for all providers.	Y	1/1/2022
E0304	HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP> 600 /W MATT	Authorization required for all providers.	Y	1/1/2022
E0305	BED SIDE RAILS HALF LENGTH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0310	BESIDE RAILS FULL LENGTH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	Authorization required for all providers.	Y	1/1/2022

E0325	URINAL MALE JUG TYPE ANY MATERIAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0326	URINAL FEMALE JUG TYPE ANY MATERIAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0328	PED HOSPITAL BED, MANUAL	Authorization required for all providers.	Y	1/1/2022
E0329	PED HOSPITAL BED SEMI/ELECT	Authorization required for all providers.	Y	1/1/2022
E0371	NONPWR ADV PRESS REDUC MATRS OVERLAY STAN L/W	Authorization required for all providers.	Y	1/1/2022
E0372	PWR AIR MATRS OVERLAY STAN MATRS LENGTH/WIDTH	Authorization required for all providers.	Y	1/1/2022
E0373	NONPWR ADV PRESS REDUC MATRS	Authorization required for all providers.	Y	1/1/2022
E0425	STATIONARY COMP GAS W/REG GAUGE HUMIDIFIER ETC	Authorization required for all providers.	Y	1/1/2022
E0447	PRTB O C LQD 1 MO SPL=1 U PRSC AMT R/N EXCD 4LPM	Authorization required for all providers.	Y	1/1/2022
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Authorization required for all providers.	Y	1/1/2022
E0480	PERCUSSOR ELECTRIC/PNEUMATIC HOME MODEL	Authorization required for all providers.	Y	1/1/2022
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	Authorization required for all providers.	Y	1/1/2022
E0482	COUGH STIMULATING DEVICE	Authorization required for all providers.	Y	1/1/2022
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Authorization required for all providers.	Y	1/1/2022
E0484	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0485	ORAL DEVICE/APPLTO REDUCE UP/AIRWAY COLLAPSIBILITY ADJ OR NON ADJ PREFAB	Authorization required for all providers.	Y	1/1/2022
E0486	ORAL DEVICE/APPLIANCE TO REDUCE UP/AIRWAY COLLAPSIBILITY ADJUSTABLE OR	Authorization required for all providers.	Y	1/1/2022
E0500	IPPB MACHINE ALL MAN/AUTO VALVES INT/EXT POWER	Authorization required for all providers.	Y	1/1/2022
E0550	HUMIDIFIER DURABLE SUPPLEMENTAL W/IPPB/OXYGEN	Authorization required for all providers.	Y	1/1/2022
E0555	HUMIDIFIER DURABLE BOTTLE TYPE W/REG FLOWMETER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Authorization required for all providers.	Y	1/1/2022
E0570	NEBULIZER WITH COMPRESSOR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0574	US/ELEC AROSL GEN W/SM VOLUME NEB	Authorization required for all providers.	Y	1/1/2022
E0575	NEBULIZER ULTRASONIC	Authorization required for all providers.	Y	1/1/2022
E0580	NEBULIZER DURABLE BOTTLE TYPE W/REG/FLOWMETER	Authorization required for all providers.	Y	1/1/2022
E0602	BREAST PUMP ALL TYPES	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
E0605	VAPORIZER ROOM TYPE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0606	POSTURAL DRAINAGE BOARD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0610	PACEMAKER MONITOR SELF CONTAIN W/AUD/VIS CHECK	Authorization required for all providers.	Y	1/1/2022
E0615	PACEMAKER MONITOR SELF CONTAIN W/DIG/VIS CHECK	Authorization required for all providers.	Y	1/1/2022
E0617	EXT DEFIB W/INTEGRATED ECG ANALY	Authorization required for all providers.	Y	1/1/2022
E0619	APNEA MONITOR W/RECORDING FEATURE	Authorization required for all providers.	Y	1/1/2022
E0621	SLING/SEAT PATIENT LIFT CANVAS/NYLON	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

E0627	SEAT LIFT MECH COMB LIFT-CHAIR MECH	Authorization required for all providers.	Y	1/1/2022
E0629	SEAT LIFT MECH NON-ELECTRIC ANY TYP	Authorization required for all providers.	Y	1/1/2022
E0630	PATIENT LIFT HYDRAULIC	Authorization required for all providers.	Y	1/1/2022
E0637	COMBINATION SIT TO STAND SYS	Authorization required for all providers.	Y	1/1/2022
E0638	STANDING FRAME SYS	Authorization required for all providers.	Y	1/1/2022
E0641	MULTI-POSITION STND FRAM SYS	Authorization required for all providers.	Y	1/1/2022
E0642	DYNAMIC STANDING FRAME	Authorization required for all providers.	Y	1/1/2022
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Authorization required for all providers.	Y	1/1/2022
E0651	PNEUMATIC COMPRESS SEGMENTAL WO GRADIENT PRESS	Authorization required for all providers.	Y	1/1/2022
E0652	PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS	Authorization required for all providers.	Y	1/1/2022
E0655	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF ARM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0656	SEGMENTAL PNEUMATIC TRUNK	Authorization required for all providers.	Y	1/1/2022
E0657	SEGMENTAL PNEUMATIC CHEST	Authorization required for all providers.	Y	1/1/2022
E0660	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0665	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0666	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0667	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0668	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0669	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0671	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL LEG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0672	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL ARM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0673	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE HALF LEG	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0705	TRANSFER DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0710	RESTRAINTS ANY TYPE (BODY CHEST WRIST ANKLE)	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, 2 LEAD,	Authorization required for all providers.	Y	1/1/2022
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, 4 OR	Authorization required for all providers.	Y	1/1/2022
E0745	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT	Authorization required for all providers.	Y	1/1/2022
E0747	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC	Authorization required for all providers.	Y	1/1/2022
E0748	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS	Authorization required for all providers.	Y	1/1/2022
E0749	OSTEOGENESIS STIM ELEC (SURGICALLY IMPLANTED)	Authorization required for all providers.	Y	1/1/2022
E0760	OSTEOGENESIS STIM-LOW INTENSITY US NON-INVASIVE	Authorization required for all providers.	Y	1/1/2022
E0765	NERV STIM W/REPLC BAT TX-NAUS & VOM	Authorization required for all providers.	Y	1/1/2022

E0766	ELEC STIM CANCER TREATMENT	Authorization required for all providers.	Y	1/1/2022
E0780	AMB INFUS PUMP MECH INFUS <8 HR	Authorization required for all providers.	Y	1/1/2022
E0781	AMBULATORY INFUSION PUMP 1/MULTI CHAN PT WEARS	Authorization required for all providers.	Y	1/1/2022
E0782	INFUS PUMP IMPL NON-PROGRAMMABLE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
E0783	INFUS PUMP SYST IMPLNT PROGRAMMABLE (INCL COMPON)	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Authorization required for all providers.	Y	1/1/2022
E0785	IMPLANT INTRASPINAL CATH W/FUS PUMP REPLAC	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
E0786	IMPLNT PROGRAM INFUS PUMP REPLCMT	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Authorization required for non-participating providers.	C	1/1/2022
E0791	PARENTAL INFUSION PUMP STATIONARY 1/MULTICHANL	Authorization required for all providers.	Y	1/1/2022
E0840	TRACTION FRAME TO HEADBOARD CERV TRACTION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0850	TRACTION STAND FREESTANDING CERV TRACTION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0860	TRACTION EQUIPMENT OVERDOOR CERV	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0870	TRACTION FRAME TO FOOTBOARD EXTREMITY TRACTION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0880	TRACTION STAND FREE STANDING EXTREMITY TRACTION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0890	TRACTION FRAME TO FOOTBOARD PELVIC TRACTION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0900	TRACTION STAND FREESTANDING PELVIC TRACTION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0910	TRAPEZE BARS TO BED W/GRAB BAR (PT HELPER)	Authorization required for all providers.	Y	1/1/2022
E0911	TRAPEZE BAR HEAVY DUTY FOR PATIENT WT CAP GR THAN 250 LBS ATTACH TO BED	Authorization required for all providers.	Y	1/1/2022
E0912	TRAPEZE BAR HEAVY DUTY FOR PATIENT WT CAP GR THAN 250 LBS FREE STANDING	Authorization required for all providers.	Y	1/1/2022
E0920	FRACTURE FRAME TO BED INCL WEIGHTS	Authorization required for all providers.	Y	1/1/2022
E0930	FRACTURE FRAME FREESTANDING W/WEIGHTS	Authorization required for all providers.	Y	1/1/2022
E0935	PASSIVE MOTION EXERCISE DEVICE	Authorization required for all providers.	Y	1/1/2022
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	Authorization required for all providers.	Y	1/1/2022
E0940	TRAPEZE BAR FREESTANDING COMPLETE W/GRAB BAR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0942	CERVICAL HEAD HARNESS/HALTER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0944	PELVIC BELT/HARNESS/HALTER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E0947	FX FRAME ATTACH COMPLX PELVIC TRACTION	Authorization required for all providers.	Y	1/1/2022
E0948	FX FRAME ATTACH COMPLX CERVICAL TRACTION	Authorization required for all providers.	Y	1/1/2022
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	Authorization required for all providers.	Y	1/1/2022
E0951	HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH	Authorization required for all providers.	Y	1/1/2022
E0952	TOE LOOP/HOLDER, EACH	Authorization required for all providers.	Y	1/1/2022
E0953	WC AC LAT THIGH/KNEE SUPP ANY TY EA	Authorization required for all providers.	Y	1/1/2022
E0954	WHEELCHAIR AC FOOT BOX ANY TY EA FT	Authorization required for all providers.	Y	1/1/2022

E0955	WHEELCHAIR /HEADREST/CUSHIONED/PREFABRICATED/INCL FIXED MNTNG HARDWARE	Authorization required for all providers.	Y	1/1/2022
E0956	WHEELCHAIR/LATERAL TRUNK, HIP SUPPORT, PREFBRCTD, INCL FIXED MNTNG HRDWR	Authorization required for all providers.	Y	1/1/2022
E0957	WHEELCHAIR/MEDIAL THIGH SUPP/PREFAB/ INCL FIXED MOUNTING HARDWARE	Authorization required for all providers.	Y	1/1/2022
E0958	MANUAL WHEELCHIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	Authorization required for all providers.	Y	1/1/2022
E0959	MANUAL WHEELCHIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	Authorization required for all providers.	Y	1/1/2022
E0960	WHEELCHAIR/SHOLDER HARNESS/STRAPS/CHEST STRAP/INCL ANY TYPE MNTNG HRDWR	Authorization required for all providers.	Y	1/1/2022
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	Authorization required for all providers.	Y	1/1/2022
E0966	MANUAL WHEELCHIR ACCESSORY, HEADREST EXTENSION, EACH	Authorization required for all providers.	Y	1/1/2022
E0967	MNL WC AC HND RIM PROJ REPL ONL EA	Authorization required for all providers.	Y	1/1/2022
E0969	NARROWING DEVICE WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
E0970	# 2 FOOTPLATES EXCEPT ELEVATING LEG REST	Authorization required for all providers.	Y	1/1/2022
E0971	ANTI TIPPING DEVICE WHEELCHAIRS	Authorization required for all providers.	Y	1/1/2022
E0973	WHEELCHAIR ADJUSTABLE HEIGHT, DETACH ARMREST, CMLPTD ASSEMBLY	Authorization required for all providers.	Y	1/1/2022
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	Authorization required for all providers.	Y	1/1/2022
E0978	WHEELCHAIR ACCESSORY, SAFETY BELT/ PELVIC STRAP, EACH	Authorization required for all providers.	Y	1/1/2022
E0980	SAFETY VEST WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	Authorization required for all providers.	Y	1/1/2022
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	Authorization required for all providers.	Y	1/1/2022
E0983	MNL WHEELCHAIR/ PWR ADD-ON-CNVRT MNAL WHEELCHAIR-MTRZD WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
E0984	WHEELCHAIR/PWR ADD-ON- CNVRT MNAL WHEELCHAIR-MTRZD WHEELCHAIR, TILLER	Authorization required for all providers.	Y	1/1/2022
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	Authorization required for all providers.	Y	1/1/2022
E0986	MAN W/C PUSH-RIM POWR SYSTEM	Authorization required for all providers.	Y	1/1/2022
E0988	LEVER-ACTIVATED WHEEL DRIVE	Authorization required for all providers.	Y	1/1/2022
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	Authorization required for all providers.	Y	1/1/2022
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	Authorization required for all providers.	Y	1/1/2022
E0994	ARM REST EA	Authorization required for all providers.	Y	1/1/2022
E0995	WC AC CALF REST/PAD REPL ONLY EA	Authorization required for all providers.	Y	1/1/2022
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Authorization required for all providers.	Y	1/1/2022
E1003	WHEELCHAIR/PWR SEATING SYS/RCLN ONLY/WOUT SHEAR REDUCTION	Authorization required for all providers.	Y	1/1/2022
E1004	WHEELCHAIR PWR SEATING SYS/RCLNE ONLY/ W MECHNCL SHEAR REDUCTION	Authorization required for all providers.	Y	1/1/2022
E1005	WHEELCHAIR/PWR SEATING SYS/RCLNE ONLY/W PWR SHEAR REDUCTION	Authorization required for all providers.	Y	1/1/2022
E1006	WHEELCHAIR/ PWR SEATING SYS/CMBNTN TILT&RCLNE/WOUT SHEAR REDUCTION	Authorization required for all providers.	Y	1/1/2022
E1007	WHEELCHAIR/PWR SEATING SYS/CMBNTN TILT&RCLNE/ W MCHNCL SHEAR REDUCTION	Authorization required for all providers.	Y	1/1/2022
E1008	WHEELCHAIR/PWR SEATING SYS/CMBNTN TILT&RCLNE/W PWR SHEAR REDUCTION	Authorization required for all providers.	Y	1/1/2022
E1009	WHEELCHAIR, ADD TO PWR SEATING SYS/INCL PUSHROD&LEG REST	Authorization required for all providers.	Y	1/1/2022
E1010	WHEELCHAIR/ADD TO PWR SEATING SYS	Authorization required for all providers.	Y	1/1/2022
E1011	MOD PED WHLCHAIR WIDTH ADJ PKG	Authorization required for all providers.	Y	1/1/2022
E1012	WC ACCESS PWR SEAT SYS CNTR MNT EA	Authorization required for all providers.	Y	1/1/2022
E1014	RECLIN BACK ADD PEDIATRIC WHLCHAIR	Authorization required for all providers.	Y	1/1/2022
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	Authorization required for all providers.	Y	1/1/2022
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	Authorization required for all providers.	Y	1/1/2022
E1017	HEVY DUTY SHOCK ABSORBR MNL WC EA	Authorization required for all providers.	Y	1/1/2022
E1018	HEVY DUTY SHOCK ABSORBR PWR WC EA	Authorization required for all providers.	Y	1/1/2022
E1020	RESIDUAL LIMB SUPPORT SYSTEM	Authorization required for all providers.	Y	1/1/2022
E1028	WHEELCHAIR/MNL SWINGAWAY/RTRCTBL OR RMVBLE MNTNG HRWRE FOR JOYSTICK	Authorization required for all providers.	Y	1/1/2022
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Authorization required for all providers.	Y	1/1/2022
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Authorization required for all providers.	Y	1/1/2022
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	Authorization required for all providers.	Y	1/1/2022
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	Authorization required for all providers.	Y	1/1/2022

E1225	MNL WHEELCHAIR/SEMI-RCLNG BACK/RCLNE>15 DGRS/LESS THAN 80 DGRS	Authorization required for all providers.	Y	1/1/2022
E1226	MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK, EACH	Authorization required for all providers.	Y	1/1/2022
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Authorization required for all providers.	Y	1/1/2022
E1230	POWER OP VEHICLE (3-4 WHEEL) BRAND/NAME/MODEL #	Authorization required for all providers.	Y	1/1/2022
E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	Authorization required for all providers.	Y	1/1/2022
E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	Authorization required for all providers.	Y	1/1/2022
E1233	WC PED SZ TILT-IN-SPACE RIGD NO SEAT	Authorization required for all providers.	Y	1/1/2022
E1234	WC PED SZ TILT-IN-SPACE FOLD NO SEAT	Authorization required for all providers.	Y	1/1/2022
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	Authorization required for all providers.	Y	1/1/2022
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	Authorization required for all providers.	Y	1/1/2022
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	Authorization required for all providers.	Y	1/1/2022
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	Authorization required for all providers.	Y	1/1/2022
E1300	WHIRLPOOL PORTABLE (OVER TUB TYPE)	Authorization required for all providers.	Y	1/1/2022
E1352	O2 FLOW REG POS INSPIR PRESS	Authorization required for all providers.	Y	1/1/2022
E1353	REGULATOR	Authorization required for all providers.	Y	1/1/2022
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Authorization required for all providers.	Y	1/1/2022
E1700	JAW MOTION REHAB SYST	Authorization required for all providers.	Y	1/1/2022
E1800	DYN ADJUS ELBOW EXTENSION/FLEXION DEVICE	Authorization required for all providers.	Y	1/1/2022
E1801	SPS ELBOW DEVICE	Authorization required for all providers.	Y	1/1/2022
E1802	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	Authorization required for all providers.	Y	1/1/2022
E1805	DYN ADJUS WRIST EXTENSION/FLEXION DEVICE	Authorization required for all providers.	Y	1/1/2022
E1806	SPS WRIST DEVICE	Authorization required for all providers.	Y	1/1/2022
E1810	DYN ADJUS KNEE EXTENSION/FLEXION DEVICE	Authorization required for all providers.	Y	1/1/2022
E1811	SPS KNEE DEVICE	Authorization required for all providers.	Y	1/1/2022
E1815	DYN ADJUS ANKLE EXTENSION/FLEXION DEVICE	Authorization required for all providers.	Y	1/1/2022
E1816	SPS ANKLE DEVICE	Authorization required for all providers.	Y	1/1/2022
E1818	SPS FOREARM DEVICE	Authorization required for all providers.	Y	1/1/2022
E1825	DYN ADJUS FINGER EXTEN/FLEXION DEVICE	Authorization required for all providers.	Y	1/1/2022
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION	Authorization required for all providers.	Y	1/1/2022
E1841	STATIC STR SHLDR DEV ROM ADJ	Authorization required for all providers.	Y	1/1/2022
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Authorization required for all providers.	Y	1/1/2022
E2201	MNL WHEELCHAIR/N-STNDRD SEAT FRME/WIDTH>OR=20 IN&LESS 24 IN	Authorization required for all providers.	Y	1/1/2022
E2202	MANUAL WHEELCHAIR/N-STNDRD SEAT FRAME WIDTH, 24-27 INCHES	Authorization required for all providers.	Y	1/1/2022
E2203	MANUAL WHELLCHAIR/N-STNDRD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Authorization required for all providers.	Y	1/1/2022
E2204	MANUAL WHEELCHAIR/N-STNDRD SEAT FRAME DEPTH, 22 TO 25 INCHES	Authorization required for all providers.	Y	1/1/2022
E2205	MANUAL WC ACCESSORY, HANDRIM	Authorization required for all providers.	Y	1/1/2022
E2206	MANL WC AC WL ASM CMPL REPL ONLY EA	Authorization required for all providers.	Y	1/1/2022
E2207	WHEELCHAIR ACCESSORY CRUTCH & CANE HOLDER EACH	Authorization required for all providers.	Y	1/1/2022
E2208	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH	Authorization required for all providers.	Y	1/1/2022
E2209	ACCESSORY, ARM TROUGH, W OR W/OUT HAND SUPPORT, EACH	Authorization required for all providers.	Y	1/1/2022
E2210	WHEELCHAIR ACCESSORY BEARINGS ANY TYPE REPLACE ONLY EACH	Authorization required for all providers.	Y	1/1/2022
E2211	MANUAL WHEELCHAIR ACCESSORY PNEUMATIC PROPULSION TIRE ANY SIZE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

E2212	MANUAL WHEELCHAIR ACCESSORY TUBE FOR PNEUMATIC PROPULSION TIRE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2213	MANUAL WHEELCHAIR ACCESS INSERT FOR PNEUM PROPULSION TIRE REMOVABLE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2214	MANUAL WHEELCHAIR ACCESSORY PNEUMATIC CASTER TIRE ANY SIZE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2215	MANUAL WHEELCHAIR ACCESSORY TUBE FOR PNEUMATIC CASTER TIRE A	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2216	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED PROPULSION TIRE ANY SIZE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2217	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED CASTER TIRE ANY SIZE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2218	MANUAL WHEELCHAIR ACCESSORY FOAM PROPULSION TIRE ANY SIZE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2219	MANUAL WHEELCHAIR ACCESSORY FOAM CASTER TIRE ANY SIZE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2220	MNL WC AC SLD PROP T SZ RPL ONLY EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2221	MNL WC AC SLD C TIR SZ REPL ONLY EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2222	MNL WC AC SLD C TIRE I WHL SZ RPL E	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2224	MNL WC AC P WHL EXCL T SZ RPL ONL E	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2225	MANUAL WHEELCHAIR ACCESSORY CASTER WHEEL EXCLUDES TIRE REPLACE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2226	MANUAL WHEELCHAIR ACCESSORY CASTER FORK ANY SIZE REPLACE ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2227	GEAR REDUCTION DRIVE WHEEL	Authorization required for all providers.	Y	1/1/2022
E2228	MWC ACC, WHEELCHAIR BRAKE	Authorization required for all providers.	Y	1/1/2022
E2230	MANUAL STANDING SYSTEM	Authorization required for all providers.	Y	1/1/2022
E2231	SOLID SEAT SUPPORT BASE	Authorization required for all providers.	Y	1/1/2022
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Authorization required for all providers.	Y	1/1/2022
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Authorization required for all providers.	Y	1/1/2022
E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Authorization required for all providers.	Y	1/1/2022
E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Authorization required for all providers.	Y	1/1/2022
E2295	PED DYNAMIC SEATING FRAME	Authorization required for all providers.	Y	1/1/2022
E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	Authorization required for all providers.	Y	1/1/2022
E2310	PWR WHEELCHAIR/ELEC CNCTN BETW WHEELCHAIR CNTRLLR &1 PWR SEATING SYS MTR	Authorization required for all providers.	Y	1/1/2022
E2311	PWR WHEELCHAIR/ELEC CNCTN BETW WHEELCHAIR CNTRL&2> PWR SEATING SYS MTR	Authorization required for all providers.	Y	1/1/2022
E2312	MINI-PROP REMOTE JOYSTICK	Authorization required for all providers.	Y	1/1/2022
E2313	PWC HARNESS, EXPAND CONTROL	Authorization required for all providers.	Y	1/1/2022
E2321	PWR WHEELCHAIR/HAND/CHIN CNTRL INTERFACE/ RMTE JYSTCK/TOUCHPAD/ N-PRRPTNL	Authorization required for all providers.	Y	1/1/2022

E2322	PWR WHEELCHAIR/HAND CNTRL INTRFCE/MLTPLE MECH SWTCHS, N-PRPRTNL	Authorization required for all providers.	Y	1/1/2022
E2323	PWR WHEELCHAIR/SPCLTY JYSTCK HNDLE/HAND CNTRL INTRFCE, PRFBRCED	Authorization required for all providers.	Y	1/1/2022
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	Authorization required for all providers.	Y	1/1/2022
E2325	PWR WHEELCHAIR/SIP&PUFF INTRFCE/N-PRPRTNL/INCL ALL RLTD ELECT	Authorization required for all providers.	Y	1/1/2022
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	Authorization required for all providers.	Y	1/1/2022
E2327	PWR WHEELCHAIR/HEAD CNTRL INTRFCE/MECH, PRPRTNL	Authorization required for all providers.	Y	1/1/2022
E2328	PWR WHEELCHAIR/HEAD CNTRL/EXTRMTRY CNTRL INTRFCE/ELECT/PRPRTNL	Authorization required for all providers.	Y	1/1/2022
E2329	PWR WHEELCHAIR/HEAD CNTRL INTRFCE/CNTCT SWITCH MECHAN/N-PRPRTNL	Authorization required for all providers.	Y	1/1/2022
E2330	PWR WHEELCHAIR/HEAD CNTRL INTRFCE/PRXMTY SWITCH MECHAN/N-PRPRTNL	Authorization required for all providers.	Y	1/1/2022
E2331	PWR WHEELCHAIR/ATTENDANT CNTRL/PRPRTNL	Authorization required for all providers.	Y	1/1/2022
E2340	PWR WHEELCHAIR/N-STANDARD SEAT FROME WIDTH, 20-23 INCHES	Authorization required for all providers.	Y	1/1/2022
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Authorization required for all providers.	Y	1/1/2022
E2342	PWR WHEELCHAIR ACC, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Authorization required for all providers.	Y	1/1/2022
E2343	PWR WHEELCHAIR ACC NONSTANDARD SEAT FRAME DEPTH, 20-25 INCHES	Authorization required for all providers.	Y	1/1/2022
E2351	PWR WHEELCHAIR ACC/ELECTR INTRFCE TO OPERATE SPEECH GNRTRNG DVCE	Authorization required for all providers.	Y	1/1/2022
E2359	GR34 SEALED LEADACID BATTERY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2361	PWR WHEELCHAIR ACC 22 NF SEALED LEAD ACID BATT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2363	PWR WHEELCHAIR ACC, GROUP 24 SEALED LEAD ACID BATTERY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2365	PWR WHEELCHAIR ACC, U-1 SEALED LEAD ACID BATTERY, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2366	PWR WHEELCHAIR ACC, BATTERY CHARGER, SINGLE MODE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2368	PWR WC DRIVEWHEEL MOTOR REPL	Authorization required for all providers.	Y	1/1/2022
E2369	PWR WC DRIVEWHEEL GEAR REPL	Authorization required for all providers.	Y	1/1/2022
E2370	PWR WC DR WH MOTOR/GEAR COMB	Authorization required for all providers.	Y	1/1/2022
E2371	POWER WHEELCHAIR ACCESSORY GROUP 27 SEALED LEAD ACID BATTERY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2372	POWER WHEELCHAIR ACCESSORY GROUP 27 NON-SEALED LEAD ACID BATTERY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2373	HAND/CHIN CTRL SPEC JOYSTICK	Authorization required for all providers.	Y	1/1/2022
E2374	POWER WHEELCHR ACC HAND CHIN CONTROL INTFACE, STND REMOTE JOYSTICK	Authorization required for all providers.	Y	1/1/2022
E2375	POWER WHEELCHR ACC NON-EXPAND CONTR INCL ALL REL ELECT & MOUNT	Authorization required for all providers.	Y	1/1/2022
E2376	POWER WHEELCHR ACC EXPAND CONTR INCL ALL REL ELECT & MOUNT HARDW	Authorization required for all providers.	Y	1/1/2022
E2377	POWER WHEELCHR ACC EXPAND CONTR INCL ALL REL ELECT & MOUNT HARDW	Authorization required for all providers.	Y	1/1/2022
E2378	PW ACTUATOR REPLACEMENT	Authorization required for all providers.	Y	1/1/2022

E2381	POWER WHEELCHR ACC, PNEUMATIC DR WHEEL TIRE, ANY SIZE, REPLACEMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2382	POWER WHEELCHR ACC, TUBE FOR PNEUMATIC DR WHEEL TIRE, ANY SIZE, REPL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2383	POWER WHEELCHR ACC, INSERT FOR PNEUMATIC DR WHEEL TIRE (REMOVABLE),	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2384	POWER WHEELCHR ACC, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2385	POWER WHEELCHR ACC, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2386	POWER WHEELCHR ACC, FOAM FILLED DR WHEEL TIRE, ANY SIZE, REPLACEMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2387	POWER WHEELCHR ACC, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2388	POWER WHEELCHR ACC, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2389	POWER WHEELCHR ACC, FOAM CASTER TIRE, ANY SIZE, REPLACE ONLY, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2390	POWER WHEELCHR ACC, SOLID (RUBBER/PLASTIC) DR WHEEL TIRE, ANY SIZE,	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2391	POWER WHEELCHR ACC, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE),	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2392	POWER WHEELCHR ACC, SOLID (RUBBER/PLASTIC) CASTER TIRE W INTEGRATED	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2394	POWER WHEELCHR ACC, DR WHEEL EXCL TIRE, ANY SIZE, REPLACEMENT ONLY,	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2395	POWER WHEELCHR ACC, CASTER WHEEL EXCL TIRE, ANY SIZE, REPLACE ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2396	POWER WHEELCHR ACC CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2397	PWC ACC, LITH-BASED BATTERY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
E2398	WHEELCHAIR ACCESSORY DYNAMIC POS HARDWARE BACK	Authorization required for non-participating providers.	C	1/1/2022
E2402	NEG PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Authorization required for all providers.	Y	1/1/2022
E2500	SPEECH GNRTNG DVC/DGTZD SPEECH/PRE-RECORDED MSSGS, LESS OR=TO 8 MIN TIME	Authorization required for all providers.	Y	1/1/2022
E2502	SPEECH GEN DVC/DGTZD SPEECH/PRE-RCRDD MESS>8 MIN/LESS THAN OR=TO 20 MIN	Authorization required for all providers.	Y	1/1/2022
E2504	SPEECH GEN DVC/DGTZD SPEECH/PRE-RCRD MESS>20 MIN/LESS THAN OR=TO 40 MIN	Authorization required for all providers.	Y	1/1/2022
E2506	SPEECH GEN DVC/DGTZD SPEECH/PRE-RCRDD MESS>40 MIN RECORDING TIME	Authorization required for all providers.	Y	1/1/2022
E2508	SPEECH GEN DVC/SYNTHSZD SPEECH, RQURNG MESS FRMLTN BY SPELLING& ACCESS	Authorization required for all providers.	Y	1/1/2022
E2510	SPEECH GEN DVC/SYNTH SPEECH, PERMITTING MLTPL METH OF MSGE FRMLTN	Authorization required for all providers.	Y	1/1/2022
E2511	SPEECH GEN SFTWAE PRGRM/PERSONAL CMPTR OR PERSONAL DIGITAL ASSISTANT	Authorization required for all providers.	Y	1/1/2022
E2512	ACCESSORY FOR SPEECH GENERATIONG DEVICE, MOUNTING SYSTEM	Authorization required for all providers.	Y	1/1/2022

E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Authorization required for all providers.	Y	1/1/2022
E2601	GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH	Authorization required for all providers.	Y	1/1/2022
E2602	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH	Authorization required for all providers.	Y	1/1/2022
E2603	SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH	Authorization required for all providers.	Y	1/1/2022
E2604	SKN PROTECTION WC SEAT CUSHN WDTN 22 IN/GT DEPTH	Authorization required for all providers.	Y	1/1/2022
E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH	Authorization required for all providers.	Y	1/1/2022
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH	Authorization required for all providers.	Y	1/1/2022
E2607	SKN PROTECT&PSTN WC SEAT CUSHN WDTN <22 IN DEPTH	Authorization required for all providers.	Y	1/1/2022
E2608	SKN PROTECT&PSTN WC SEAT CUSHN WDTN 22 IN/GT DPTH	Authorization required for all providers.	Y	1/1/2022
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Authorization required for all providers.	Y	1/1/2022
E2611	GEN WC BACK CUSHN WDTN < 22 IN HT MOUNT HARDWARE	Authorization required for all providers.	Y	1/1/2022
E2612	GEN WC BACK CUSHN WDTN 22 IN/GT HT MOUNT HARDWARE	Authorization required for all providers.	Y	1/1/2022
E2613	PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT	Authorization required for all providers.	Y	1/1/2022
E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN/> ANY HEIGHT	Authorization required for all providers.	Y	1/1/2022
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH < 22 IN ANY HT	Authorization required for all providers.	Y	1/1/2022
E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT	Authorization required for all providers.	Y	1/1/2022
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Authorization required for all providers.	Y	1/1/2022
E2619	REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA	Authorization required for all providers.	Y	1/1/2022
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN <22 IN	Authorization required for all providers.	Y	1/1/2022
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN 22 IN/>	Authorization required for all providers.	Y	1/1/2022
E2622	ADJ SKIN PRO W/C CUS WD<22IN	Authorization required for all providers.	Y	1/1/2022
E2623	ADJ SKIN PRO WC CUS WD>=22IN	Authorization required for all providers.	Y	1/1/2022
E2624	ADJ SKIN PRO/POS CUS<22IN	Authorization required for all providers.	Y	1/1/2022
E2625	ADJ SKIN PRO/POS WC CUS>=22	Authorization required for all providers.	Y	1/1/2022
E2626	SEO MOBILE ARM SUP ATT TO WC	Authorization required for all providers.	Y	1/1/2022
E2627	ARM SUPP ATT TO WC RANCHO TY	Authorization required for all providers.	Y	1/1/2022
E2628	MOBILE ARM SUPPORTS RECLININ	Authorization required for all providers.	Y	1/1/2022
E2629	FRICTION DAMPENING ARM SUPP	Authorization required for all providers.	Y	1/1/2022
E2630	MONOSUSPENSION ARM/HAND SUPP	Authorization required for all providers.	Y	1/1/2022
E2631	ELEVAT PROXIMAL ARM SUPPORT	Authorization required for all providers.	Y	1/1/2022
E2632	OFFSET/LAT ROCKER ARM W/ELA	Authorization required for all providers.	Y	1/1/2022
E2633	MOBILE ARM SUPPORT SUPINATOR	Authorization required for all providers.	Y	1/1/2022
E8000	GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS	Authorization required for all providers.	Y	1/1/2022
E8001	GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS	Authorization required for all providers.	Y	1/1/2022
E8002	GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS	Authorization required for all providers.	Y	1/1/2022
G0068	PROF SRVC ADM ANTI-INFEC PM ADM CD IND HM E 15 M	Authorization required for non-participating providers.	C	1/1/2022
G0069	PROF SRVC ADM SUBQ IMT ADM CAL DA IND HM EA 15 M	Authorization required for non-participating providers.	C	1/1/2022
G0070	PROF SRVC ADM CHEMO ADM CAL DA IND HOME EA 15 M	Authorization required for all providers.	Y	1/1/2022
G0076	BRIEF CARE MANAGEMENT HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
G0077	LIMITED CARE MANAGEMENT HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
G0078	MODERATE CARE MANAGEMENT HOME VISIT FOR NEW PT	Authorization required for all providers.	Y	1/1/2022
G0079	COMPREHENSIVE CARE MGMT HOME VISIT NEW PATIENT	Authorization required for all providers.	Y	1/1/2022
G0080	EXTENSIVE CARE MANAGEMENT HOME VISIT FOR NEW PT	Authorization required for all providers.	Y	1/1/2022
G0081	BRIEF CARE MANAGEMENT HOME VISIT FOR EXISTING PT	Authorization required for all providers.	Y	1/1/2022
G0082	LIMITED CARE MANAGEMENT HOME VISIT FOR EXIST PT	Authorization required for all providers.	Y	1/1/2022
G0083	MODERATE CARE MANAGEMENT HOME VISIT FOR EXIST PT	Authorization required for all providers.	Y	1/1/2022
G0084	COMPREHENSIVE CARE MGMT HOME VISIT FOR XST PT	Authorization required for all providers.	Y	1/1/2022
G0085	EXTENSIVE CARE MANAGEMENT HOME VISIT FOR EXST PT	Authorization required for all providers.	Y	1/1/2022
G0086	LIMITED CARE MANAGEMENT HOME CARE PLAN OVERSIGHT	Authorization required for all providers.	Y	1/1/2022

G0087	COMPREHENSIVE CARE MGMT HOME CARE PLAN OVERSIGHT	Authorization required for all providers.	Y	1/1/2022
G0088	PROF SRVC INIT VST ADM ANTI INF PM IND H EA 15 M	Authorization required for non-participating providers.	C	1/1/2022
G0089	PROF SVC INI V ADM SUB IMT/OTH INF RX H EA 15M	Authorization required for non-participating providers.	C	1/1/2022
G0090	PROF INI V ADM IV CT/OTH HH COP INFS RX H EA 15M	Authorization required for non-participating providers.	C	1/1/2022
G0101	CERV/VAG CA SCREEN PELVIC/CLIN BREAST EXAM	Authorization required for non-participating providers.	C	1/1/2022
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	Authorization required for non-participating providers.	C	1/1/2022
G0104	COLORECTAL CA SCREEN FLEX SIGMOIDOSCOPY	Authorization required for non-participating providers.	C	1/1/2022
G0105	COLORECTAL CA SCREEN COLONOSCOPE HI RISK IND	Authorization required for non-participating providers.	C	1/1/2022
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS	Authorization required for non-participating providers.	C	1/1/2022
G0118	GLAUCOMA SCREENING SUPERVISED BY OPTOMETRIST	Authorization required for non-participating providers.	C	1/1/2022
G0121	COLORECTAL CA SCREEN SCOPE INDIV NOT HI-RISK	Authorization required for non-participating providers.	C	1/1/2022
G0123	SCREEN CERV/VAG THIN LAY-SCRN TECH W/PHYS SUPVS	Authorization required for non-participating providers.	C	1/1/2022
G0124	SCREEN CYTO CERV/VAG THIN LAY REQ INTRP BY PHYS	Authorization required for non-participating providers.	C	1/1/2022
G0127	TRIM DYSTROPHIC NAILS ANY NUMBER	Authorization required for non-participating providers.	C	1/1/2022
G0130	SEXA BONE DENS STUDY APPENDICULAR SKEL >=1 SITE	Authorization required for non-participating providers.	C	1/1/2022
G0141	SCR CERV/VAG CYTO SMEAR AUTO-MAN RESCREEN-MD	Authorization required for non-participating providers.	C	1/1/2022
G0143	SCR CERV/VAG THIN PREP-MAN SCR/RESCREEN-TECH	Authorization required for non-participating providers.	C	1/1/2022
G0144	SCR CYTOPATH CERV/VAG AUTO PHYS	Authorization required for non-participating providers.	C	1/1/2022
G0145	SCR CYTO CERV/VAG AUTO&MNL RESCR MD	Authorization required for non-participating providers.	C	1/1/2022
G0147	SCR CYTO CERV/VAG SMEARS-AUTO SYST MD SUPERVIS	Authorization required for non-participating providers.	C	1/1/2022
G0148	SCR SMEARS CERV/VAG-AUTO SYST-MAN RESCREEN	Authorization required for non-participating providers.	C	1/1/2022
G0155	HHC-P-SVS OF CSW,EA 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
G0158	HHC OT ASSISTANT EA 15	Authorization required for non-participating providers.	C	1/1/2022
G0161	HHC SLP EA 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
G0166	EXT COUNTERPULSATION PER TX SES	Authorization required for non-participating providers.	C	1/1/2022
G0168	WOUND CLO UTILIZ TISS ADHES ONLY	Authorization required for non-participating providers.	C	1/1/2022
G0182	PHYS SUPV HOSPIC PT-CMPLX/MO-30/>MI	Authorization required for all providers.	Y	1/1/2022
G0186	PHOTOCOAG FDR VES TECH->=1SES	Authorization required for non-participating providers.	C	1/1/2022
G0237	THER PROCEDURES TO INCREASE STRENGTH OR ENDURANCE	Authorization required for non-participating providers.	C	1/1/2022
G0238	THER PROCEDURES TO IMPROVE RESPIRATORY FUNCTION	Authorization required for non-participating providers.	C	1/1/2022
G0245	INIT PHYS E&M DIABETIC PT W/LOPS	Authorization required for non-participating providers.	C	1/1/2022
G0246	F/U EVAL DIABETIC PT W/LOPS	Authorization required for non-participating providers.	C	1/1/2022
G0247	ROUTINE FOOT CARE/PHYSICIAN/DIABETIC PATIENT W DIABETIC SENSORY NEUR	Authorization required for non-participating providers.	C	1/1/2022
G0255	CPT/SNCT PER LIMB ANY NERVE	Authorization required for non-participating providers.	C	1/1/2022
G0259	INJECTION PROC SI JNT; ARTHROGRAPY	Authorization required for non-participating providers.	C	1/1/2022
G0260	INJ SI JNT; ANES &TX AGT &ARTHROG	Services are administered by NIA.	C	1/1/2022
G0268	REMOV IMP CERUMN SAME DATE FUNCT TST	Authorization required for non-participating providers.	C	1/1/2022
G0269	PLCMT OCCL DEVC POST SURG/INTRVNL	Authorization required for non-participating providers.	C	1/1/2022
G0277	HBOT, FULL BODY CHAMBER, 30M	Authorization required for all providers.	Y	1/1/2022
G0281	E-STIM 1/> CHRN STAGE III&IV ULCRS	Authorization required for non-participating providers.	C	1/1/2022
G0282	E-STIM 1/> AREAS WND CARE NOT G0281	Authorization required for non-participating providers.	C	1/1/2022
G0288	RECON CT ANGIO AORTA PLAN VASC SURG	Services are administered by NIA.	C	1/1/2022
G0289	SCPE KNEE REMV FB TM SURG DIFF COMP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
G0290	TRNSCATH RX INTRACOR STNT; 1 VES	Authorization required for non-participating providers.	C	1/1/2022
G0291	TRNSCATH RX INTRACOR STNT; EA ADD	Authorization required for non-participating providers.	C	1/1/2022
G0296	CNSL VST DISCUSS LDCT LW DS CT SCAN	Authorization required for non-participating providers.	C	1/1/2022
G0329	ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE	Authorization required for non-participating providers.	C	1/1/2022
G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTACTIC RADIOSURGERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTACTIC RADIOSURGERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

G0380	LEV 1 HOSP TYPE B ED VISIT	Authorization required for non-participating providers.	C	1/1/2022
G0381	LEV 2 HOSP TYPE B ED VISIT	Authorization required for non-participating providers.	C	1/1/2022
G0382	LEV 3 HOSP TYPE B ED VISIT	Authorization required for non-participating providers.	C	1/1/2022
G0383	LEV 4 HOSP TYPE B ED VISIT	Authorization required for non-participating providers.	C	1/1/2022
G0384	LEV 5 HOSP TYPE B ED VISIT	Authorization required for non-participating providers.	C	1/1/2022
G0402	INITIAL PREVENTIVE EXAM	Authorization required for non-participating providers.	C	1/1/2022
G0412	OPEN TX ILIAC SPINE UNI BIL	Authorization required for non-participating providers.	C	1/1/2022
G0413	PELVIC RING FRACTURE UNI BIL	Authorization required for non-participating providers.	C	1/1/2022
G0414	PELVIC RING FX TREAT INT FIX	Authorization required for non-participating providers.	C	1/1/2022
G0415	OPEN TX POST PELVIC FXCTURE	Authorization required for non-participating providers.	C	1/1/2022
G0422	INTENS CARDIAC REHAB W/EXERC	Authorization required for non-participating providers.	C	1/1/2022
G0423	INTENS CARDIAC REHAB NO EXER	Authorization required for non-participating providers.	C	1/1/2022
G0424	PULMONARY REHAB W EXER	Authorization required for non-participating providers.	C	1/1/2022
G0426	INPT/ED TELECONSULT50	Authorization required for non-participating providers.	C	1/1/2022
G0453	CONT INTRAOP NEURO MONITOR	Authorization required for non-participating providers.	C	1/1/2022
G0463	HOSPITAL OUTPT CLINIC VISIT	Authorization required for non-participating providers.	C	1/1/2022
G0480	DR TST DEFIN DR ID M P D 1-7 DR CL	Authorization required for all providers.	Y	1/1/2022
G0481	DR TST DEFIN DR ID M P D 8-14 DR CL	Authorization required for all providers.	Y	1/1/2022
G0482	DR TST DEFIN DR ID M P D 15-21 DR CL	Authorization required for all providers.	Y	1/1/2022
G0483	DR TST DEFIN DR ID M P D 22/M DR CL	Authorization required for all providers.	Y	1/1/2022
G0498	CHEMO EXTEND IV INFUS W/PUMP	Authorization required for non-participating providers.	C	1/1/2022
G0513	PRLNG PREV SVC OFC/OTH O/P - 1ST 30 M	Authorization required for non-participating providers.	C	1/1/2022
G0514	PRLNG PRV SVC OFC/O O/P - EA ADD 30 M	Authorization required for non-participating providers.	C	1/1/2022
G0516	INSERT DRUG IMPLANT >= 4	Authorization required for non-participating providers.	C	1/1/2022
G0517	REMV NON-BIODEGRAD RX DEL IMPL 4/>	Authorization required for non-participating providers.	C	1/1/2022
G0518	REMV REINS NON-BIODEGR RX D IMPL 4/>	Authorization required for non-participating providers.	C	1/1/2022
G0659	DRUG TEST DEF SIMPLE ALL CL	Authorization required for all providers.	Y	1/1/2022
G0911	ASSESS ACTIVITY SYMPTOMS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
G1001	CLIN DEC SUPP MECH EVICORE DEFINED MCR AUC PROG	Authorization required for non-participating providers.	C	1/1/2022
G1002	CLIN DEC SUPP MECH MEDCURRENT DFINED MCR AUC PROG	Authorization required for non-participating providers.	C	1/1/2022
G1003	CLIN DEC SUPP MECH MEDICALIS DEFINED MCR AUC PROG	Authorization required for non-participating providers.	C	1/1/2022
G1004	CLINICAL DEC SUPP MECH NDSC DEFINED MCR AUC PROG	Authorization required for non-participating providers.	C	1/1/2022
G1007	CLINICAL DEC SUPP MECH AIM DEFINED MCR AUC PROG	Authorization required for non-participating providers.	C	1/1/2022
G1008	CLIN DEC SUPP MECH CRANBERRY PEAK DEFINED MCR AUC	Authorization required for non-participating providers.	C	1/1/2022
G1009	CLIN DEC SUPP MECH SAGE HMS DEFINED MCR AUC PROG	Authorization required for non-participating providers.	C	1/1/2022
G1010	CLIN DEC SUPP MECH STANSON DEFINED MCR AUC PROG	Authorization required for non-participating providers.	C	1/1/2022
G1011	CLIN DEC SUPP MECH QUAL TOOL NOS DFINED MCR AUC	Authorization required for non-participating providers.	C	1/1/2022
G1020	CLINICAL DECN SUP MECH CURBSIDE CLIN AUGMNTD WF	Authorization required for non-participating providers.	C	1/1/2022
G1021	CLIN DECN SUP MECH EHLTHLINE CLIN DECN SUP MECH	Authorization required for non-participating providers.	C	1/1/2022
G1022	CLIN DECN SUP MECH INTERMTN CLIN DECN SUP MECH	Authorization required for non-participating providers.	C	1/1/2022
G1023	CLINICAL DECN SUP MECH PERSVIA CLIN DECN SUP	Authorization required for non-participating providers.	C	1/1/2022
G2000	BLINDED ADMINISTRATION OF CONVULSIVE TX PROC	Authorization required for non-participating providers.	C	1/1/2022
G2001	BRIEF 20 MINUTES IN-HOME VISIT NEW PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2002	LIMITED 30 MINUTES IN-HOME VISIT NEW PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2003	MODERATE 45 MINS IN-HOME VISIT NEW PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2004	COMP 60 MINUTES IN-HOME VISIT NEW PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2005	EXTENSIVE 75 MINS IN-HOME VISIT NEW PT POST-D/C	Authorization required for all providers.	Y	1/1/2022

G2006	BRIEF 20 MINUTES IN-HOME VISIT EXIST PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2007	LIMITED 30 MINS IN-HOME VISIT EXIST PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2008	MODERATE 45 MINS IN-HOME VISIT EXIST PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2009	COMP 60 MINS IN-HOME VISIT EXIST PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2011	ALCOHOL AND /SUBST MISUSE ST ASMT AND BRF INT 5-14 M	Authorization required for non-participating providers.	C	1/1/2022
G2013	EXTSV 75 MINS IN-HOME VISIT EXIST PT POST-D/C	Authorization required for all providers.	Y	1/1/2022
G2014	LIMITED 30 MINUTES CARE PLAN OVERSIGHT	Authorization required for non-participating providers.	C	1/1/2022
G2015	COMPREHENSIVE 60 MINS HOME CARE PLAN OVERSIGHT	Authorization required for all providers.	Y	1/1/2022
G2021	HEALTH CARE PRACTITIONERS RENDERING TIP	Authorization required for non-participating providers.	C	1/1/2022
G2022	MDL PRTCP BENEFICIARY REFUSES SRVC COVR UND MDL	Authorization required for non-participating providers.	C	1/1/2022
G2064	CCM SRVC 1 HR DZ AL 30 M PHYS/HCP TIME CA MO	Authorization required for non-participating providers.	C	1/1/2022
G2065	CCM 1 HOUR DZ SRVC PCM AT LEAST 30 MIN CAL MONTH	Authorization required for non-participating providers.	C	1/1/2022
G2066	INTG DVC EVAL RMT TO 30 D RCPT TRANS AND TECH RVW	Authorization required for non-participating providers.	C	1/1/2022
G2067	MEDICATION ASSISSTED TX METHADONE WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2068	MED ASST TX BUPRENORPHINE ORAL WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2069	MED ASST TX BUPRENORPHINE INJ WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2070	MAT BUPRENORPHINE IMPLANT INSRT WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2071	MAT BUPRENORPHINE IMPL REMOVAL WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2072	MAT BUPRENORPHINE IMPLANT I AND R WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2073	MEDICATION ASSIST TX NALTREXONE WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2074	MEDICATION ASSIST WEEKLY BUNDLE NOT INCL DRUG	Authorization required for non-participating providers.	C	1/1/2022
G2075	MEDICATION ASST TX MEDICATION NOS WEEKLY BUNDLE	Authorization required for non-participating providers.	C	1/1/2022
G2076	INTK ACT INCL INT MED EX CMLP DOC P EVL AND INT ASMT	Authorization required for non-participating providers.	C	1/1/2022
G2077	PA ASSESS PRD Q PERS DET MOST APPR COMB SRVC AND TX	Authorization required for non-participating providers.	C	1/1/2022
G2078	TAKE HOME SUP METHADONE UP TO 7 ADD DAY SUP	Authorization required for all providers.	Y	1/1/2022
G2079	TAKE HOME SUP BUPRENORPHINE ORAL TO 7 ADD D SUP	Authorization required for all providers.	Y	1/1/2022
G2080	EA ADD 30 MIN CNSL WK MED ASSISTED TREATMENT	Authorization required for non-participating providers.	C	1/1/2022
G2081	PT 66 AND> INST SNP/RESID LTC >90 DAYS DUR MSR PRD	Authorization required for non-participating providers.	C	1/1/2022
G2082	OFF/OTH OP E AND M EST PT PROV 56 MG ESKETAMINE N SA	Authorization required for non-participating providers.	C	1/1/2022
G2083	OFF/OTH OP E AND M EST PT PROV>56 MG ESKETAMINE N SA	Authorization required for non-participating providers.	C	1/1/2022
G2086	OFF-BASED TX OPIOID USE D/O AL 70 MIN 1ST CA MO	Authorization required for non-participating providers.	C	1/1/2022
G2087	OFF-BASED TX OUD AL 60 MIN SUBSEQ CALENDAR MO	Authorization required for non-participating providers.	C	1/1/2022
G2088	OFF-BASED TX OUD EA ADD 30 MIN BYD 1ST 120 MIN	Authorization required for non-participating providers.	C	1/1/2022
G2090	PT 66 Y AND >1 CLM FRLTY AND DIS MED DMNT MP/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2091	PT 66 AND >CLM FRLTY AND 1 AC IP ADV ILL MP/YR PR MP	Authorization required for non-participating providers.	C	1/1/2022
G2092	ACE INHIB/ARB/ARNI TH PRSC/CURRENTLY BEING TAKEN	Authorization required for non-participating providers.	C	1/1/2022
G2093	DOC MED REASN NO PRSC ACE INHIB/ARB/ARNI TH	Authorization required for non-participating providers.	C	1/1/2022
G2094	DOC PT REASON NO PRSC ACE INHIB/ARB/ARNI THERAPY	Authorization required for non-participating providers.	C	1/1/2022
G2095	DOC SYS RSN NOT PRSC ACE INHIB/ARB/ARNI THERAPY	Authorization required for non-participating providers.	C	1/1/2022
G2096	ACE INHIB/ARB/ARNI TH WAS NOT PRSC RSN NOT GIVEN	Authorization required for non-participating providers.	C	1/1/2022
G2097	EP PT HAD COMPETING DX W/I 3 DAYS AFTER EP DATE	Authorization required for non-participating providers.	C	1/1/2022
G2098	PT 66 Y AND >1 CLM FRLTY AND DIS MED DMNT MP/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2099	PT 66 AND >1 CLM FRLTY DUR MSR AND DUR/YR PRI MSR PRD	Authorization required for non-participating providers.	C	1/1/2022
G2100	PT 66 Y AND >1 CLM FRLTY AND DIS MED DMNT MP/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2101	PT 66 AND >1 CLM FRLTY AND 1 AC IP ADV ILL DR/YR PRI MSR	Authorization required for non-participating providers.	C	1/1/2022
G2105	PT AGE 66/> INST SNP/RESID LTC >90 D DUR MSR PRD	Authorization required for non-participating providers.	C	1/1/2022
G2106	PT 66 Y AND >1 CLM FRILITY AND D MED DMNT MP/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2107	PT 66 AND >CLM FRLTY AND 1 AC IP ADV ILL MP/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2108	PT 66/OLDER INST SNP/RES LTC >90 D DUR MSR PRD	Authorization required for non-participating providers.	C	1/1/2022

G2109	PT 66 AND >CLM FRLTY AND 1 AC IP ADV ILL MP/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2110	PT 66 AND >1 CLM FRLTY AND 1 AC IP ADV ILL MP/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2112	PT RECV <=5 MG DA PDN/RA ACT WORSE/GCC <6 MO	Authorization required for non-participating providers.	C	1/1/2022
G2113	PT RECV >5 MG DA PRD>6 MO AND IMP/NO CHNGE DZ ACT	Authorization required for non-participating providers.	C	1/1/2022
G2115	PT 66-80 Y CLM FRLTY AND DISP MED DEMENT MP/YR MP	Authorization required for non-participating providers.	C	1/1/2022
G2116	PT 66-80 Y 1 CLM FRLTY AND 1 IP ADV ILL DR/YR PRI MP	Authorization required for non-participating providers.	C	1/1/2022
G2118	PT 81 YOA AND >AL 1 CLM/ENC FRAILTY DUR MSR PERIOD	Authorization required for non-participating providers.	C	1/1/2022
G2121	PSYCHOSIS DEPRESSION ANXIETY APATHY AND ICD ASSESS	Authorization required for non-participating providers.	C	1/1/2022
G2122	PSYCHOSIS DEPR ANXIETY APATHY AND ICD NOT ASSESSED	Authorization required for non-participating providers.	C	1/1/2022
G2125	PT 81 YOA AND OLDR AL 1 CLM FRAILTY DUR MSR PRD	Authorization required for non-participating providers.	C	1/1/2022
G2126	PT 66-80 YOA AL 1 CLAIM FOR FRAILTY DUR MSR PRD	Authorization required for non-participating providers.	C	1/1/2022
G2127	PT 66-80 YOA AL 1 CLM FR DUR MP AND DISPENS RX DEM	Authorization required for non-participating providers.	C	1/1/2022
G2128	DOC MED RSN NOT ON DAILY ASP/OTH ANTIPLATELET	Authorization required for non-participating providers.	C	1/1/2022
G2129	PROC RELATED BPS NOT TAKEN DURING AN OP VISIT	Authorization required for non-participating providers.	C	1/1/2022
G2136	BACK PAIN MEAS VAS 3 MON PO<=3.0 IMPRV 5.0 PNT/<	Authorization required for non-participating providers.	C	1/1/2022
G2137	BACK PAIN MEAS VAS 3 MON PO>3.0 CHG IMPV 5 PNT/<	Authorization required for non-participating providers.	C	1/1/2022
G2138	BACK PAIN MEAS VAS 1 YR PO>3.0 DEMS CHNG 5 PNT/>	Authorization required for non-participating providers.	C	1/1/2022
G2139	BACK PAIN MEAS VAS 1 YR PO>3.0 DEMS CHNG <5 PNTS	Authorization required for non-participating providers.	C	1/1/2022
G2140	LEG PAIN MEAS VAS 3 MNT PO<=3.0 DEM CHNG 5 PNT/>	Authorization required for non-participating providers.	C	1/1/2022
G2141	LEG PAIN MEAS VAS 3 MNT PO>3.0 DEMS CHNG <5 PNTS	Authorization required for non-participating providers.	C	1/1/2022
G2142	FUNC ST ODI 1YR PO<=22 ODI 3 MN PREO 1YR PO 30>	Authorization required for non-participating providers.	C	1/1/2022
G2143	FUNC ST ODI 1YR PO >=22 ODI 3 MN PREO 1YR PO 30>	Authorization required for non-participating providers.	C	1/1/2022
G2144	FUNC ST ODI 3MO PO <=22 ODI 3 MN PREO 1YR PO 30>	Authorization required for non-participating providers.	C	1/1/2022
G2145	FUNC ST ODI 3MO PO >=22 ODI 3 MN PREO 1YR PO 30>	Authorization required for non-participating providers.	C	1/1/2022
G2146	LEG PAIN MEAS VAS 1 YR PO>=3.0 DEM CHNG 5 PNT/>	Authorization required for non-participating providers.	C	1/1/2022
G2147	LEG PAIN MEAS VAS 1 YR PO>3.0 DEMS CHNG <5 PNTS	Authorization required for non-participating providers.	C	1/1/2022
G2148	PERFORMANCE MET MULTIMODAL PAIN MGMNT WAS USED	Authorization required for non-participating providers.	C	1/1/2022
G2149	DOCUMENT MEDICAL REASON NOT USNG MULTIMODAL PAIN	Authorization required for non-participating providers.	C	1/1/2022
G2150	PERFORM MET MULTIMODAL PAIN MGMNT WAS NOT USED	Authorization required for non-participating providers.	C	1/1/2022
G2151	DOC PT DX DEGEN NEURO CND DX ANY TM EPIS CARE	Authorization required for non-participating providers.	C	1/1/2022
G2152	RA CHNG RES SC NCK IMPR SUC CALC AND SC =TO 0/>0	Authorization required for non-participating providers.	C	1/1/2022
G2167	RISK-ADJUSTED CHNG RS NCK IMPR SUC CALC AND SC <0	Authorization required for non-participating providers.	C	1/1/2022
G2168	SERVICES PRFRM BY PT ASST HH SETTING EA 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
G2169	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
G2170	PERQ AVF DIR SITE TISS APP TR E AND SEC PROC RDR BF	Authorization required for non-participating providers.	C	1/1/2022
G2171	PERQ AVF DIR ANY SITE MAG-GD ART AND V CATH AND RF E	Authorization required for non-participating providers.	C	1/1/2022
G2173	URI EP PT CMPT CM COND DUR 12 MO PRI/ON EP DATE	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2174	URI EPI PT NU/RFL RX ABX 30 DAYS PRI/ON EPI DT	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2175	EPIS PT CMPET COMRBD CND DUR 12 M PRI/ON EPIS DT	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2176	O/P ED/OBS VISITS RSLT IN INPATIENT ADMISSION	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2177	AC BR EPIS PT NU/REFILL RX ABX 30 D PRI/ON EP DT	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2182	PATIENT RECV FRST TM BIOL DZ MOD ANTIRHEUM DX TX	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2184	PATIENT DOES NOT HAVE A CAREGIVER	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2185	DOCUMENTATION CAREGIV IS TRN AND CERT IN DEM CARE	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2186	PT/CG DYAD REF TO APP RES AND CON TO RES IS CNF	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022

G2190	PATIENTS CLINICAL IND IMAG HEAD HA RAD NECK	Authorization required for non-participating providers.	C	1/1/2022
G2204	PT BTWN 50 AND 85 YOA RCVD SCR COLO DUR PFRF PER	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
G2211	VISIT CPLX INHERENT E AND M ASSOC WITH MED CARE SRVC	Authorization required for non-participating providers.	C	1/1/2022
G2212	PROLONG OFC/OP E AND M BYND REQ TIME EA ADD 15 M	Authorization required for non-participating providers.	C	1/1/2022
G2213	INIT MEDICATION TX OPIOID USE D/O ED SETTING	Authorization required for non-participating providers.	C	1/1/2022
G2214	INIT/SUB PSY CCM 1ST 30 M IN MO OF BH CARE ACTY	Authorization required for non-participating providers.	C	1/1/2022
G2250	REMOTE ASMT RECORD VIDEO AND/ IMAGES SUB ESTAB P	Authorization required for non-participating providers.	C	1/1/2022
G2251	BRIEF COMM TECH BASED SRVC VR C/I QUAL HCP	Authorization required for non-participating providers.	C	1/1/2022
G2252	BRIEF COM TECH B SRVC VR C/I PHYS/OTH QUAL HCP	Authorization required for non-participating providers.	C	1/1/2022
G6002	STEREOSCOPIC X-RAY GUIDANCE	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6003	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6004	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6005	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6006	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6007	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6008	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6009	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6010	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6011	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6012	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6013	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6014	RADIATION TREATMENT DELIVERY	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6015	RADIATION TX DELIVERY IMRT	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G6016	DELIVERY COMP IMRT	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
G9009	COORD CARE FEE RISK ADJ MAINT LVL 3	Authorization required for non-participating providers.	C	1/1/2022
G9157	TRANSESOPH DOPPL CARDIAC MON	Authorization required for non-participating providers.	C	1/1/2022
G9158	MOTOR SPEECH D/C STATUS	Authorization required for non-participating providers.	C	1/1/2022
G9474	SRVC PRF DIET CNSLR HOSPICE EA 15 M	Authorization required for all providers.	Y	1/1/2022
G9475	SRVC PERF OTH COUNS HSPICE EA 15 MIN	Authorization required for all providers.	Y	1/1/2022
G9476	SRVC PRF VOLUNTEER HOSPICE EA15 MIN	Authorization required for all providers.	Y	1/1/2022
G9477	SRVC PRF CARE COORD HOSPICE EA 15 M	Authorization required for all providers.	Y	1/1/2022
G9478	SRVC PRF OTH QUAL TH HOSPICE EA 15 M	Authorization required for all providers.	Y	1/1/2022
G9479	SRVC PRF QUAL PHARM HOSPICE EA 15 M	Authorization required for all providers.	Y	1/1/2022
G9480	ADMISSION TO MCCM PROGRAM	Authorization required for all providers.	Y	1/1/2022
G9481	REMOTE IN-HOME VST E/M NEW PT 10 M	Authorization required for non-participating providers.	C	1/1/2022
G9482	RMT IN-HOME VISIT E/M NEW PT 20 MIN	Authorization required for all providers.	Y	1/1/2022
G9483	REMOTE IN-HOME VST E/M NEW PT 30 M	Authorization required for all providers.	Y	1/1/2022
G9484	REMOTE IN-HOME VST E/M NEW PT 45 M	Authorization required for all providers.	Y	1/1/2022
G9485	REMOTE IN-HOME VST E/M NEW PT 60 M	Authorization required for all providers.	Y	1/1/2022
G9486	REMOTE IN-HOME VST E/M EST PT 10 M	Authorization required for all providers.	Y	1/1/2022
G9487	REMOTE IN-HOME VST E/M EST PT 15 M	Authorization required for all providers.	Y	1/1/2022

G9488	REMOTE IN-HOME VST E/M EST PT 25 M	Authorization required for all providers.	Y	1/1/2022
G9489	REMOTE IN-HOME VST E/M EST PT 40 M	Authorization required for all providers.	Y	1/1/2022
G9490	CMS IC MDL HV PA CLN - NOT BLL 30-D P	Authorization required for all providers.	Y	1/1/2022
G9496	DOC RSN NOT DETECT AD/OTH NEOPLASM	Authorization required for non-participating providers.	C	1/1/2022
G9497	RECV INSTR ANES/PRXY ABSTN SM DA SX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9498	ANTIBIOTIC REGIMEN PRESCRIBED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9500	RADIATION EXPOSURE INDICES DOC	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9501	RE INDCS/EXP TM&NO FL I N DOC N RSN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9502	DOC MED RSN FOR NOT PERF FOOT EXAM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9504	DOC NOT ASSESS HBV PRI ANTI-TNF TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9505	ABX PRSC 10 D AFT ON SX DOC MED RSN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9506	BIOLOGIC IMMUNE RESPONSE MOD PRSC	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9507	DOC PT ON STATN MED/DOC VALID CNTRA	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9508	DOC PT IS NOT ON STATIN MEDICATION	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9509	ADULT 18 YR/OLDER MD/DYSTHYMIA REMISS AT 12 MO	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9510	ADLT PT 18/>MD NO REM 12 MO DEM 12 MO PHQ-9 <5	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9511	IDX PHQ-9/PHQ-9M SC>9 DOC DUR 12 MO DNOMN ID PRD	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9512	INDIVIDUAL HAD A PDC OF 0.8/GREATER	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9513	INDIV DID NOT HAVE A PDC OF 0.8/>	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9514	PT RQR RTN TO OR W/I 90 D OF SURG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9515	PT DID NOT RQR RTN OR W/I 90 D SURG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9516	PT ACHVD IMPRV VA PREOP LVL 90 D SX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9517	PT NO IMPRV VA PREOP LVL 90D S NO R	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9518	DOCUMENTATION OF ACTIVE INJ DRUG US	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9519	PT FINAL REFR +/- 1.0 D REFR W/I 90 DAYS SURG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9520	PT NO F REFR +/- 1.0 DIO REFR W/I 90 D SURG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9521	TOT # ED VSTS & IP HOSP>2 PAST 12 M	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9522	TOT #ED VST&IP=>2 12 M/NO SCR NO R	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9529	PT MIN BLNT HD TRMA APPROP INDCT CT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9530	PT PRESNT W/MIN BLUNT HEAD TRAUMA CT ORD BY ECP	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9531	PT DOC VENT SHUNT MXSYS TR/CURR TAKING AP MED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9533	PT MIN BLNT HD TRMA NO INDCAT HD CT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9537	IMAG NEEDED AS PART CLIN TRL /OTH CLIN ORD STUDY	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9539	INTENT FOR PTINTL REMV TIME OF PLCMT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022

G9540	PATIENT ALIVE 3 MOS POST PROCEDURE	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9541	FILTER REM 3 MON PLMT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9542	DOC RE-ASSESS APPROP FILTR RMVL 3 M	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9543	DOC AT LEAST TWO ATTEMPTS REACH PT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9544	PT THAT DO NOT HAVE THE FILTER RMVD	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9547	CYST RNL LES/AD LES<=/1.0 CM/>1.0 CM BUT</=4.0CM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9548	FINAL REPORTS IMAG STDY STAT NO F/U IMAG RECOM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9549	DOC MEDICAL REASON THAT F/U IMAGING IS INDICATED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9550	FINAL REPORTS IMAG STS W/F/U IMAG REC/FINAL RPT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9551	FINAL RPT IMAG STDY W/O INCIDENTAL FND LES NOTED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9552	INCIDENTL THYRD NODUL <1.0 CM IN RPT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9553	PRIOR THYROID DISEASE DIAGNOSIS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9554	FR CT CTA MRI/MRA CH/N N F/U I REC	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9555	DOC MED RSN RECOMMEND F/U IMAGING	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9556	F RPT CT CT MRI/MRA CH/N FU I N RCM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9557	F RP CT/MRI CH/NCK NO THR NOD<1.0CM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9561	PT PRSC OPIATES FOR LNGR THAN 6 WKS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9562	PT F/U EVAL EV 3 MOS DUR OPIOID TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9563	PT NO F/U EVL EV 3 MOS DR OPIOID TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9577	PT PRSC OPIATES FOR LNGR THAN 6 WKS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9578	DOC SGND OPIOID TX AGRMNT 1 DUR TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9579	NO DOC SGND OPIOID TX AGRMNT DUR TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9580	DOOR TO PUNCTURE TIME OF < 2 HOURS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9582	DOOR TO PUNCT TIME>2 HRS NO RSN GVN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9583	PT PRSC OPIATES FOR LNGR THAN 6 WKS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9584	PT EVAL RISK MISUSE OPI VAL INSTRM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9585	PT NOT EVL RSK MSUSE OPI VAL INSTRM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9593	PED PT M BLNT HD TRMA LW RSK PECARN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9594	PT PRES MIN BLUNT HEAD TR AND HEAD CT ORDER TR ECP	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9595	PT HAS DOC VENTRICULAR SHUNT BT/COAGULOPATHY	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9596	PED PT HEAD CT TRAUMA ORD OTH ECP OR REAS OTH TR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9597	PED PT MI HD TRMA NOT LW RSK PECARN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9598	AA 5.5-5.9 CM MX D CL CT/MI D AX CT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022

G9599	AA 6.0 CM/>MX DIA CL CT/M DIA AX CT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9603	PT SURV SCORE IMPRV FROM BASE FLW TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9604	PATIENT SURVEY RSLT NOT AVAILABLE	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9605	PT SURV SCORE NO IMPRV BASE FLW TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9606	IORT CYSTSCPYPY PERF EVAL LW TRCT INJ	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9607	D M RSN NOT PRF IO CYSTO/CASE PT D	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9608	IORT CYSTSCPYPY NOT P EVL LW TRCT INJ	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9609	DOC ORDER FOR ANTIPLATELET AGENTS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9610	DOC MED RSN PT REC NOT ORD AP AGT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9611	ORD AP AG NOT DOC PT R RSN NOT GVN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9612	PHOTODOCUM 2/MORE CECAL LANDMARK EST COMPL EXAM	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9613	DOCUMENTATION OF POST-SURG ANATOMY	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9614	PHOTODOCUMENTATION <2 CECAL LSMK EST COMPLETE EX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9618	DOC SCR UTEN MALIG/US&/ENDOMET SAMP	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9620	PT NOT SCR UTERN MALG/NO U/S NO RSN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9621	PT ID UNHLTHY ALC USR SCR&BRF COUNS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9622	PT NOT ID UNHLTHY ALC USR SCR ALC U	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9623	DOC MED RSN NO SCR UNHLTHY AL USE	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9624	PT NOT SCR UHLTY AU USING SYS SCR M	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9625	PT SUSTAIN BLAD INJ SRG/DSCV SUBSQ UP 30 DAY P S	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9626	DOC MED RSN NOT REPORT BLADDER INJ	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9627	DID NOT SUST BLAD INJ SRG/NOR DSCV SUBSQ UP 30PS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9628	PT SUSTN BOWEL INJ SURG/DISC SUBSEQ 30D PST SRG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9629	DOC MED RSN NOT REPORT BOWEL INJ	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9630	PT NOT SUSTN BOWL INJ SRG/DISC TO 30 D POST SURG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9631	PT SUSTAIN URETER INJ SURG/DISC 30 DAY POST SURG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9632	PT NOT ELG E.G. GYN/OTH PLV MAL DOC	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9633	PT NOT SUSTN URETER INJ SX/DISC 30D POST SRG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9634	H-REL QOL ASSESS 2 VST&QOL SME/IMPR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9635	HLTH-REL QOL NOT ASSESS TL DOC RSN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9636	H-REL QOL NOT ASSES 2 VST/QOL DCLND	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9637	FINAL REPORT W/DOC 1/MORE DOSE REDUCTION TECH	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9638	FINAL REPORTS W/O DOC 1/MORE DOSE REDUCTION TECH	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022

G9639	MAJOR AMP/OPEN SURG BYPS NOT RQR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9640	DOC OF PLANNED HYBRID/STAGED PROC	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9641	MAJOR AMPUTATION/OPEN SURG BYPS RQR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9642	CURRENT SMOKER	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9643	ELECTIVE SURGERY	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9644	PT ABST FROM SMOK PRI ANES D SX/PCR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9645	PT NOT F ABST SMK PRI ANES D SX/PCR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9646	PATIENTS W/90 DA MRS SCORE 0 TO 2	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9647	PT MRS SCORE NOT OBTAINED 90 DA F/U	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9648	PATIENTS WITH 90 DAY MRS SCORE >2	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9649	PSORIASIS ASSESS TOOL DOC ANY 1 BNCHMK BSA SEV	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9651	PSO ASSESS TOOL DOC NOT MTG ANY 1 SPEC BNCHMRK	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9654	MONITORED ANESTHESIA CARE	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9655	A TRAN OF CARE PROT/H/O TL/CHKLIST	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9656	PT TR D F AA LOC TO PACE/OTH N-ICU	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9658	A TRAN CARE PROT/HO TOOL/CHECKLIST	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9659	PT >=86 YO UNDWNT SC AND NO HX CC/MED RSN COLNOSCOPY	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9660	DOC MEDICAL REASON COLONOSCOPY PERF PT >=86 YOA	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9661	PT >=86 YOA WHO RECEIVED COLONOSCOPY	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9662	PREVIOUSLY DX/ACTIVE DX CLIN ASCVD	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9663	ANY FASTING/DIR LDL-C LAB TEST RSLT >= 190 MG/DL	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9664	PT CUR STATIN USR/RCVD ORD STATN TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9665	PT NO CUR STATN USR/NO ORD STATN TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9666	PT HI FAST/DIR LDL-C LAB TEST RSLT 70/189 MG/DL	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9674	PATIENTS W/CLINICAL ASCVD DIAGNOSIS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9675	PT HAD F/DR LB RSLT LDL-C=190 MG/DL	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9676	PT 40-75 YRS BEG MSR PRD T 1/2 DIAB	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9679	ACUTE CARE PNEUMONIA	Authorization required for non-participating providers.	C	1/1/2022
G9680	ACUTE CARE CONGESTIVE HEART FAILURE (CHF)	Authorization required for non-participating providers.	C	1/1/2022
G9681	ACUTE CARE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) /ASTHMA	Authorization required for non-participating providers.	C	1/1/2022
G9682	ACUTE CARE SKIN INFECTION	Authorization required for non-participating providers.	C	1/1/2022
G9683	FAC ONSITE AC TX NSG FAC RES FL/ELCT DO BILL SID	Authorization required for non-participating providers.	C	1/1/2022
G9684	ACUTE CARE URINARY TRACT INFECTION (UTI)	Authorization required for non-participating providers.	C	1/1/2022
G9685	PHYS OTH PROF E AND M BENEFIC CHG COND NSG FACILITY	Authorization required for non-participating providers.	C	1/1/2022
G9686	NURSING FACILITY CONFERENCE	Authorization required for non-participating providers.	C	1/1/2022
G9869	RECEIPT AND ANALYSIS REMOTE ASYNC IMAGES 10-20 MIN	Authorization required for non-participating providers.	C	1/1/2022

G9870	RECEIPT AND ANALYSIS REMOTE ASYNC IMAGES 20/>MINS	Authorization required for non-participating providers.	C	1/1/2022
G9873	1ST MDPP COR SESS ATD MDPP B UND EM	Authorization required for non-participating providers.	C	1/1/2022
G9874	4 T MDPP COR SESS ATD MDPP B UND EM	Authorization required for non-participating providers.	C	1/1/2022
G9875	9 T MDPP COR SESS ATD MDPP B UND EM	Authorization required for non-participating providers.	C	1/1/2022
G9876	2 MDPP COR MS ATD BNF MO 7-9 UND EM	Authorization required for non-participating providers.	C	1/1/2022
G9877	2 MDPP C MS ATD BNF MO 10-12 UND EM	Authorization required for non-participating providers.	C	1/1/2022
G9878	2 MDPP COR MS ATD BNF MO 7-9 UND EM	Authorization required for non-participating providers.	C	1/1/2022
G9879	2 MDPP C MS ATD BNF MO 10-12 UND EM	Authorization required for non-participating providers.	C	1/1/2022
G9880	MDPP BNF ACHV AL 5% WL MO 1-12 U EM	Authorization required for non-participating providers.	C	1/1/2022
G9881	MDPP BNF ACHV AL 9% WL MO 1-24 U EM	Authorization required for non-participating providers.	C	1/1/2022
G9882	2 MDPP O MS ATD BNF MO 13-15 U EM	Authorization required for non-participating providers.	C	1/1/2022
G9883	2 MDPP OM S ATD BNF MO 16-18 U EM	Authorization required for non-participating providers.	C	1/1/2022
G9884	2 MDPP OM S ATD BNF MO 19-21 U EM	Authorization required for non-participating providers.	C	1/1/2022
G9885	2 MDPP OM S ATD BNF MO 22-24 U EM	Authorization required for non-participating providers.	C	1/1/2022
G9890	BRDG PMT:1ST MDPP SPL BNF M 1-24 EM	Authorization required for non-participating providers.	C	1/1/2022
G9891	MDPP S RPT LN- CLM PAYABL MDPP EM	Authorization required for non-participating providers.	C	1/1/2022
G9892	DOC PT RSN NOT PERF DIL MACULAR EX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9893	DILATED MACULAR EX NOT PERF RSN NOS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9894	AD TX RX/ADMN COMB EXT BEAM RT PROS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9895	D M R NOT RX/ADMN AD TX COM EBRT PR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9896	D PT R NO RX/ADMN AD TX COM EBRT PR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9898	PT 66/> INSTITUTIONAL SNP/RESID LTC >90 DA MSR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9899	SCR DX F DGTL/DBT MAMMO RSLT D&REV	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9900	SCR DX MAMMO RESULT NOT DOC RSN NOS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9901	PT 66/> INSTITUTIONAL SNP/RESID LTC >90 DAYS MSR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9902	PT SCR TOB USE & ID AS TOB USER	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9903	PT SCR TOB USE & ID AS TOB NON-USER	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9904	DOC MED RSN FOR NOT SCR TOBACCO USE	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9906	PT ID TOB USER RECV TOB CESS INT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9907	DOC MED RSN NOT PROV TOB CESS INT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9908	PT ID T U NOT RECV T CESS INT NO R	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9909	D M R NOT PROV T CESS INT IF ID T U	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9910	PTS 66/> INSTITUTIONAL SNP/RESID LTC >90 DA MSR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9911	CLIN NODE NEG IBC BEF/AFT NA SYS TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9912	HBV ASSESS INTRP PRI ANTI-TNF TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9913	HBV ASSESS INTRP PR ANTI-TNF NO RSN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9914	PATIENT RECEIVING AN ANTI-TNFAGENT	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9915	NO RECORD OF HBV RESULTS DOCUMENTED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022

G9916	FUNC STS PERF ONCE IN LAST 12 MOS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9917	DOC ADV STAGE DEMENTIA AND CAREGIVER KNWL LIMITED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9918	FUNCTIONAL STATUS NOT PERF RSN NOS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9919	SCREENING PERF & POS & PROV REC	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9920	SCREENING PERFORMED AND NEGATIVE	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9921	NO SCR P PR SCR P/POS NO REC&RSN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9922	SAF CNCRNS SCR PRV&IF POS DOC MIT R	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9923	SAFETY CONCERNS SCR PROVIDED & NEG	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9924	DOC MED NO R SAF CNCRN/REC POS SCR	Authorization required for non-participating providers.	C	1/1/2022
G9925	SAFETY CONCERNS SCR NOT PROV RSN NOS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9926	SAF CNCRN SCR POS SCR NO PROV MIT R	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9927	DOC SY RSN NO RX WF/ANR FDA-APV AC	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9928	WF/ANR FDA-APV AC NO PRSC R NOT GVN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9929	PT TRANSIENT/REVERSIBLE CAUSE OF AF	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9930	PTS WHO ARE RECV COMFORT CARE ONLY	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9931	DOC CHA2DS2-VASC RS 0/1 FOR MN /0 1/ 2 FOR WOMN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9932	DOC PT RSN NO REC N/MNG POS TB SCR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9938	PT 66/> INST SNP/RESID LTC >90 DAYS DUR MSR PRD	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9939	PATH/DERMATOPATH SAME CLIN PRFRM BX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9940	DOC MEDICAL RSN FOR NOT ON A STATIN	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9942	PT ADD SPINE PROC SAME DT LUMB DISCECTOMY/LAMI	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9943	BP NOT MSR VAS WI 3 M PRE&AT 3 M PO	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9945	PT CANCER ACUT FX/INF REL LUMB SP/PT HAD IDIO/CS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9946	BP NOT MSR VAS WI 3 M PRE&AT 1 Y PO	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9948	PT ADD SPINE PROC SAME DT LUMB DISCECTOMY/LAMI	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9949	LEG PAIN NOT MEASURED BY THE VAS AT 3 MO POSTOP	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9954	PT EXH 2/> RISK FAC P/O VOMITING	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9955	CASES WHICH INO ANES U ONLY FOR IND	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9956	PATIENT RECEIVED COMBINATION TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9957	DOC MEDICAL REASON NOT RECV COMB TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9958	PATIENT DID NOT RECV COMBINATION TX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9959	SYSTEMIC ANTIMICROBIALS NOT PRSCR	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9960	DOC MED RSN PRSCR SYS ANTIMICROBLS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022

G9961	SYSTEMIC ANTIMICROBIALS PRESCRIBED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9962	EMB EPT D SEP EA EMBO VES&OA AG/EMB	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9963	EMB EPT NOT DOC SEP VESS NOT PERF	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9964	PT RCV AT LEAST 1 WCV PCP DUR PRF P	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9965	PT NOT RECV AT LEAST 1 WCV DUR PER	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9969	PRV REF PT PROV RCV RPRT PRV PT REF	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9970	PROV REF PT PROV NO RPRT PRV PT REF	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9974	DILATED MACULAR EXAM PERFORMED	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9975	DOC MED RSN NOT PERF DIL MACULAR EX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9976	DOC PT RSN NOT PRFRM DIL MACULAR EX	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9977	DILATED MACULAR EX NOT PERF RSN NOS	New Code-Not yet determined on the Health Plan Medicaid Fee Schedule.	C	1/1/2022
G9979	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 20 M	Authorization required for non-participating providers.	C	1/1/2022
G9980	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 30 M	Authorization required for non-participating providers.	C	1/1/2022
G9981	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 45 M	Authorization required for non-participating providers.	C	1/1/2022
G9982	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 60 M	Authorization required for non-participating providers.	C	1/1/2022
G9983	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 10 M	Authorization required for non-participating providers.	C	1/1/2022
G9984	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 15 M	Authorization required for non-participating providers.	C	1/1/2022
G9985	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 25 M	Authorization required for non-participating providers.	C	1/1/2022
G9986	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 40 M	Authorization required for non-participating providers.	C	1/1/2022
G9987	BPCI ADV MOD HOME VISIT PT ASMT PERF CLIN STAFF	Authorization required for non-participating providers.	C	1/1/2022
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	Authorization required for all providers.	Y	1/1/2022
H0002	BHVAL HLTH SCR DETRM ADMIS TX PROGM	Authorization required for non-participating providers.	C	1/1/2022
H0003	AL &/OR DRG SCRNG;LAB ANALY	Authorization required for non-participating providers.	C	1/1/2022
H0005	AL &/OR DRG SRV;GRP CNSLG-CLINICIAN	Authorization required for non-participating providers.	C	1/1/2022
H0006	AL &/OR DRG SRV;CASE MGMT	Authorization required for non-participating providers.	C	1/1/2022
H0007	AL &/OR DRG SRV;CRISIS INT-OUTPT	Authorization required for non-participating providers.	C	1/1/2022
H0008	AL &/OR DRG SRV;SUB-ACUTE DETOX-IP	Authorization required for non-participating providers.	C	1/1/2022
H0009	AL &/OR DRG SRV;ACUTE DETOX-IP	Authorization required for non-participating providers.	C	1/1/2022
H0010	AL &/OR DRG SRV;SUB-ACUTE DETOX-IP	Authorization required for non-participating providers.	C	1/1/2022
H0011	AL &/OR DRG SRV;ACUTE DETOX-RAP/IP	Authorization required for all providers.	Y	1/1/2022
H0012	AL &/OR DRG SRV;SUB-ACUTE DETX-OP	Authorization required for non-participating providers.	C	1/1/2022
H0013	AL &/OR DRG SRV;ACUTE DETOX-OP	Authorization required for non-participating providers.	C	1/1/2022
H0014	ALCOHOL &/OR DRG SRVS;AMB DETOX	Authorization required for non-participating providers.	C	1/1/2022
H0015	IOP AL &/OR DRG SRV->=3HRS DA/3DAWK	Authorization required for non-participating providers.	C	1/1/2022
H0016	AL &/OR DRG SRV;MED/SOMATIC	Authorization required for non-participating providers.	C	1/1/2022
H0017	BHVAL HEALTH; RES W/O ROOM&BD-DIEM	Authorization required for non-participating providers.	C	1/1/2022
H0018	BHVAL HLTH; SHRT-TERM RES PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H0019	BHVAL HLTH; LNG-TERM RES PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H0020	AL &/OR DRG SRV;METHADONE ADMIN/SRV	Authorization required for non-participating providers.	C	1/1/2022
H0021	AL &/OR DRG TRAINING SERV	Authorization required for non-participating providers.	C	1/1/2022
H0022	AL &/OR DRG INTERVEN SERV	Authorization required for non-participating providers.	C	1/1/2022
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE	Authorization required for non-participating providers.	C	1/1/2022
H0024	BHVAL HLTH PRV INFORM DISSEMIN SRVC	Authorization required for non-participating providers.	C	1/1/2022
H0025	BHVAL HEALTH PREV EDUCATION SERVICE	Authorization required for non-participating providers.	C	1/1/2022

H0026	AL &/OR DRG PRV PROCESS SRV COM-BSD	Authorization required for non-participating providers.	C	1/1/2022
H0027	AL &/OR DRG PREV ENVIRONMNTL SRV	Authorization required for non-participating providers.	C	1/1/2022
H0028	AL &/OR DRG PRV PRB ID/EX ASSES	Authorization required for non-participating providers.	C	1/1/2022
H0029	AL &/OR DRG PREV ALTERNATIVES SRV	Authorization required for non-participating providers.	C	1/1/2022
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	Authorization required for non-participating providers.	C	1/1/2022
H0031	MENTAL HEALTH ASSESS NON-PHYSICIAN	Authorization required for non-participating providers.	C	1/1/2022
H0032	MENTL HLTH SRVC PLAN DVLP NON-PHYS	Authorization required for non-participating providers.	C	1/1/2022
H0033	ORAL MEDADMIN DIR OBSERVATION	Authorization required for non-participating providers.	C	1/1/2022
H0034	MEDICATION TRN&SUPPORT PER 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
H0035	MENTAL HEALTH PART HOSP TX < 24 HR	Authorization required for non-participating providers.	C	1/1/2022
H0036	CMTY PSYC SUPP TX FCE-TO-FCE-15 MIN	Authorization required for non-participating providers.	C	1/1/2022
H0037	CMTY PSYC SUPPORTIVE TX PROG-MDIEM	Authorization required for non-participating providers.	C	1/1/2022
H0038	SELF-HELP/PEER SERVICES PER 15 MIN	Authorization required for non-participating providers.	C	1/1/2022
H0039	ASSERTIVE CMTY TX FCE-TO-FCE-15 MIN	Authorization required for non-participating providers.	C	1/1/2022
H0040	ASSERTIVE CMTY TX PROG PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H0041	FOSTER CARE CHLD NON-TX-DIEM	Authorization required for non-participating providers.	C	1/1/2022
H0042	FOSTER CARE CHLD NON-TX-MONTH	Authorization required for non-participating providers.	C	1/1/2022
H0043	SUPPORTED HOUSING PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H0044	SUPPORTED HOUSING PER MONTH	Authorization required for non-participating providers.	C	1/1/2022
H0045	RESPIRE CARE SRVC NOT HOME PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H0046	MENTAL HEALTH SERVICES NOS	Authorization required for all providers.	Y	1/1/2022
H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS	Authorization required for non-participating providers.	C	1/1/2022
H0048	ALC &/OTH RX TST: CLCT&HNDL NOT BLD	Authorization required for all providers.	Y	1/1/2022
H1000	PRENATAL CARE, AT-RISK ASSESSMENT	Authorization required for non-participating providers.	C	1/1/2022
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE	Authorization required for non-participating providers.	C	1/1/2022
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE	Authorization required for non-participating providers.	C	1/1/2022
H1004	PRENATAL CARE, AT-RISK ENHANCED SERVICE	Authorization required for non-participating providers.	C	1/1/2022
H1005	PRENATAL CARE, AT-RISK ENHANCED SERVICE PACKAGE (INCLUDES H1001-H1004)	Authorization required for non-participating providers.	C	1/1/2022
H1010	NON-MEDICAL FAM PLANNING ED-SESSION	Authorization required for non-participating providers.	C	1/1/2022
H1011	FAM ASSESS LIC BHVAL HLTH STATE DEF	Authorization required for non-participating providers.	C	1/1/2022
H2000	COMP MULTIDISCIPLINARY EVALUATION	Authorization required for non-participating providers.	C	1/1/2022
H2001	REHABILITATION PROGRAM PER 1/2 DAY	Authorization required for non-participating providers.	C	1/1/2022
H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	Authorization required for non-participating providers.	C	1/1/2022
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2024	SUPPORTED EMPLOYMENT, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2027	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022

H2028	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2029	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2032	ACTIVITY THERAPY, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
H2034	ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	Authorization required for non-participating providers.	C	1/1/2022
H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
H2037	DVLPMTNL DELAY PRVNTN ACTIVITIES, DPNDNT CHILD OF CLIENT/15 MIN	Authorization required for all providers.	Y	1/1/2022
J0120	INJ TETRACYCLINE TO 250 MG	Authorization required for non-participating providers.	C	1/1/2022
J0121	INJECTION OMADACYCLINE 1 MG	Authorization required for all providers.	Y	1/1/2022
J0122	INJECTION ERAVACYCLINE 1 MG	Authorization required for all providers.	Y	1/1/2022
J0128	INJECTION ABARELIX 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J0129	ABATACEPT INJECTION	Authorization required for all providers.	Y	1/1/2022
J0130	INJ ABCIXIMAB 10 MG	Authorization required for all providers.	Y	1/1/2022
J0131	ACETAMINOPHEN INJECTION	Authorization required for non-participating providers.	C	1/1/2022
J0133	INJECTION ACYCLOVIR 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J0135	INJECTION ADALIMUMAB 20 MG	Authorization required for all providers.	Y	1/1/2022
J0150	INJ ADENOSINE 6 MG (FOR PHOS COMPD USE A9270)	Authorization required for all providers.	Y	1/1/2022
J0170	INJ ADRENALINE EPINEPHRINE TO 1 ML AMPULE	Authorization required for non-participating providers.	C	1/1/2022
J0171	ADRENALIN EPINEPHRINE INJECT	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0178	AFLIBERCEPT INJECTION	Authorization required for all providers.	Y	1/1/2022
J0179	INJECTION BROLUICIZUMAB-DBLL 1 MG	Authorization required for all providers.	Y	1/1/2022
J0180	INJECTION AGALSIDASE BETA 1 MG	Authorization required for all providers.	Y	1/1/2022
J0185	INJECTION APREPITANT 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0190	INJ BIPERIDEN LACTATE, PER 5 MG	Authorization required for all providers.	Y	1/1/2022
J0200	INJ ALATROFLOXACIN MESYLATE 100 MG	Authorization required for all providers.	Y	1/1/2022
J0202	INJECTION ALEMTUZUMAB 1 MG	Authorization required for all providers.	Y	1/1/2022
J0205	INJ ALGLUCERASE PER 10 UNITS (CEREDASE)	Authorization required for all providers.	Y	1/1/2022
J0207	INJ AMIFOSTINE 500 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0210	INJ METHYLDOPATE HCL TO 250 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J0215	INJECTION, ALEFACEPT, 0.5 MG	Authorization required for non-participating providers.	C	1/1/2022
J0220	ALGLUCOSIDASE ALFA INJECTION	Authorization required for all providers.	Y	1/1/2022
J0221	LUMIZYME INJECTION	Authorization required for all providers.	Y	1/1/2022
J0222	INJECTION PATISIRAN 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J0223	INJECTION GIVOSIRAN 0.5 MG	Authorization required for all providers.	Y	1/1/2022
J0224	INJECTION LUMASIRAN 0.5 MG	Authorization required for all providers.	Y	1/1/2022

J0256	ALPHA 1 PROTEINASE INHIBITOR	Authorization required for all providers.	Y	1/1/2022
J0257	GLASSIA INJECTION	Authorization required for all providers.	Y	1/1/2022
J0270	INJ ALPROSTADIL 1.25 MCG ADMIN DIR PHYS SUPERVS	Authorization required for all providers.	Y	1/1/2022
J0280	INJ AMINOPHYLLIN TO 250 MG	Authorization required for non-participating providers.	C	1/1/2022
J0282	INJ AMIODARONE HYDROCHLORIDE 30 MG	Authorization required for non-participating providers.	C	1/1/2022
J0285	INJ AMPHOTERICIN B 50 MG	Authorization required for all providers.	Y	1/1/2022
J0287	INJ AMPHOTERICIN B LIPID CMLPX 10 MG	Authorization required for all providers.	Y	1/1/2022
J0288	INJ AMPHOTERICIN B CHOLESTRYL 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J0289	INJ AMPHOTERICIN B LIPOSOME 10 MG	Authorization required for all providers.	Y	1/1/2022
J0290	INJ AMPICILLIN TO 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J0291	INJECTION PLAZOMICIN 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J0295	INJ AMPICILLIN SODIUM/SULBACTAM SODIUM 1.5 GM	Authorization required for all providers.	Y	1/1/2022
J0300	INJ AMO BARBITAL TO 125 MG	Authorization required for non-participating providers.	C	1/1/2022
J0330	INJ SUCCINYLCOLINE CHLORIDE TO 20 MG	Authorization required for non-participating providers.	C	1/1/2022
J0348	ANIDULAFUNGIN INJECTION	Authorization required for all providers.	Y	1/1/2022
J0350	INJ ANISTREPLASE PER 30 UNITS	Authorization required for all providers.	Y	1/1/2022
J0360	INJ HYDRALAZINE HCL TO 20 MG	Authorization required for non-participating providers.	C	1/1/2022
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J0365	INJECTION APROTONIN 10000 KIU	Authorization required for all providers.	Y	1/1/2022
J0380	INJ METARAMINOL BITARTRATE, PER 10 MG	Authorization required for all providers.	Y	1/1/2022
J0390	INJ CHLOROQUINE HCL TO 250 MG	Authorization required for non-participating providers.	C	1/1/2022
J0456	INJ AZITHROMYCIN 500 MG	Authorization required for all providers.	Y	1/1/2022
J0461	ATROPINE SULFATE INJECTION	Authorization required for non-participating providers.	C	1/1/2022
J0470	INJ DIMECAPROL PER 100 MG	Authorization required for non-participating providers.	C	1/1/2022
J0475	INJ BACLOFEN 10 MG	Authorization required for all providers.	Y	1/1/2022
J0476	INJ BACLOFEN 50 MCG INTRATHECAL TRIAL	Authorization required for non-participating providers.	C	1/1/2022
J0480	INJECTION BASILIXIMAB 20 MG	Authorization required for non-participating providers.	C	1/1/2022
J0485	BELATACEPT INJECTION	Authorization required for all providers.	Y	1/1/2022
J0490	BELIMUMAB INJECTION	Authorization required for all providers.	Y	1/1/2022
J0500	INJ DICYCLOMINE TO 20MG	Authorization required for all providers.	Y	1/1/2022
J0515	INJ BENZTROPINE MESYLATE, PER 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J0517	INJECTION BENRALIZUMAB 1 MG	Authorization required for all providers.	Y	1/1/2022
J0520	INJ BETHANECHOL CHL/MYOTONACHOL/URECHOLINE 5 MG	Authorization required for all providers.	Y	1/1/2022
J0559	PENG BENZATHINE/PROCAINE INJ	Authorization required for non-participating providers.	C	1/1/2022
J0560	INJ PEN G BENZATHINE TO 600,000 UNITS	Authorization required for non-participating providers.	C	1/1/2022
J0561	PENICILLIN G BENZATHINE INJ	Authorization required for non-participating providers.	C	1/1/2022
J0565	INJECTION BEZLOTUXUMAB 10 MG	Authorization required for all providers.	Y	1/1/2022
J0567	INJECTION CERLIPONASE ALFA 1 MG	Authorization required for all providers.	Y	1/1/2022
J0570	BUPRENORPHINE IMPLANT 74.2MG	Authorization required for all providers.	Y	1/1/2022
J0571	BUPRENORPHINE ORAL 1MG	Authorization required for all providers.	Y	1/1/2022
J0583	INJECTION, BIVALIRUDIN, 1 MG	Authorization required for all providers.	Y	1/1/2022
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Authorization required for all providers.	Y	1/1/2022
J0585	INJECTION_ONABOTULINUMTOXINA	Authorization required for all providers.	Y	1/1/2022
J0586	ABOBOTULINUMTOXINA	Authorization required for all providers.	Y	1/1/2022
J0587	INJ, RIMABOTULINUMTOXINB	Authorization required for all providers.	Y	1/1/2022
J0588	INCOBOTULINUMTOXIN A	Authorization required for all providers.	Y	1/1/2022
J0591	INJECTION DEOXYCHOLIC ACID 1 MG	Authorization required for all providers.	Y	1/1/2022
J0592	INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J0593	INJECTION LANADELUMAB-FLYO 1 MG	Authorization required for all providers.	Y	1/1/2022

J0594	INJECTION, BUSULFAN, 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	Authorization required for all providers.	Y	1/1/2022
J0597	C-1 ESTERASE, BERINERT	Authorization required for all providers.	Y	1/1/2022
J0598	C-1 ESTERASE, CINRYZE	Authorization required for all providers.	Y	1/1/2022
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Authorization required for all providers.	Y	1/1/2022
J0600	INJ EDETATE CALCIUM DISODIUM UP TO 1000 MG	Authorization required for all providers.	Y	1/1/2022
J0604	CINACALCET ORAL 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J0606	INJECTION ETELCALCETIDE 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J0610	INJ CALCIUM GLUCONATE PER 10 ML	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0620	INJ CALCIUM GLYCEROPHOSPHATE/LACTATE PER 10 ML	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J0630	INJ CALCITONIN SALMON TO 400 UNITS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0636	INJECTION CALCITRIOL 0.1 MCG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Authorization required for all providers.	Y	1/1/2022
J0638	CANAKINUMAB INJECTION	Authorization required for all providers.	Y	1/1/2022
J0640	INJ LEUCOVORIN CALCIUM PER 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0641	INJECTION LEVOLEUCOVORIN 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0670	INJ MEPIVACAINE HCL, PER 10 ML	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J0690	INJ CEFAZOLIN SODIUM TO 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J0691	INJECTION LEFAMULIN 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J0693	INJECTION CEFIDEROCOL 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J0694	INJ CEFOXITIN SODIUM 1 GM	Authorization required for non-participating providers.	C	1/1/2022
J0695	INJ CEFTOZOZANE 50 MG & TAZ 25 MG	Authorization required for all providers.	Y	1/1/2022
J0696	INJ CEFTRIAZONE SODIUM PER 250 MG	Authorization required for non-participating providers.	C	1/1/2022

J0697	INJ STERILE CEFUROXIME SODIUM PER 750 MG	Authorization required for non-participating providers.	C	1/1/2022
J0698	CEFOTAXIME SODIUM PER GM	Authorization required for non-participating providers.	C	1/1/2022
J0699	INJECTION CEFIDEROCOL 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J0702	BETAMETHASONE ACET&SOD PHOSP	Authorization required for non-participating providers.	C	1/1/2022
J0704	INJ BETAMETHASONE SODIUM PHOSPHATE PER 4 MG	Authorization required for non-participating providers.	C	1/1/2022
J0706	INJECTION, CAFFEINE CITRATE, 5MG	Authorization required for non-participating providers.	C	1/1/2022
J0710	INJ CEPHAPIRIN SODIUM TO 1 GM	Authorization required for all providers.	Y	1/1/2022
J0712	CEFTAROLINE FOSAMIL INJ	Authorization required for all providers.	Y	1/1/2022
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J0714	INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	Authorization required for all providers.	Y	1/1/2022
J0715	INJ CEFTIZOXIME SODIUM PER 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J0716	CENTRURIDES IMMUNE F(AB)	Authorization required for all providers.	Y	1/1/2022
J0720	INJ CHLORAMPHENICOL SODIUM SUCCINATE TO 1 GM	Authorization required for all providers.	Y	1/1/2022
J0725	INJ CHORIONIC GONADOTROPIN PER 1000 USP UNITS	Authorization required for all providers.	Y	1/1/2022
J0735	INS CLONIDINE HYDROCHLORIDE 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J0740	INJ CIDOFOVIR 375 MG	Authorization required for all providers.	Y	1/1/2022
J0741	INJECTION CABOTEGRAVIR AND RILPIVIRINE 2MG/3MG	Authorization required for non-participating providers.	C	1/1/2022
J0742	INJ IMP 4 MG CILASTATIN 4 MG AND RELEBACTAM 2 MG	Authorization required for non-participating providers.	C	1/1/2022
J0743	INJ CILASTATIN SODIUM; IMPENEM PER 250MG	Authorization required for all providers.	Y	1/1/2022
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	Authorization required for non-participating providers.	C	1/1/2022
J0745	INJ CODEINE PHOSPHATE PER 30 MG	Authorization required for non-participating providers.	C	1/1/2022
J0760	INJ COLCHICINE PER 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J0770	INJ COLUSTIMETHATE SODIUM TO 150 MG	Authorization required for all providers.	Y	1/1/2022
J0775	COLLAGENASE, CLOST HIST INJ	Authorization required for all providers.	Y	1/1/2022
J0780	INJ PROCHLORPERAZINE TO 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0791	INJECTION CRIZANLIZUMAB-TMCA 5 MG	Authorization required for all providers.	Y	1/1/2022
J0795	INJECTION CORTICORELIN OVINE TRIFLUTATE 1 MICROGRAM	Authorization required for all providers.	Y	1/1/2022
J0800	INJ CORTICOTROPIN TO 40 UNITS	Authorization required for all providers.	Y	1/1/2022
J0833	COSYNTROPIN INJECTION NOS	Authorization required for all providers.	Y	1/1/2022
J0834	INJECTION COSYNTROPIN 0.25 MG	Authorization required for all providers.	Y	1/1/2022
J0840	CROTALIDAE POLY IMMUNE FAB	Authorization required for non-participating providers.	C	1/1/2022
J0841	INJECTION CROTALIDAE IMMUNE F120 MG	Authorization required for all providers.	Y	1/1/2022
J0850	INJ CYTOMEGALOVIRUS IMMUNE GLOBULIN IV PER VIAL	Authorization required for non-participating providers.	C	1/1/2022
J0875	INJECTION DALBAVANCIN 5MG	Authorization required for all providers.	Y	1/1/2022
J0878	INJECTION DAPTOMYCIN 1 MG	Authorization required for all providers.	Y	1/1/2022
J0881	INJECTION DARBEPOETIN ALFA 1 MICROGRAM NON-ESRD USE	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0882	INJECTION DARBEPOETIN ALFA 1 MICROGRAM FOR ESRD ON DIALYSIS	Authorization required for all providers.	Y	1/1/2022
J0883	ARGATROBAN NONESRD USE 1MG	Authorization required for all providers.	Y	1/1/2022
J0884	ARGATROBAN ESRD DIALYSIS 1MG	Authorization required for non-participating providers.	C	1/1/2022

J0885	INJECTION EPOETIN ALFA FOR NON-ESRD USE 1000 UNITS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0886	INJECTION EPOETIN ALFA 1000 UNITS FOR ESRD ON DIALYSIS	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J0887	EPOETIN BETA ESRD USE	Authorization required for all providers.	Y	1/1/2022
J0888	EPOETIN BETA NON ESRD	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0890	PEGINESATIDE INJECTION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J0894	INJECTION, DECITABINE, 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0895	INJ DEFEROXAMINE MESYLATE 500 MG PER 5 CC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0897	DENOSUMAB INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J0900	INJ TESTOSTERONE ENANTHATE/ESTRADIOL VALERATE 1C	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1000	INJ DEPO-ESTRADIOL CYPIONATE TO 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J1020	INJ METHYLPREDNISOLONE ACETATE 20 MG	Authorization required for non-participating providers.	C	1/1/2022
J1030	INJ METHYLPREDNISOLONE ACETATE 40 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1040	INJ METHYLPREDNISOLONE ACETATE 80 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1050	MEDROXYPROGESTERONE ACETATE	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1051	INJ MDRXYPRGESTRON ACTAT 50 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

J1055	INJ MEDROXYPROGESTER ACET-CONTRACEPTIVE 150 MG	Authorization required for non-participating providers.	C	1/1/2022
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	Authorization required for non-participating providers.	C	1/1/2022
J1071	INJ TESTOSTERONE CYPIONATE	Authorization required for non-participating providers.	C	1/1/2022
J1080	INJ TESTOSTERONE CYPIONATE 1 CC 200 MG	Authorization required for non-participating providers.	C	1/1/2022
J1095	INJECTION APREPITANT 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J1097	PHEN 10.16 AND KET 2.88 MG/ML OPHT IRR SOL 1 ML	Authorization required for all providers.	Y	1/1/2022
J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1110	INJ DIHYDROERGOTAMINE MESYLATE PER 1 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1120	INJ ACETAZOLAMIDE SODIUM TO 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J1130	INJ DICLOFENAC SODIUM 0.5MG	Authorization required for non-participating providers.	C	1/1/2022
J1160	INJ DIGOXIN TO 0.5 MG	Authorization required for non-participating providers.	C	1/1/2022
J1162	INJECTION DIGOXIN IMMUNE FAB OVINE /VIAL	Authorization required for non-participating providers.	C	1/1/2022
J1165	INJ PHENYTOIN SODIUM, PER 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J1170	INJ HYDROMORPHONE TO 4 MG	Authorization required for non-participating providers.	C	1/1/2022
J1180	INJ DYPHYLLINE TO 500 MG	Authorization required for all providers.	Y	1/1/2022
J1190	INJ DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1200	INJ DIPHENHYDRAMINE HCL TO 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1201	INJECTION CETIRIZINE HYDROCHLORIDE 0.5 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1205	INJ CHLOROTHIAZIDE SODIUM, PER 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J1212	INJ DMSO DIMETHYL SULFOXIDE 50% 50 ML	Authorization required for all providers.	Y	1/1/2022
J1230	INJ METHADONE HCL TO 20 MG	Authorization required for non-participating providers.	C	1/1/2022
J1240	INJ DIMENHYDRINATE TO 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J1245	INJ DIPYRIDAMOLE PER 10MG	Authorization required for non-participating providers.	C	1/1/2022
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	Authorization required for non-participating providers.	C	1/1/2022
J1260	INJ DOLASETRON MESYLATE 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1265	INJECTION PHENYTOIN SODIUM /50 MG	Authorization required for all providers.	Y	1/1/2022
J1267	DORIPENEM INJECTION	Authorization required for all providers.	Y	1/1/2022
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	Authorization required for non-participating providers.	C	1/1/2022
J1290	ECALLANTIDE INJECTION	Authorization required for non-participating providers.	C	1/1/2022
J1300	ECULIZUMAB INJECTION	Authorization required for all providers.	Y	1/1/2022
J1301	INJECTION EDARAVONE 1 MG	Authorization required for all providers.	Y	1/1/2022
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Authorization required for all providers.	Y	1/1/2022
J1305	INJECTION EVINACUMAB-DGNB 5MG	Authorization required for all providers.	Y	1/1/2022

J1320	INJ AMITRIPTYLINE HCL TO 20 MG	Authorization required for all providers.	Y	1/1/2022
J1322	ELOSULFASE ALFA, INJECTION	Authorization required for all providers.	Y	1/1/2022
J1324	INJECTION, ENFUVIRTIDE, 1 MG	Authorization required for all providers.	Y	1/1/2022
J1325	INJ EPOPROSTENOL 0.5 MG	Authorization required for all providers.	Y	1/1/2022
J1327	INJ EPTIFIBATIDE 5 MG	Authorization required for all providers.	Y	1/1/2022
J1330	INJ ERGONOVINE MALEATE TO 0.2 MG	Authorization required for non-participating providers.	C	1/1/2022
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	Authorization required for all providers.	Y	1/1/2022
J1364	INJ ERYTHROMYCIN LACTOBIONATE PER 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J1380	INJ ESTRADIOL VALERATE TO 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J1390	INJ ESTRADIOL VALERATE TO 20 MG	Authorization required for non-participating providers.	C	1/1/2022
J1410	INJ ESTROGEN CONJUGATED PER 25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1426	INJECTION CASIMERSEN 10 MG	Authorization required for all providers.	Y	1/1/2022
J1427	INJECTION VILTOLARSEN 10 MG	Authorization required for all providers.	Y	1/1/2022
J1428	INJECTION ETEPLIRSEN 10 MG	Authorization required for all providers.	Y	1/1/2022
J1429	INJECTION GOLODIRSEN 10 MG	Authorization required for all providers.	Y	1/1/2022
J1430	INJECTION ETHANOLAMINE OLEATE 100 MG	Authorization required for all providers.	Y	1/1/2022
J1435	INJ ESTRONE PER 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J1436	INJ ETIDRONATE DISODIUM TO 300 MG	Authorization required for all providers.	Y	1/1/2022
J1437	INJECTION FERRIC DERISOMALTOSE 10 MG	Authorization required for all providers.	Y	1/1/2022
J1438	INJ ETANERCEPT 25 MG	Authorization required for all providers.	Y	1/1/2022
J1439	INJ FERRIC CARBOXYMALTOS 1MG	Authorization required for all providers.	Y	1/1/2022
J1440	INJ FILGRASTIM 300 MCG	Authorization required for non-participating providers.	C	1/1/2022
J1442	INJ FILGRASTIM EXCL BIOSIMIL	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1443	INJ FEPP CIT SOLUTION TRIFERIC 0.1 MG IRON	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1444	INJ FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON	Authorization required for non-participating providers.	C	1/1/2022
J1445	INJ FERRIC PYROPHOSPHATE CITRATE SOL 0.1 MG IRON	Authorization required for non-participating providers.	C	1/1/2022
J1446	INJ, TBO-FILGRASTIM, 5 MCG	Authorization required for non-participating providers.	C	1/1/2022
J1447	INJECTION TBO-FILGRASTIM 1 MICROG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1448	INJECTION TRILACICLIB 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1450	INJ FLUCONAZOLE 200 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1451	INJECTION FOMEPIZOLE 15 MG	Authorization required for all providers.	Y	1/1/2022
J1452	INJ FOMIVIRSEN SODIUM IO 1.65MG	Authorization required for all providers.	Y	1/1/2022

J1453	FOSAPREPITANT INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1455	INJ FOSCARNET SODIUM PER 1000MG	Authorization required for all providers.	Y	1/1/2022
J1457	INJECTION GALLIUM NITRATE 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J1458	INJECTION, GALSULFASE, 1 MG	Authorization required for all providers.	Y	1/1/2022
J1459	INJ IVIG PRIVIGEN 500 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1460	INJ GAMMA GLOBULIN IM 1 CC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1470	INJ GAMMA GLOBULIN IM 2 CC	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1480	INJ GAMMA GLOBULIN IM 3 CC	Authorization required for all providers.	Y	1/1/2022
J1490	INJ GAMMA GLOBULIN IM 4 CC	Authorization required for all providers.	Y	1/1/2022
J1494	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
J1500	INJ GAMMA GLOBULIN IM 5 CC	Authorization required for all providers.	Y	1/1/2022
J1510	INJ GAMMA GLOBULIN IM 6 CC	Authorization required for all providers.	Y	1/1/2022
J1520	INJ GAMMA GLOBULIN IM 7 CC	Authorization required for all providers.	Y	1/1/2022
J1530	INJ GAMMA GLOBULIN IM 8 CC	Authorization required for all providers.	Y	1/1/2022
J1540	INJ GAMMA GLOBULIN IM 9 CC	Authorization required for all providers.	Y	1/1/2022
J1550	INJ GAMMA GLOBULIN IM 10 CC	Authorization required for all providers.	Y	1/1/2022
J1554	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG	Authorization required for all providers.	Y	1/1/2022
J1555	INJECTION IMMUNE GLOBULIN 100 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1556	INJ, IMM GLOB BIVIGAM, 500MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1557	GAMMAPLEX INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1558	INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

J1559	HIZENTRA INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1560	INJ GAMMA GLOBULIN IM OVER 10 CC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1561	GAMUNEX-C/GAMMAKED	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1562	VIVAGLOBIN, INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1566	IMMUNE GLOBULIN, POWDER	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1568	OCTAGAM INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1569	GAMMAGARD LIQUID INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1570	INJ GANCICLOVIR SODIUM 500 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1571	HEPAGAM B IM INJECTION	Authorization required for non-participating providers.	C	1/1/2022
J1572	FLEBOGAMMA INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1573	HEPAGAM B INTRAVENOUS, INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1575	INJ IG/HYALURONIDASE 100 MG IG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1580	INJ GARAMYCIN GENTAMICIN TO 80 MG	Authorization required for non-participating providers.	C	1/1/2022
J1590	INJECTION, GATIFLOXACIN, 10MG	Authorization required for non-participating providers.	C	1/1/2022
J1599	IVIG NON-LYOPHILIZED, NOS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1600	INJ GOLD SODIUM THIOALEATE TO 50 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

J1620	INJ GONADORELIN HYDROCHLORIDE PER 100 MCG	Authorization required for non-participating providers.	C	1/1/2022
J1626	INJ GRANISETRON HYDROCHLORIDE 100 MCG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1627	INJ GRANISETRON EXT-RLSE 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1628	INJECTION GUSELKUMAB 1 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1630	INJ HALOPERIDOL TO 5 MG	Authorization required for all providers.	Y	1/1/2022
J1631	INJ HALOPERIDOL DECAANOATE PER 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J1640	INJECTION HEMIN 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	Authorization required for all providers.	Y	1/1/2022
J1652	INJ FONDAPARINUX SODIUM 0.5 MG	Authorization required for all providers.	Y	1/1/2022
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	Authorization required for all providers.	Y	1/1/2022
J1675	INJECTION HISTRELIN ACETATE 10 MICROGRAMS	Authorization required for non-participating providers.	C	1/1/2022
J1680	HUMAN FIBRINOGEN CONC INJ	Authorization required for all providers.	Y	1/1/2022
J1689	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
J1700	INJ HYDROCORTISONE ACETATE TO 25 MG	Authorization required for all providers.	Y	1/1/2022
J1710	INJ HYDROCORTISONE SODIUM PHOSPHATE TO 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J1720	INJ HYDROCORTISONE SODIUM SUCCINATE TO 100 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1725	HYDROXYPROGESTERONE CAPROATE	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1729	INJECTION HPC NOS 10 MG	Authorization required for all providers.	Y	1/1/2022
J1730	INJ DIAZOXIDE TO 300 MG	Authorization required for all providers.	Y	1/1/2022
J1738	INJECTION MELOXICAM 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J1741	IBUPROFEN INJECTION	Authorization required for all providers.	Y	1/1/2022
J1742	INJ IBUTILIDE FUMARATE 1 MG	Authorization required for all providers.	Y	1/1/2022
J1743	IDURSULFASE INJECTION	Authorization required for all providers.	Y	1/1/2022
J1744	ICATIBANT INJECTION	Authorization required for all providers.	Y	1/1/2022
J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	Authorization required for all providers.	Y	1/1/2022
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Authorization required for all providers.	Y	1/1/2022
J1750	INJ IRON DEXTRAN	Authorization required for non-participating providers.	C	1/1/2022
J1756	INJECTION IRON SUCROSE 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J1785	INJ IMIGLUCERASE PER UNIT	Authorization required for non-participating providers.	C	1/1/2022
J1786	IMUGLUCERASE INJECTION	Authorization required for all providers.	Y	1/1/2022
J1790	INJ DROPERIDOL TO 5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1795	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022

J1800	INJ PROPRANOLOL HCL TO 1 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J1810	INJ DROPERIDOL & FENTANYL CITRATE TO 2 ML AMP	Authorization required for non-participating providers.	C	1/1/2022
J1815	INJECTION INSULIN PER 5 UNITS	Authorization required for non-participating providers.	C	1/1/2022
J1817	INSULIN ADMIN THRU DME PER 50 UNITS	Authorization required for non-participating providers.	C	1/1/2022
J1823	INJECTION INEBILIZUMAB CDON 1 MG	Authorization required for all providers.	Y	1/1/2022
J1825	INJECTION INTERFERON BETA-1A 33 MCG	Authorization required for all providers.	Y	1/1/2022
J1826	INTERFERON BETA-1A INJ	Authorization required for all providers.	Y	1/1/2022
J1830	INTERFERON BETA-1B PER 0.25 MG ADMIN PHYS SUPERV	Authorization required for all providers.	Y	1/1/2022
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Authorization required for all providers.	Y	1/1/2022
J1835	INJECTION, ITRACONAZOLE, 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J1840	INJ KANAMYCIN SULFATE TO 500 MG	Authorization required for all providers.	Y	1/1/2022
J1850	INJ KANAMYCIN TO 75 MG	Authorization required for all providers.	Y	1/1/2022
J1885	INJ KETOROLAC TROMETHAMINE PER 15MG	Authorization required for non-participating providers.	C	1/1/2022
J1890	INJ CEPHALOTHIN SODIUM TO 1 GM	Authorization required for all providers.	Y	1/1/2022
J1930	LANREOTIDE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J1931	INJECTION LARONIDASE 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J1940	INJ FUROSEMIDE TO 20 MG	Authorization required for non-participating providers.	C	1/1/2022
J1942	ARIPIPRAZOLE LAUROXIL 1MG	Authorization required for non-participating providers.	C	1/1/2022
J1944	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	Authorization required for all providers.	Y	1/1/2022
J1945	INJECTION LEPIRUDIN 50 MG	Authorization required for all providers.	Y	1/1/2022
J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG	Authorization required for all providers.	Y	1/1/2022
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Authorization required for all providers.	Y	1/1/2022
J1953	LEVETIRACETAM INJECTION	Authorization required for all providers.	Y	1/1/2022
J1955	INJECTION, LEVOCARNITINE, PER 1 GMI	Authorization required for non-participating providers.	C	1/1/2022
J1956	INJ LEVOFLOXACIN 250 MG	Authorization required for non-participating providers.	C	1/1/2022
J1960	INJ LEVORPHANOL TARTRATE TO 2 MG	Authorization required for all providers.	Y	1/1/2022
J1980	INJ HYOSCYAMINE SULFATE TO .25 MG	Authorization required for non-participating providers.	C	1/1/2022
J1990	INJ CHLORDIAZEPOXIDE HCL TO 100 MG	Authorization required for non-participating providers.	C	1/1/2022
J2001	INJECTION, LIDOCAINE HCl FOR INTRAVENOUS INFUSION, 10 MG	Authorization required for all providers.	Y	1/1/2022
J2010	INJ LINCOMYCIN HCL TO 300 MG	Authorization required for all providers.	Y	1/1/2022
J2020	INJECTION, LINEZOLID, 200MG	Authorization required for all providers.	Y	1/1/2022
J2060	INJ LORAZEPAM 2MG	Authorization required for non-participating providers.	C	1/1/2022
J2062	LOXAPINE FOR INHALATION 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J2150	INJ MANNITOL 25% IN 50 ML	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2180	INJ MEPERIDINE & PROMETHAZINE HCL TO 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J2182	INJECTION MEPOLIZUMAB 1MG	Authorization required for all providers.	Y	1/1/2022
J2185	INJECTION, MEROPENEM, 100 MG	Authorization required for all providers.	Y	1/1/2022
J2186	INJECTION MEROPENEM VABORBACTAM	Authorization required for non-participating providers.	C	1/1/2022
J2210	INJ METHYLERGONOVINE MALEATE TO 0.2 MG	Authorization required for non-participating providers.	C	1/1/2022

J2212	METHYLNALTREXONE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	Authorization required for all providers.	Y	1/1/2022
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J2260	MILRINONE LACTATE PER 5 ML	Authorization required for all providers.	Y	1/1/2022
J2265	MINOCYCLINE HYDROCHLORIDE	Authorization required for non-participating providers.	C	1/1/2022
J2270	INJ MORPHINE SULFATE TO 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J2271	MORPHINE SO4 INJECTION 100MG	Authorization required for non-participating providers.	C	1/1/2022
J2274	INJ MORPHINE PF EPID ITHC	Authorization required for non-participating providers.	C	1/1/2022
J2275	MORPHINE SULFATE INJECTION	Authorization required for non-participating providers.	C	1/1/2022
J2280	INJECTION, MOXIFLOXACIN, 100 MG	Authorization required for all providers.	Y	1/1/2022
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J2322	INJ NANDROLONE DECANOATE TO 200 MG	Authorization required for non-participating providers.	C	1/1/2022
J2323	NATALIZUMAB INJECTION	Authorization required for all providers.	Y	1/1/2022
J2325	INJECTION NESIRITIDE 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J2326	INJECTION NUSINERSEN 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J2350	INJECTION OCRELIZUMAB 1 MG	Authorization required for all providers.	Y	1/1/2022
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2354	INJ OCTREOTIDE, NON-DEPOT FORM FOR SUBCTNS OR INTRVNS INJ 25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2355	INJ OPRELVKIN 5 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2357	INJECTION OMALIZUMAB 5 MG	Authorization required for all providers.	Y	1/1/2022
J2358	OLANZAPINE LONG-ACTING INJ	Authorization required for all providers.	Y	1/1/2022
J2360	INJ ORPHENADRINE TO 60 MG	Authorization required for all providers.	Y	1/1/2022
J2370	INJ PHENYLEPHRINE HCL TO 1 ML	Authorization required for non-participating providers.	C	1/1/2022
J2400	INJ CHLOROPROCAINE HCL, PER 30 ML	Authorization required for non-participating providers.	C	1/1/2022
J2405	INJ ONDANSETRON HCL PER 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2406	INJECTION ORITAVANCIN KIMYRSA 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J2407	INJECTION ORITAVANCIN ORBACTIV 10 MG	Authorization required for all providers.	Y	1/1/2022
J2410	INJ OXYMORPHONE HCL TO 1 MG	Authorization required for all providers.	Y	1/1/2022
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2426	PALIPERIDONE PALMITATE INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

J2430	INJ PAMIDRONATE DISODIUM PER 30 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2440	INJ PAPAVERINE HCL TO 60 MG	Authorization required for all providers.	Y	1/1/2022
J2460	INJ OXYTETRACYCLINE HCL TO 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J2469	INJECTION PALONOSETRON HCL 25 MCG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2501	INJECTION PARICALCITOL 1 MCG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2502	INJ PASIREOTIDE LONG ACTING 1 MG	Authorization required for all providers.	Y	1/1/2022
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	Authorization required for all providers.	Y	1/1/2022
J2504	INJECTION PEGADEMASE BOVINE 25 IU	Authorization required for all providers.	Y	1/1/2022
J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2507	PEGLTICASE INJECTION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2510	INJ PENICILLIN G PROCAIN AQUEOUS TO 600,000 UNIT	Authorization required for all providers.	Y	1/1/2022
J2513	INJECTION PENTASTARCH 10% SOLUTION 100 ML	Authorization required for non-participating providers.	C	1/1/2022
J2540	INJ PENICILLIN G POTASSIUM TO 600,000 UNITS	Authorization required for non-participating providers.	C	1/1/2022
J2543	INJ-PIPERACILLIN/TAZOBACTAM SOD	Authorization required for all providers.	Y	1/1/2022
J2545	PENTAMIDINE NON-COMP UNIT	Authorization required for all providers.	Y	1/1/2022
J2547	INJECTION PERAMIVIR 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J2550	INJ PROMETHAZINE HCL TO 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2560	INJ PHENOBARBITAL SODIUM TO 120 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2562	PLERIXAFOR INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2590	INJ OXYTOCIN TO 10 UNITS	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2597	INJECTION, DESMOPRESSIN ACETATE/PER 1MCG (DDAVP)	Authorization required for all providers.	Y	1/1/2022
J2650	INJ PREDNISOLONE ACETATE TO 1 ML	Authorization required for non-participating providers.	C	1/1/2022
J2670	INJ TOLAZOLINE HCL TO 25 MG	Authorization required for non-participating providers.	C	1/1/2022
J2675	INJECTION, PROGESTERONE, PER 50 MG	Authorization required for non-participating providers.	C	1/1/2022
J2680	INJ FLUPHENAZINE DECAOATE TO 25 MG	Authorization required for all providers.	Y	1/1/2022
J2690	INJ PROCAINAMIDE HCL TO 1 GM	Authorization required for non-participating providers.	C	1/1/2022
J2700	INJ OXACILLIN SODIUM TO 250 MG	Authorization required for all providers.	Y	1/1/2022
J2704	INJ, PROPOFOL, 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J2710	INJ NEOSTIGMINE METHYLSULFATE TO 0.5 MG	Authorization required for non-participating providers.	C	1/1/2022
J2720	INJ PROTAMINE SULFATE PER 10 MG	Authorization required for non-participating providers.	C	1/1/2022

J2724	PROTEIN C CONCENTRATE	Authorization required for non-participating providers.	C	1/1/2022
J2725	INJ PROTIRELIN PER 250 MCG	Authorization required for all providers.	Y	1/1/2022
J2760	INJ PHENTOLAMINE MESYLATE TO 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J2765	INJ METOCLOPRAMIDE HCL TO 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2770	INJ QUINUPRISTIN/DALFOPRISTIN 500MG	Authorization required for all providers.	Y	1/1/2022
J2778	RANIBIZUMAB INJECTION	Authorization required for all providers.	Y	1/1/2022
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2783	INJECTION, RASBURICASE, 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2785	REGADENOSON INJECTION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2786	INJECTION RESLIZUMAB 1MG	Authorization required for all providers.	Y	1/1/2022
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Authorization required for all providers.	Y	1/1/2022
J2788	RHO D IMMUNE GLOBULIN 50 MCG	Authorization required for non-participating providers.	C	1/1/2022
J2790	RHO D IMMUNE GLOBULIN INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2791	RHOPHYLAC INJECTION	Pre-authorization required for all providers except when services are rendered by a Perinatologist or OB/GYN.	C	1/1/2022
J2792	INJ RHO D IMMUNE GLOBULIN IV HUMAN 100 IU	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2793	RILONACEPT INJECTION	Authorization required for all providers.	Y	1/1/2022
J2794	INJECTION RISPERIDONE 0.5 MG	Authorization required for all providers.	Y	1/1/2022
J2795	INJ ROPIVACAINE HYDROCHLORIDE 1 MG	Authorization required for all providers.	Y	1/1/2022
J2796	ROMIPLOSTIM INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2797	INJECTION ROLAPITANT 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2798	INJECTION RISPERIDONE 0.5 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2800	INJ METHOCARBAMOL TO 10 ML	Authorization required for all providers.	Y	1/1/2022
J2805	INJECTION SINCALIDE 5 MICROGRAMS	Authorization required for non-participating providers.	C	1/1/2022

J2820	INJ SARGRAMOSTIN (GM-CSF)/50MCG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2840	INJ SEBELIPASE ALFA 1 MG	Authorization required for all providers.	Y	1/1/2022
J2850	INJECTION SECRETIN SYNTHETIC HUMAN 1 MICROGRAM	Authorization required for all providers.	Y	1/1/2022
J2860	INJECTION SILTUXIMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2910	INJ AUROTHIOGLUCOSE TO 50 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2916	INJ SODIM FERRIC GLUCONATE 12.5 MG	Authorization required for non-participating providers.	C	1/1/2022
J2920	INJ METHYLPREDNISOLONE SODIUM SUCCINATE TO 40 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2930	INJ METHYLPREDNISOLONE SODIUM SUCCINATE TO 125MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J2940	INJECTION, SOMATREM, 1 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J2950	INJ PROMAZINE HCL TO 25 MG	Authorization required for all providers.	Y	1/1/2022
J2993	INJ RETEPLASE 18.8 MG	Authorization required for non-participating providers.	C	1/1/2022
J2995	INJ STREPTOKINASE PER 250,000 IU	Authorization required for all providers.	Y	1/1/2022
J2997	INJ ALTEPLASE RECOMBINANT 1 MG	Authorization required for all providers.	Y	1/1/2022
J3000	INJ STREPTOMYCIN TO 1 GM	Authorization required for all providers.	Y	1/1/2022
J3010	INJ FENTANYL CITRATE TO 2 ML	Authorization required for non-participating providers.	C	1/1/2022
J3030	INJ SUMATRIPTAN SUCCINATE 6 MG ADMIN PHYS SUPERV	Authorization required for all providers.	Y	1/1/2022
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J3032	INJECTION EPTINEZUMAB-JJMR 1 MG	Authorization required for all providers.	Y	1/1/2022
J3060	INJ, TALIGLUCERACE ALFA 10 U	Authorization required for all providers.	Y	1/1/2022
J3070	INJECTION PENTAZOCINE 30 MG	Authorization required for all providers.	Y	1/1/2022
J3089	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Authorization required for all providers.	Y	1/1/2022
J3095	TELEVANCIN INJECTION	Authorization required for all providers.	Y	1/1/2022
J3101	TENECTEPLASE INJECTION	Authorization required for all providers.	Y	1/1/2022
J3105	INJ TERBUTALINE SULFATE TO 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J3110	INJECTION TERIPARATIDE 10 MCG	Authorization required for non-participating providers.	C	1/1/2022
J3120	INJ TESTOSTERONE ENANTHATE TO 100 MG	Authorization required for all providers.	Y	1/1/2022
J3130	INJ TESTOSTERONE ENANTHATE TO 200 MG	Authorization required for non-participating providers.	C	1/1/2022
J3150	INJ TESTOSTERONE PROPIONATE TO 100 MG	Authorization required for non-participating providers.	C	1/1/2022
J3240	INJ THYROTROPIN .9 MG PROV 1.1 VIAL	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J3241	INJECTION TEPROTUMUMAB-TRBW 10 MG	Authorization required for all providers.	Y	1/1/2022
J3243	INJECTION, TIGECYCLINE, 1 MG	Authorization required for all providers.	Y	1/1/2022
J3245	INJECTION TILDRAKIZUMAB 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J3246	INJECTION TIROFIBAN HCL 0.25MG	Authorization required for all providers.	Y	1/1/2022
J3250	INJ TRIMETHOENZAMIDE HCL TO 200 MG	Authorization required for non-participating providers.	C	1/1/2022
J3260	INJ TOBRAMYCIN SULFATE TO 80 MG	Authorization required for non-participating providers.	C	1/1/2022
J3262	TOCILIZUMAB INJECTION	Authorization required for all providers.	Y	1/1/2022
J3265	INJECTION, TORSEMIDE, 10 MG/ML	Authorization required for all providers.	Y	1/1/2022
J3280	INJ THIETHYLPERAZINE MALEATE TO 10 MG	Authorization required for all providers.	Y	1/1/2022
J3285	INJECTION TREPROSTINIL 1 MG	Authorization required for all providers.	Y	1/1/2022
J3298	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
J3300	TRIAMCINOLONE A INJ PRS-FREE	Authorization required for non-participating providers.	C	1/1/2022
J3301	TRIAMCINOLONE ACET INJ NOS	Authorization required for non-participating providers.	C	1/1/2022
J3302	INJ TRIAMCINOLONE DIACETATE PER 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J3303	INJ TRIAMCINOLONE HEXACETONIDE PER 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J3305	INJECTION, TRIMETREXATE GLUCORONATE, PER 25 MG	Authorization required for all providers.	Y	1/1/2022
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3320	INJ SPECTINOMYCIN HCL, 2GM	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J3355	INJECTION UROFOLLITROPIN 75 IU	Authorization required for non-participating providers.	C	1/1/2022
J3357	USTEKINUMAB FOR SUBQ,INJECTION 1 MG	Authorization required for all providers.	Y	1/1/2022
J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	Authorization required for all providers.	Y	1/1/2022
J3360	INJ DIAZEPAM TO 5 MG	Authorization required for all providers.	Y	1/1/2022
J3364	INJ UROKINASE 5000 IU VIAL	Authorization required for all providers.	Y	1/1/2022
J3365	INJ IV UROKINASE 250,000 IU VIAL	Authorization required for all providers.	Y	1/1/2022
J3370	INJ VANCOMYCIN HCL TO 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J3380	INJECTION VEDOLIZUMAB 1 MG	Authorization required for all providers.	Y	1/1/2022
J3385	VELAGLUCERASE ALFA	Authorization required for all providers.	Y	1/1/2022
J3396	INJECTION VERTEPORFIN 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J3397	INJECT VESTRONIDASE ALFA-VJBK 1 MG	Authorization required for all providers.	Y	1/1/2022
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Authorization required for all providers.	Y	1/1/2022
J3399	INJ AVSX-101-XIOI P-TX TO 5X10*15 VCTR GNOMS	Authorization required for all providers.	Y	1/1/2022
J3400	INJ TRIFLUPROMAZINE HCL TO 20 MG	Authorization required for all providers.	Y	1/1/2022
J3410	INJ HYDROXYZINE HCL TO 25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J3411	INJECTION, THIAMINE HCl, 100 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3415	INJECTION, PYRIDOXINE HCl, 100 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J3420	INJ VITAMIN B-12 CYANOCOBALAMIN TO 1000 MCG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3430	INJ PHYTONADIONE (VIT K) PER 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3465	INJECTION VORICONAZOLE, 10 MG	Authorization required for all providers.	Y	1/1/2022
J3470	INJ HYALURONIDASE TO 150 UNITS	Authorization required for all providers.	Y	1/1/2022
J3471	INJECTION HYALURONIDASE OVINE PRESERVATIVE FREE /1 USP UNIT UP TO 999	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3472	INJECTION HYALURONIDASE OVINE PRESERVATIVE FREE /1000 USP UNITS	Authorization required for all providers.	Y	1/1/2022
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	Authorization required for all providers.	Y	1/1/2022
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3485	INJ ZIDOVUDINE 10 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	Authorization required for non-participating providers.	C	1/1/2022
J3489	ZOLEDRONIC ACID 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3490	UNCLASSIFIED DRUGS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3520	EDETATE DISODIUM PER 150 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J3535	DRUG ADMIN THRU METERED DOSE INHALER	Authorization required for non-participating providers.	C	1/1/2022

J3590	UNCLASSIFIED BIOLOGICS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J3591	UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC	Authorization required for non-participating providers.	C	1/1/2022
J7110	INFUSION DEXTRAN 75, 500 ML	Authorization required for non-participating providers.	C	1/1/2022
J7120	RINGERS LACTATE INFUSION TO 1000 CC	Authorization required for non-participating providers.	C	1/1/2022
J7130	HYPERTONIC SALINE SOLUTION 50-100 MEQ 20 CC VIAL	Authorization required for non-participating providers.	C	1/1/2022
J7131	HYPERTONIC SALINE SOL	Authorization required for all providers.	Y	1/1/2022
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Authorization required for non-participating providers.	C	1/1/2022
J7169	INJ COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG	Authorization required for all providers.	Y	1/1/2022
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Authorization required for all providers.	Y	1/1/2022
J7175	INJ FACTOR X (HUMAN) 1IU	Authorization required for all providers.	Y	1/1/2022
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Authorization required for all providers.	Y	1/1/2022
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Authorization required for all providers.	Y	1/1/2022
J7179	VONVENDI INJ 1 IU VWF:RCO	Authorization required for all providers.	Y	1/1/2022
J7180	FACTOR XIII ANTI-HEM FACTOR	Authorization required for all providers.	Y	1/1/2022
J7181	FACTOR XIII RECOMB A-SUBUNIT	Authorization required for all providers.	Y	1/1/2022
J7182	FACTOR VIII RECOMB NOVOEIGHT	Authorization required for all providers.	Y	1/1/2022
J7183	WILATE INJECTION	Authorization required for all providers.	Y	1/1/2022
J7184	WILATE INJECTION	Authorization required for all providers.	Y	1/1/2022
J7185	XYNTHA INJ	Authorization required for all providers.	Y	1/1/2022
J7186	ANTIHEMOPHILIC VIII VWF COMP	Authorization required for all providers.	Y	1/1/2022
J7187	HUMATE-P, INJ	Authorization required for all providers.	Y	1/1/2022
J7188	INJECTION FACTOR VIII PER I.U.	Authorization required for all providers.	Y	1/1/2022
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Authorization required for all providers.	Y	1/1/2022
J7190	FACTOR VIII (ANTI-HEMOPHILIC FACTOR HUMAN)PER IU	Authorization required for all providers.	Y	1/1/2022
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), P	Authorization required for all providers.	Y	1/1/2022
J7192	FACTOR VIII RECOMBINANT NOS	Authorization required for all providers.	Y	1/1/2022
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	Authorization required for all providers.	Y	1/1/2022
J7194	FACTOR IX COMPLX PER IU	Authorization required for all providers.	Y	1/1/2022
J7195	FACTOR IX RECOMBINANT NOS	Authorization required for all providers.	Y	1/1/2022
J7196	ANTITHROMBIN RECOMBINANT	Authorization required for all providers.	Y	1/1/2022
J7197	ANTITHROMBIN III (HUMAN) PER IU	Authorization required for all providers.	Y	1/1/2022
J7198	ANTI-INHIBITOR PER I.U.	Authorization required for all providers.	Y	1/1/2022
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Authorization required for all providers.	Y	1/1/2022
J7200	FACTOR IX RECOMBINAN RIXUBIS	Authorization required for all providers.	Y	1/1/2022
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	Authorization required for all providers.	Y	1/1/2022
J7202	FACTOR IX IDELVION INJ	Authorization required for all providers.	Y	1/1/2022
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Authorization required for all providers.	Y	1/1/2022
J7204	INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Authorization required for all providers.	Y	1/1/2022
J7205	INJ FACTOR VIII FC FUSION PER IU	Authorization required for all providers.	Y	1/1/2022
J7207	FACTOR VIII PEGYLATED RECOMB	Authorization required for all providers.	Y	1/1/2022
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Authorization required for all providers.	Y	1/1/2022
J7209	FACTOR VIII NUWIQ RECOMB 1IU	Authorization required for all providers.	Y	1/1/2022
J7210	INJ FACTOR VIII AFSYLA 1 I.U.	Authorization required for all providers.	Y	1/1/2022
J7211	INJ FACTOR VIII KOVALTRY 1 I.U.	Authorization required for all providers.	Y	1/1/2022

J7212	FACTOR VIIA JNCW 1 MCG	Authorization required for all providers.	Y	1/1/2022
J7294	SEGESTER ACET ETH ESTR 0.15MG 0.013MG/24H YR VAG	Authorization required for non-participating providers.	C	1/1/2022
J7295	ETHINYL ESTRAD AND ETONOG 0.015 0.12MG/24H M VAG RNG	Authorization required for non-participating providers.	C	1/1/2022
J7301	LNG-RLS INTRAUTERNE COC SYS 13.5 MG	Authorization required for non-participating providers.	C	1/1/2022
J7304	CONTRACEPTIVE SUPPLY HORMONE CONTAINING PATCH EA	Authorization required for non-participating providers.	C	1/1/2022
J7306	LEVONORGESTREL CONTRACEPTIVE IMPLANT SYSTEM INCL IMPLANTS & SUPPLIES	Authorization required for non-participating providers.	C	1/1/2022
J7307	ETONOGESTREL IMPLANT SYSTEM	Authorization required for non-participating providers.	C	1/1/2022
J7308	AMINOLEVULINIC ACID HCl FOR TlCl ADMIN, 20%/1UNIT DOSAGE FORM (354MG)	Authorization required for all providers.	Y	1/1/2022
J7309	METHYL AMINOLEVULINATE, TOP	Authorization required for non-participating providers.	C	1/1/2022
J7311	INJECTION FA INTRAVITREAL IMPL 0.01 MG	Authorization required for all providers.	Y	1/1/2022
J7312	DEXAMETHASONE INTRA IMPLANT	Authorization required for all providers.	Y	1/1/2022
J7313	INJECTION FA INTRAVITREAL IMPL 0.01 MG	Authorization required for all providers.	Y	1/1/2022
J7314	INJECTION FA INTRAVITREAL IMPL 0.01 MG	Authorization required for all providers.	Y	1/1/2022
J7315	OPHTHALMIC MITOMYCIN	Authorization required for all providers.	Y	1/1/2022
J7316	INJ, OCRIPLASMIN, 0.125 MG	Authorization required for all providers.	Y	1/1/2022
J7318	HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG	Authorization required for all providers.	Y	1/1/2022
J7320	HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG	Authorization required for all providers.	Y	1/1/2022
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Authorization required for all providers.	Y	1/1/2022
J7322	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	Authorization required for all providers.	Y	1/1/2022
J7323	EUFLEXXA INJ PER DOSE	Authorization required for all providers.	Y	1/1/2022
J7324	ORTHOVISC INJ PER DOSE	Authorization required for all providers.	Y	1/1/2022
J7325	SYNVISC OR SYNVISC-ONE	Authorization required for all providers.	Y	1/1/2022
J7326	GEL-ONE	Authorization required for all providers.	Y	1/1/2022
J7327	MONOVISC INJ PER DOSE	Authorization required for all providers.	Y	1/1/2022
J7328	HYAL/DERIV GELSYN-3 IA INJ 0.1 MG	Authorization required for all providers.	Y	1/1/2022
J7329	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG	Authorization required for all providers.	Y	1/1/2022
J7330	AUTOL CULTUR CHONDROCYTES IMP	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Authorization required for all providers.	Y	1/1/2022
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Authorization required for all providers.	Y	1/1/2022
J7333	HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE	Authorization required for all providers.	Y	1/1/2022
J7340	CRBDPA 5 MG/LVDP 20 MG EN SU 100 ML	Authorization required for non-participating providers.	C	1/1/2022
J7345	ALA HCL TOP ADMIN 10% GEL 10 MG	Authorization required for all providers.	Y	1/1/2022
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Authorization required for non-participating providers.	C	1/1/2022
J7352	AFAMELANOTIDE IMPLANT 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J7401	MOMETASONE FUROATE SINUS IMPLANT 10 MCG	Authorization required for all providers.	Y	1/1/2022
J7408	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
J7500	AZATHIOPRINE ORAL TAB 50 MG 100 EA	Authorization required for all providers.	Y	1/1/2022
J7501	AZATHIOPRINE PARENTERAL VIAL 100 MG 20 ML EA	Authorization required for all providers.	Y	1/1/2022
J7502	CYCLOSPORINE, ORAL, SOL	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J7503	TACROLIMUS EXT RELEASE ORAL 0.25 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J7504	LYMPHOCYTE IMMUNE/ANTITHYMOCYTE GLOBULIN 5ML EA	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J7505	MONOCLONAL ANTIBODIES PARENTERAL/5MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J7508	TACROL ASTAGRAF EX REL ORAL	Authorization required for non-participating providers.	C	1/1/2022
J7510	PREDNISOLONE ORAL, PER 5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J7511	LYMPHOCYTE IMMUNE GLOBULIN	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J7512	PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J7513	DACLIZUMAB PARENTERAL 25 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J7515	CYCLOSPORINE ORAL 25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J7516	CYCLOSPORIN PARENTERAL 250 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG	Authorization required for all providers.	Y	1/1/2022
J7518	MYCOPHENOLIC ACID ORAL 180 MG	Authorization required for all providers.	Y	1/1/2022
J7520	SIROLIMUS ORAL 1 MG	Authorization required for all providers.	Y	1/1/2022
J7525	TACROLIMUS PARENTERAL 5 MG	Authorization required for non-participating providers.	C	1/1/2022
J7527	ORAL EVEROLIMUS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J7604	ACETYLCYSTEINE COMP UNIT	Authorization required for all providers.	Y	1/1/2022
J7605	ARFORMOTEROL NON-COMP UNIT	Authorization required for non-participating providers.	C	1/1/2022
J7606	FORMOTEROL FUMARATE INH	Authorization required for non-participating providers.	C	1/1/2022
J7607	LEVALBUTEROL, INHAL SOL, COMP PROD, ADMIN THRU DME, CONC FORM, 0.5 MG	Authorization required for non-participating providers.	C	1/1/2022
J7608	ACETYLCYSTEINE NON-COMP UNIT	Authorization required for non-participating providers.	C	1/1/2022
J7609	ALBUTEROL, INHAL SOL, COMP PROD, ADMIN THRU DME, UNIT DOSE, 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J7610	ALBUTEROL, INHAL SOL, COMP PROD, ADMIN THRU DME, CONCENTR FORM, 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J7611	ALBUTEROL NON-COMP CON	Authorization required for non-participating providers.	C	1/1/2022
J7612	LEVALBUTEROL NON-COMP CON	Authorization required for non-participating providers.	C	1/1/2022
J7613	ALBUTEROL NON-COMP UNIT	Authorization required for non-participating providers.	C	1/1/2022
J7614	LEVALBUTEROL NON-COMP UNIT	Authorization required for non-participating providers.	C	1/1/2022
J7615	LEVALBUTEROL, INHAL SOL, COMP PROD, ADMIN THRU DME, UNIT DOSE, 0.5 MG	Authorization required for non-participating providers.	C	1/1/2022
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA	Authorization required for non-participating providers.	C	1/1/2022
J7622	BECLOMETHASONE, INHAL SOL, COMPOUNDED, ADMIN THRU DME, UNIT DOSE	Authorization required for non-participating providers.	C	1/1/2022
J7627	BUDESONIDE, INHAL SOL, COMPOUNDED, ADMIN THRU DME, UNIT DOSE UP TO	Authorization required for non-participating providers.	C	1/1/2022
J7628	BITOLTEROL MESYLATE, INHAL SOL, COMPOUNDED, ADMIN THRU DME, CONC	Authorization required for all providers.	Y	1/1/2022
J7629	BITOLTEROL MESYLATE, INHAL SOL, COMPOUNDED, ADMIN THRU DME, UNIT	Authorization required for all providers.	Y	1/1/2022
J7631	CROMOLYN SODIUM NONCOMP UNIT	Authorization required for all providers.	Y	1/1/2022
J7632	CROMOLYN SODIUM COMP UNIT	Authorization required for all providers.	Y	1/1/2022
J7633	BUDESONIDE, INHAL SOL, FDA APPROV, NONCOMP, ADMIN THRU DME, CONC	Authorization required for non-participating providers.	C	1/1/2022

J7635	ATROPINE, INHAL SOL, COMPOUNDED, ADMIN THRU DME, CONCENTRATED /MG	Authorization required for non-participating providers.	C	1/1/2022
J7636	ATROPINE, INHAL SOL, COMPOUNDED, ADMIN THRU DME, CONCENTRATED /MG	Authorization required for non-participating providers.	C	1/1/2022
J7637	ATROPINE, INHAL SOL, COMPOUNDED, ADMIN THROUGH DME, PER MG	Authorization required for all providers.	Y	1/1/2022
J7638	DEXAMETHASONE, INHAL SOL, COMP, ADMIN THRU DME, CONC FORM, PER MG	Authorization required for all providers.	Y	1/1/2022
J7639	DORNASE ALFA NON-COMP UNIT	Authorization required for non-participating providers.	C	1/1/2022
J7640	FORMOTEROL, INHAL SOL, COMP, ADMIN THRU DME, UNIT DOSE, 12 MICROGRAMS	Authorization required for all providers.	Y	1/1/2022
J7641	FLUNISOLIDE, INHAL SOL, COMP, ADMIN THROUGH DME, UNIT DOSE, PER MG	Authorization required for non-participating providers.	C	1/1/2022
J7642	GLYCOPYRROLATE, INHAL SOL, COMP, ADMIN THROUGH DME, CONC, PER MG	Authorization required for all providers.	Y	1/1/2022
J7643	GLYCOPYRROLATE, INHAL SOL, COMPOUND, ADMIN THROUGH DME, PER MG	Authorization required for all providers.	Y	1/1/2022
J7644	IPRATROPIUM BROMIDE, INHAL SOL, FDA APPR, NON COMP,ADM THRU DME, PER	Authorization required for non-participating providers.	C	1/1/2022
J7645	IPRATROPIUM BROMIDE, INH SOL, COMP PR, ADMIN THR DME, UN DOSE, PER MG	Authorization required for non-participating providers.	C	1/1/2022
J7647	ISOETHARINE HCL, INH SOL, COMP PR, ADMIN THR DME, CONC FRM, PER MG+B358	Authorization required for all providers.	Y	1/1/2022
J7648	ISOETHARINE HCl,INHAL SOL,FDA APPR,NONCOMP,ADM THRU DME,CONC, UNIT	Authorization required for all providers.	Y	1/1/2022
J7649	ISOETHARINE HCl, INHAL SOL, FDA APPR, NONCOMP, ADM THRU DME, UNIT PER	Authorization required for non-participating providers.	C	1/1/2022
J7650	ISOETHARINE HCL, INH SOL, COMP PR, ADMIN TH DME, UNIT DOSE FORM PER MG	Authorization required for all providers.	Y	1/1/2022
J7657	ISOPROTERENOL HCL, INH SOL,COMP PR, ADMIN TH DME, CONC FORM, PER MG	Authorization required for all providers.	Y	1/1/2022
J7658	ISOPROTERENOL HCl, INHAL SOL, FDA APPR,NONCOMP,ADM THR D	Authorization required for all providers.	Y	1/1/2022
J7659	ISOPROTERENOL HCl, INHAL SOL, FDA APPR, NONCOMP, ADM THR DME, PER MG	Authorization required for all providers.	Y	1/1/2022
J7660	ISOPROTERENOL HCL, INH SOL COMP PR, ADMIN TH DME, UNIT DOSE FM, PER MG	Authorization required for all providers.	Y	1/1/2022
J7665	MANNITOL FOR INHALER	Authorization required for non-participating providers.	C	1/1/2022
J7667	METAPROTERENOL SULFATE, INH SOL COMP PR CONC FORM, PER 10 MGRAMS	Authorization required for all providers.	Y	1/1/2022
J7668	METAPROTERENOL SULFATE,INHAL SOL,NONCOMP,ADM THR DME,CONC,PER 10	Authorization required for all providers.	Y	1/1/2022
J7669	METAPROTERENOL SULFATE, INHAL SOL, FDA AP,NONCOMP, ADM THR DME,	Authorization required for non-participating providers.	C	1/1/2022
J7670	METAPROTERENOL SULF, INH SOL COMP PR, ADM TH DME, UNIT DOSE , PER 10 MG	Authorization required for all providers.	Y	1/1/2022
J7674	METHACHOLINE CHLORID INHAL SOL THRU NEB PER 1 MG	Authorization required for non-participating providers.	C	1/1/2022
J7676	PENTAMIDINE COMP UNIT DOSE	Authorization required for all providers.	Y	1/1/2022
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Authorization required for non-participating providers.	C	1/1/2022
J7680	TERBUTALINE SULFATE, INHAL SOL, COMP, ADM THRU DME, CONC FORM, PER	Authorization required for all providers.	Y	1/1/2022
J7681	TERBUTALINE SULFATE, INHAL SOLUTION, COMPOUNDED, ADM THRU DME, PER	Authorization required for all providers.	Y	1/1/2022
J7682	TOBRAMYCIN, INHAL SOL, FDA APPR, NONCOMP, UNIT DOSE, ADM THR DME,	Authorization required for non-participating providers.	C	1/1/2022
J7683	TRIAMCINOLONE, INHAL SOL, COMPOUND, ADM THRU DME, CONC FORM, PER	Authorization required for all providers.	Y	1/1/2022
J7684	TRIAMCINOLONE, INHAL SOLUTION, COMPOUND, ADM THROUGH DME, PER 300	Authorization required for all providers.	Y	1/1/2022
J7685	TOBRAMYCIN, INH SOL COMP PR ADMIN TH DME UNIT DOSE FORM PER 300 MG	Authorization required for all providers.	Y	1/1/2022
J7686	TREPROSTINIL, NON-COMP UNIT	Authorization required for all providers.	Y	1/1/2022
J7699	NOC DRUGS, INHALATION SOLUTION ADMIN THRU DME	Authorization required for all providers.	Y	1/1/2022
J7799	NOC DRUGS, OTHER THAN INHALATION, ADMIN THRU DME	Authorization required for all providers.	Y	1/1/2022
J7999	COMPOUNDED DRUG NOC	Authorization required for all providers.	Y	1/1/2022
J8499	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8501	APREPITANT ORAL 5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J8510	BUSULFAN ORAL 2 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8515	CABERGOLINE ORAL 0.25 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J8520	CAPECITABINE, ORAL, 150 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8521	CAPECITABINE, ORAL, 500 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8540	DEXAMETHASONE ORAL 0.25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8560	ETOPOSIDE ORAL 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8561	ORAL EVEROLIMUS	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J8562	ORAL FLUDARABINE PHOSPHATE	Authorization required for all providers.	Y	1/1/2022
J8565	GEFITINIB, ORAL, 250 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J8600	MELPHALAN, ORAL 2 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8610	METHOTREXATE ORAL 2.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8650	NABILONE, ORAL, 1 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8670	ROLAPITANT ORAL 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8700	TEMOZOLOMIDE, ORAL, 5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8705	TOPOTECAN ORAL	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9000	DOXORUBICIN HCL INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9001	DOXORUBICIN HCL LIPOSOME INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9002	DOXIL INJECTION	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9015	ALDESLEUKIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9017	ARSENIC TRIOXIDE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9019	ERWINAZE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9020	ASPARAGINASE, NOS	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9022	INJECTION ATEZOLIZUMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9023	INJECTION AVELUMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9025	INJECTION AZACITIDINE 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9027	INJECTION CLOFARABINE 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9030	BCG LIVE INTRAVESICAL INSTALLATION 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9031	BCG (INTRAVESICAL) PER INSTALLATION	Authorization required for all providers.	Y	1/1/2022
J9032	INJECTION BELINOSTAT 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9033	INJ BENDAMUSTINE HCL TREANDA 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9034	INJ. BENDEKA 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9035	INJECTION BEVACIZUMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG	Authorization required for all providers.	Y	1/1/2022
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9040	BLEOMYCIN SULFATE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9041	INJECTION BORTEZOMIB 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9042	BRENTUXIMAB VEDOTIN INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9043	CABAZITAXEL INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9044	INJECTION BORTEZOMIB NOS 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9045	CARBOPLATIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9047	INJECTION, CARFILZOMIB, 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9050	CARMUSTINE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9055	INJECTION CETUXIMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9057	INJECTION COPANLISIB 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9060	CISPLATIN 10 MG INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9062	CISPLATIN 50 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9065	INJ CLADRIBINE PER 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9070	CYCLOPHOSPHAMIDE 100MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9080	CYCLOPHOSPHAMIDE 200 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9090	CYCLOPHOSPHAMIDE 500 MG	Authorization required for non-participating providers.	C	1/1/2022
J9091	CYCLOPHOSPHAMIDE 1 G	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9092	CYCLOPHOSPHAMIDE 2 G	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED 100 MG	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED 200 MG	Authorization required for non-participating providers.	C	1/1/2022
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED 500 MG	Authorization required for all providers.	Y	1/1/2022
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED 1 G	Authorization required for non-participating providers.	C	1/1/2022
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED 2 G	Authorization required for non-participating providers.	C	1/1/2022
J9098	CYTARABINE LIPOSOME INJ	Authorization required for all providers.	Y	1/1/2022
J9100	CYTARABINE HCL 100 MG INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9110	CYTARABINE HCL 500 MG INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9118	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9119	INJECTION CEMPLIMAB-RWLC 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9120	DACTINOMYCIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9130	DACARBAZINE 100 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9140	DACARBAZINE 200 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

J9144	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9145	INJECTION DARATUMUMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9150	DAUNORUBICIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9151	DAUNORUBICIN CITRATE INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9155	DEGARELIX INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9160	DENILEUKIN DIFTITOX INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9165	DIETHYLSTILBESTROL INJECTION	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9171	DOCETAXEL INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9173	INJECTION DURVALUMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9175	INJECTION ELLIOTTS' B SOLUTION 1 ML	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9176	INJECTION ELOTUZUMAB 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9178	INJECTION, EPIRUBICIN HCl, 2 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9179	ERIBULIN MESYLATE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9181	ETOPOSIDE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9185	FLUDARABINE PHOSPHATE INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9190	FLUOROURACIL INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9198	INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9199	INJECTION GEMCITABINE HCL INFUGEM 200 MG	Authorization required for all providers.	Y	1/1/2022
J9200	FLOXURIDINE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9201	INJECTION GEMCITABINE HCL NOS 200 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9205	INJ IRINOTECAN LIPOSOME 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9206	IRINOTECAN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9207	IXABEPILONE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9208	IFOSFAMIDE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9209	MESNA INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9211	IDARUBICIN HCL INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9212	INTERFERON ALFACON-1 INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9213	INTERFERON ALFA-2A INJ	Authorization required for all providers.	Y	1/1/2022
J9214	INTERFERON ALFA-2B INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9215	INTERFERON ALFA-N3 INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9216	INTERFERON GAMMA 1-B INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9218	LEUPROLIDE ACETATE PER 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9219	LEUPROLIDE ACETATE IMPLNT 65 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9225	VANTAS IMPLANT	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9226	SUPPRELIN LA IMPLANT	Authorization required for all providers.	Y	1/1/2022
J9227	INJECTION ISATUXIMAB-IRFC 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9228	IPILIMUMAB INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9230	MECHLORETHAMINE HCL INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9245	INJECTION MELPHALAN HCI NOS 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9246	INJECTION MELPHALAN EVOMELA 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9247	INJECTION MELPHALAN FLUFENAMIDE 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9250	METHOTREXATE SODIUM 5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9260	METHOTREXATE SODIUM 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9261	INJECTION, NELARABINE, 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9262	INJ, OMACETAXINE MEP, 0.01MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9263	INJECTION, OXALIPLATIN, 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9264	INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9265	PACLITAXEL INJECTION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9266	PEGASPARGASE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9267	PACLITAXEL INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9268	PENTOSTATIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9270	PLICAMYCIN (MITHRAMYCIN) INJ	Authorization required for all providers.	Y	1/1/2022
J9271	INJECTION PEMBROLIZUMAB 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9280	MITOMYCIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9281	MITOMYCIN PYELOALYCEAL INSTILLATION 1 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9284	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
J9285	INJECTION OLARATUMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9290	MITOMYCIN 20 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9291	MITOMYCIN 40 MG	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9293	INJ MITOXANTRONE HYDROCHLORIDE PER 5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9295	INJECTION NECITUMUMAB 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9299	INJECTION NIVOLUMAB 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9300	GEMTUZUMAB OZOGAMICIN INJ	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9301	OBINUTUZUMAB INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9302	OFATUMUMAB INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9303	PANITUMUMAB INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9304	INJECTION PEMETREXED PEMFEXY 10 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9305	INJECTION PEMETREXED NOS10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9306	INJECTION, PERTUZUMAB, 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9307	PRALATREXATE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9308	INJECTION RAMUCIRUMAB 5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9309	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9312	INJECTION RITUXIMAB 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9315	ROMIDEPSIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9316	INJ PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER 10 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9317	INJECTION SACITUZUMAB GOVITECAN HZIY 2.5 MG	Authorization required for all providers.	Y	1/1/2022
J9318	INJECTION ROMIDEPSIN NONLYOPHILIZED 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9319	INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9320	STREPTOZOCIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9325	INJ TALIMOGENE LAHERPAREPVEC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9328	TEMOZOLOMIDE INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9330	TEMSIROLIMUS INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9340	THIOTEPA INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9348	INJECTION NAXITAMAB-GQGK 1 MG	Authorization required for all providers.	Y	1/1/2022
J9349	INJECTION TAFASITAMAB-CXIX 2 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9350	TOPOTECAN INJECTION	Authorization required for all providers.	Y	1/1/2022
J9351	TOPOTECAN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9352	INJECTION TRABECTEDIN 0.1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Authorization required for all providers.	Y	1/1/2022
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

J9357	VALRUBICIN INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9360	VINBLASTINE SULFATE INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9361	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
J9370	VINCRISTINE SULFATE 1 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9371	INJ, VINCRISTINE SUL LIP 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9375	VINCRISTINE SULFATE 2 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
J9380	VINCRISTINE SULFATE 5 MG	Authorization required for all providers except when services are rendered by a hospital, hematologist, or oncologist.	C	1/1/2022
J9390	VINORELBINE TARTRATE INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9395	INJECTION, FULVESTRANT, 25 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9600	POPFIMER SODIUM INJECTION	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUGS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

K0001	STANDARD WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0003	LIGHTWEIGHT WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0006	HEAVY-DUTY WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0008	CSTM MANUAL WHEELCHAIR/BASE	Authorization required for all providers.	Y	1/1/2022
K0009	OTHER MANUAL WHEELCHAIR/BASE	Authorization required for all providers.	Y	1/1/2022
K0011	STANDARD-WEIGHT FRAME POWER WHEELCHAIR W/CONTRL	Authorization required for all providers.	Y	1/1/2022
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Authorization required for all providers.	Y	1/1/2022
K0013	CUSTOM POWER WHLCHR BASE	Authorization required for all providers.	Y	1/1/2022
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Authorization required for all providers.	Y	1/1/2022
K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EA	Authorization required for all providers.	Y	1/1/2022
K0017	DETACH ADJUST ARMREST BASE	Authorization required for all providers.	Y	1/1/2022
K0018	DETACH ADJUST ARMREST UPPER	Authorization required for all providers.	Y	1/1/2022
K0019	ARM PAD REPLACEMENT ONLY EACH	Authorization required for all providers.	Y	1/1/2022
K0020	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	Authorization required for all providers.	Y	1/1/2022
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	Authorization required for all providers.	Y	1/1/2022
K0038	LEG STRAP EA	Authorization required for all providers.	Y	1/1/2022
K0039	LEG STRAP H STYLE EA	Authorization required for all providers.	Y	1/1/2022
K0040	ADJUSTABLE ANGLE FOOTPLATE EA	Authorization required for all providers.	Y	1/1/2022
K0041	LG SIZE FOOTPLATE EA	Authorization required for all providers.	Y	1/1/2022
K0042	STANDARD SIZE FOOTPLTE REPL ONLY EA	Authorization required for all providers.	Y	1/1/2022
K0043	FOOTREST LWR EXT TUBE REPL ONLY EA	Authorization required for all providers.	Y	1/1/2022
K0044	FOOTREST UP R HGR BRKT REPL ONLY EA	Authorization required for all providers.	Y	1/1/2022
K0045	FOOTREST CMPL ASSEMBLY REPL ONLY EA	Authorization required for all providers.	Y	1/1/2022
K0046	ELEVAT LEGRST L EXT TUBE RPL ONLY E	Authorization required for all providers.	Y	1/1/2022
K0047	ELEV T LEGRST UP HGR BRKT RPL ONLY E	Authorization required for all providers.	Y	1/1/2022
K0050	RATCHET ASSEMBLY REPLACEMENT ONLY	Authorization required for all providers.	Y	1/1/2022
K0051	CAM RLS ASSM FTRST/LGRST RPL ONLY E	Authorization required for all providers.	Y	1/1/2022
K0052	SWNGAWAY DTACHBLE FTRSTS RPL ONLY E	Authorization required for all providers.	Y	1/1/2022
K0053	ELEVATING FOOTRESTS ARTICULATING EA	Authorization required for all providers.	Y	1/1/2022
K0056	SEAT HT <17 IN/=> 21 IN LT WT/ULTRA LT WT W/C	Authorization required for all providers.	Y	1/1/2022
K0065	SPOKE PROTECTORS	Authorization required for all providers.	Y	1/1/2022
K0069	RW ASM CMPL SOLID T SPKE/MLD RPL EA	Authorization required for all providers.	Y	1/1/2022
K0070	RW ASM CMP PN T SPKS/MLD RPL ONLY E	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0071	FRT C ASM COMPL PN TIRE REPL ONLY E	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0072	FRT C ASM CMPL SEMIPN T RPL ONLY E	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0073	CASTER PIN LOCK EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0077	FRT C ASM CMPL SLD TIRE REPL ONLY E	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

K0098	DRIVE BELT FOR POWER WC REPL ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0108	OTHER ACCESSORY	Authorization required for all providers.	Y	1/1/2022
K0195	ELEVATING LEG REST-PAIR-USED W/RENTED WC BASE	Authorization required for all providers.	Y	1/1/2022
K0552	SPL EX N-INS RX INF PMP SYR CRT S E	Authorization required for all providers.	Y	1/1/2022
K0553	THER CGM SUPPLY ALLOWANCE	Authorization required for all providers.	Y	1/1/2022
K0554	THER CGM RECEIVER/MONITOR	Authorization required for all providers.	Y	1/1/2022
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP, SILVER OXIDE, 3 VOLT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP ALKALINE, 1.5 VOLT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP LITHIUM, 3.6 VOLT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMPLITHIUM, 4.5 VOLT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0606	AUTOMATIC EXTRNL DFBLLTR, W INTGRD ELECRDGRM ANALYSIS	Authorization required for all providers.	Y	1/1/2022
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR	Authorization required for all providers.	Y	1/1/2022
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0609	RPLCMNT ELECTRDS FOR USE W AUTOMTD EXTRNL DFBLLTR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0669	SEAT/BACK CUS NO DMEPDAC VER	Authorization required for all providers.	Y	1/1/2022
K0672	REMOVE SOFT INTERFACE, REPL	Authorization required for all providers.	Y	1/1/2022
K0733	POWER WHEELCHAIR ACCESSORY 12-24 AMP HR SEALED LEAD ACID BATTERY	Authorization required for all providers.	Y	1/1/2022
K0734	SKIN PROTECTION WHEELCH SEAT CUSHION, ADJUST, WIDTH < 22	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
K0740	REPAIR/SVC OXYGEN EQUIPMENT	Authorization required for all providers.	Y	1/1/2022
K0801	POWER OPERATED VEHICLE, GRP 1 H DUTY, PAT WT CAP 301 TO 450	Authorization required for all providers.	Y	1/1/2022
K0802	POWER OPERATED VEHICLE, GRP 1 VERY H DUTY, PAT WT CAP 451 TO	Authorization required for all providers.	Y	1/1/2022
K0806	POWER OPERATED VEHICLE, GRP 2 STD, PAT WT CAP UP TO &	Authorization required for all providers.	Y	1/1/2022
K0807	POWER OPERATED VEHICLE, GRP 2 H DUTY, PAT WT CAPACITY 301 TO	Authorization required for all providers.	Y	1/1/2022
K0808	POWER OPERATED VEHICLE, GRP 2 VERY H DUTY, PAT WT CAP 451 TO	Authorization required for all providers.	Y	1/1/2022
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Authorization required for all providers.	Y	1/1/2022
K0813	POWER WHEELCHAIR, GRP 1 STD, PORTABLE, SLING/SOLID SEAT &	Authorization required for all providers.	Y	1/1/2022
K0814	POWER WHEELCH, GRP 1 STD, PORTABLE CAPTAIN'S CHAIR, PAT WT	Authorization required for all providers.	Y	1/1/2022
K0815	POWER WHEELCH, GRP 1 STD, SLING/SOLID SEAT BACK, PAT WT CAP	Authorization required for all providers.	Y	1/1/2022
K0816	POWER WHEELCH, GRP 1 STD, CAPTAIN'S CH, PAT WT CAPACITY UP TO INCL	Authorization required for all providers.	Y	1/1/2022
K0820	POWER WHEELCH, GRP 2 STD, PORTABLE, SLING/SOLID SEAT/BACK, PAT	Authorization required for all providers.	Y	1/1/2022
K0821	POWER WHEELCH, GRP 2 STD, PORTABLE CAPTAIN'S CH, PAT WT CAP UP TO	Authorization required for all providers.	Y	1/1/2022
K0822	POWER WHEELCH, GRP 2 STD, SLING/SOLID SEAT/BACK, PAT WT CAP UP TO	Authorization required for all providers.	Y	1/1/2022
K0823	POWER WHEELCH, GRP 2 STD, CAPTAIN'S CH, PAT WT CAP UP TO INCLUDING	Authorization required for all providers.	Y	1/1/2022
K0824	POWER WHEELCH, GRP 2 H DUTY, SLING/SOL SEAT/BACK, PAT WT CAP 301-450	Authorization required for all providers.	Y	1/1/2022
K0825	POWER WHEELCH, GRP 2 H DUTY, CAPTAIN'S CH, PAT WT CAPACITY 301-450	Authorization required for all providers.	Y	1/1/2022
K0826	POWER WH CH, GRP 2 VERY H DUTY, SLING/SOL SEAT/BACK, WT CAP 451-600	Authorization required for all providers.	Y	1/1/2022
K0827	POWER WH CH, GRP 2 VERY H DUTY, CAPTAIN'S CH, PAT WT CAP 451-600 LBS	Authorization required for all providers.	Y	1/1/2022
K0828	POWER WH CH, GRP 2 EXTRA H DUTY, SLING/SOLID SEAT/BACK, WT CAP 601	Authorization required for all providers.	Y	1/1/2022

K0829	POWER WHEELCH, GRP 2 EXTRA H DUTY, CAPTAIN'S CH, WT CAP 601 LBS+	Authorization required for all providers.	Y	1/1/2022
K0830	POWER WH CH, GRP 2 STD, SEAT ELEV, SLING/SOL ST/BACK, PAT WT CAP UP TO 300	Authorization required for all providers.	Y	1/1/2022
K0831	POWER WH CH, GRP 2 STD, SEAT ELEV, CAPTAIN'S CH, WT CAP UP TO INCL	Authorization required for all providers.	Y	1/1/2022
K0835	POWER WH CH, GRP 2 STD, SINGLE POWER OPT, SLING/SOLID ST/BACK	Authorization required for all providers.	Y	1/1/2022
K0836	POWER WH CH, GRP 2 STD, SINGLE POWER OPT, CAPTAIN'S CH, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0837	POWER WH CH, GRP 2 H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0838	POWER WH CH, GRP 2 H DUTY, SING POW OPT, CAPTAIN'S CH, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0839	POWER WH CH, GRP 2 H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0840	POWER WH CH, GRP 2 EXT H DUTY, SING POW OPT, SLING/SOLID ST/BACK,	Authorization required for all providers.	Y	1/1/2022
K0841	POWER WH CH, GRP 2 STD, MULT POW OPT, SLING/SOL ST/BACK, PAT WT	Authorization required for all providers.	Y	1/1/2022
K0842	POWER WH CH, GRP 2 STD, MULT POW OPT, CAPTAIN'S CH, PAT WT CAP	Authorization required for all providers.	Y	1/1/2022
K0843	POWER WH CH, GRP 2 H DUTY, MULT POW OPT, SLING/SOL ST/BACK,	Authorization required for all providers.	Y	1/1/2022
K0848	POWER WH CH, GRP 3 STD, SLING/SOL ST/BACK, WT CAP UP TO & INCLUDING	Authorization required for all providers.	Y	1/1/2022
K0849	POWER WH CH, GRP 3 STD, CAPATIN'S CH, PAT WT CAP UP TO & INCLUDING	Authorization required for all providers.	Y	1/1/2022
K0850	POWER WH CH, GRP 3 H DUTY, SLING/SOLID SEAT/BACK, PAT WT CAP	Authorization required for all providers.	Y	1/1/2022
K0851	POWER WH CH, GRP 3 H DUTY, CAPTAIN'S CH, PAT WT CAP 301 TO 450 LBS	Authorization required for all providers.	Y	1/1/2022
K0852	POWER WH CH, GRP 3 VERY H DUTY, SLING/SOLID SEAT/BACK, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0853	POWER WH CH, GRP 3 VERY H DUTY, CAPTAIN'S CH, PAT WT CAP 451	Authorization required for all providers.	Y	1/1/2022
K0854	POWER WH CH, GRP 3 EXTRA H DUTY, SLING/SOLID SEAT/BACK, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0855	POWER WH CH, GRP 3 EXTRA H DUTY, CAPTAIN'S CH, PAT WT 601 LBS OR MORE	Authorization required for all providers.	Y	1/1/2022
K0856	POWER WH CH, GRP 3 STD, SING POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0857	POWER WH CH, GRP 3 STD, SING POW OPT, CAPTAIN'S CH, WT CAP UP TO	Authorization required for all providers.	Y	1/1/2022
K0858	POWER WH CH, GRP 3 H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0859	POWER WH CH, GRP 3 H DUTY, SING POW OPT, CAPTAIN'S CH, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0860	PWR WH CH, GRP 3 V H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0861	POWER WH CH, GRP 3 STD, MULT POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0862	PWR WH CH, GRP 3 H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT CA	Authorization required for all providers.	Y	1/1/2022
K0863	PWR WH CH, GRP 3 V H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0864	PWR WH CH, GRP 3 EXT H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT C	Authorization required for all providers.	Y	1/1/2022
K0868	PWR WH CH, GRP 4 STD, SLING/SOLID ST/BACK, WT CAP UP TO &	Authorization required for all providers.	Y	1/1/2022
K0869	POWER WH CH, GRP 4 STD, CAPTAIN'S CH, PAT WT CAP UP TO &	Authorization required for all providers.	Y	1/1/2022
K0870	POWER WH CH, GRP 4 H DUTY, SLING/SOLID SEAT/BACK, PAT WT CAP	Authorization required for all providers.	Y	1/1/2022
K0871	POWER WH CH, GRP 4 VERY H DUTY, SLING/SOL ST/BACK, WT CAP 451	Authorization required for all providers.	Y	1/1/2022
K0877	POWER WH CH, GRP 4 STD, SING POWER, SLING/SOL ST/BACK, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0878	POWER WH CH, GRP 4 STD, SING POW OPT, CAPTAIN'S CH, WT CAP UP	Authorization required for all providers.	Y	1/1/2022
K0879	POWER WH CH, GRP 4 H DUTY, SLING/SOLID SEAT/BACK, PAT WT CAP	Authorization required for all providers.	Y	1/1/2022
K0880	PWR WH CH, GRP 4 V H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0884	PWR WH CH, GRP 4 STD, MULT POW OPT, SLING/SOL ST/BACK, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0885	PWR WH CH, GRP 4 STD, MULT POW OPT, CAPTAIN'S CH, WT CAP UP TO	Authorization required for all providers.	Y	1/1/2022
K0886	PWR WH CH, GRP 4 H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT	Authorization required for all providers.	Y	1/1/2022
K0890	PWR WH CH, GRP 5 PED, SING POW OPT, SLING/SOLID ST/BACK, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0891	PWR WH CH, GRP 5 PED, MULT POW OPT, SLING/SOL ST/BACK, WT CAP	Authorization required for all providers.	Y	1/1/2022
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Authorization required for all providers.	Y	1/1/2022
K0899	POW MOBIL DEV NO DMEPDAC	Authorization required for all providers.	Y	1/1/2022
K0900	CSTM DME OTHER THAN WHEELCHR	Authorization required for all providers.	Y	1/1/2022
K0901	KO SNGL UPRIGHT THIGH & CALF PREFAB	Authorization required for all providers.	Y	1/1/2022
K1002	CES SYS INCL ALL SUPPLIES AND ACCESSORIES ANY TYPE	Authorization required for non-participating providers.	C	1/1/2022
K1003	WHIRLPOOL TUB WALK IN PORTABLE	Authorization required for non-participating providers.	C	1/1/2022
K1004	LW FRQ U/S DIA TX DVC HM USE INCL CMPNT AND ACCESS	Authorization required for non-participating providers.	C	1/1/2022

K1005	DISPOSABLE COLL AND STRG BAG BM ANY SIZE ANY T EA	Authorization required for non-participating providers.	C	1/1/2022
K1006	SUCTION PUMP HOME MODEL ELEC USE EXT URINE MS	Authorization required for all providers.	Y	1/1/2022
K1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS	Authorization required for all providers.	Y	1/1/2022
K1009	SPEECH VOLUME MODULATION SYS INCL ALL COMP AND ACC	Authorization required for non-participating providers.	C	1/1/2022
K1010	INDWELL IU DRNG DEVC VLV PT INSR REPLC ONLY EA	Authorization required for non-participating providers.	C	1/1/2022
K1023	DISTL TRANSC ELC NRV STM STIM PERIPH NRV UP ARM	Authorization required for all providers.	Y	1/1/2022
K1024	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	Authorization required for all providers.	Y	1/1/2022
K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM	Authorization required for all providers.	Y	1/1/2022
K1063	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
K1064	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
K1066	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
K1067	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
K1068	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
K1069	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
L0113	CRANIAL CERVICAL TORTICOLLIS	Authorization required for all providers.	Y	1/1/2022
L0130	CERV FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0150	CERV SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0160	CERV SEMI RIGID WIRE FRAME OCCIPITAL/MANDIBLE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0170	CERV COLLAR MOLDED TO PT MODEL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0172	CERV COLLAR SEMI RIGID THERMOPLASTIC 2 PIECE	Authorization required for all providers.	Y	1/1/2022
L0174	CERV COLLAR SEMI RIGID THERMOPLASTIC W/THORACIC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0180	CERV MULT POST COLLAR OCCIP/MAND SUPP ADJ	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0190	CERV MULT POST COLLAR OCCIP/MAND ADJ CERV BARS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0200	CERV MULT POST COLLAR OCCIP/MAND ADJ CERV W/THOR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0220	THORACIC RIB BELT CUSTOM FABRICATED	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0452	TLSO FLEX TRNK UP THOR RGN CSTM FAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0454	TLSO FLEX TRNK SC JUNC TO T-9 PRFAB	Authorization required for all providers.	Y	1/1/2022
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0456	TLSO FLEX TRNK SC TO SCAP SPN PRFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

L0457	TLSO FLEX TRNK SJ-SS PRE OTS	Authorization required for all providers.	Y	1/1/2022
L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	Authorization required for all providers.	Y	1/1/2022
L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	Authorization required for all providers.	Y	1/1/2022
L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	Authorization required for all providers.	Y	1/1/2022
L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	Authorization required for all providers.	Y	1/1/2022
L0466	TLSO SAGIT POST FRME&ANT APRON PRFB	Authorization required for all providers.	Y	1/1/2022
L0467	TLSO R FRAM SOFT PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0468	TLSO SAGIT-CORONAL FRME&APRON PRFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0469	TLSO RIG FRAM PELVIC PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0470	TLSO TRIPLANAR FRME&APRON W/STRAP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0472	TLSO TRIPLANAR HYPREXT RIGD FRME	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	Authorization required for all providers.	Y	1/1/2022
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	Authorization required for all providers.	Y	1/1/2022
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	Authorization required for all providers.	Y	1/1/2022
L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	Authorization required for all providers.	Y	1/1/2022
L0490	TLSO SAGIT-CORONAL REINFORCE PRFAB	Authorization required for all providers.	Y	1/1/2022
L0491	TLSO 2 PIECE RIGID SHELL	Authorization required for all providers.	Y	1/1/2022
L0492	TLSO 3 PIECE RIGID SHELL	Authorization required for all providers.	Y	1/1/2022
L0622	SIO FLEX PELVISACRAL CUSTOM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0624	SIO PANEL CUSTOM	Authorization required for all providers.	Y	1/1/2022
L0625	LUMBAR ORTHOSIS FLEX IBL L1-BELOW L5 PREFAB	Authorization required for all providers.	Y	1/1/2022
L0626	LUMBAR ORTHOSIS SAGGITAL STAYS/PANELS PREFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0627	LUMBAR ORTHOSIS SAGGITA RIGID PANEL PREFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0628	LUMBAR ORTHOSIS FLEX W/O RIGID STAYS PREFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0629	LUMBAR SACRAL ORTHOSIS FLEX W/RIGID STAYS CUSTOM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0630	LUMBAR SACRAL ORTHOSIS POST RIGID PANEL PREFAB	Authorization required for all providers.	Y	1/1/2022
L0631	LUMB-SAC ORTHOSIS,SAGGITAL CONTROL W RIGID ANT &POST PANELS,	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0632	LUMBAR SACRAL ORTHOSIS SAGGITAL RIGID FRAME CUSTOM	Authorization required for all providers.	Y	1/1/2022
L0633	LUMBAR SACRAL ORTHOSIS FLEXION CONTROL PREFAB	Authorization required for all providers.	Y	1/1/2022

L0634	LUMBAR SACRAL ORTHOSIS FLEXION CONTROL CUSTOM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0635	LUMBAR SACRAL ORTHOSIS SAGGITAL RIGID PANEL PREFAB	Authorization required for all providers.	Y	1/1/2022
L0636	LUMBAR SACRAL ORTHOSIS SAGGITAL RIGID PANEL CUSTOM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0637	LUMBAR SACRAL ORTHOSIS SAGGITAL-CORONAL PANEL PREFAB	Authorization required for all providers.	Y	1/1/2022
L0638	LUMBAR SACRAL ORTHOSIS SAGGITAL-CORONAL PANEL CUSTOM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0639	LUMBAR SACRAL ORTHOSIS SAGGITAL-CORONAL SHELL/PANEL PREFAB	Authorization required for all providers.	Y	1/1/2022
L0640	LUMBAR SACRAL ORTHOSIS SAGGITAL-CORONAL SHELL/PANEL CUSTOM	Authorization required for all providers.	Y	1/1/2022
L0641	LO RIG POS PNL L1-L5 PRE OTS	Authorization required for all providers.	Y	1/1/2022
L0642	LO SAG RI AN/POS PNL PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0643	LSO SAG CTR RIGI POS PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0648	LSO SAG R AN/POS PNL PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0649	LSO SC R POS/LAT PNL PRE OTS	Authorization required for all providers.	Y	1/1/2022
L0650	LSO SC R ANT/POS PNL PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0651	LSO SAG-COR R AN/POS PNL ABD PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0700	CTLSO ANT/POST/LAT CONTROL MOLDED TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L0710	CTLSO ANT/POST/LAT MOLDED TO PT W/INTERFACE	Authorization required for all providers.	Y	1/1/2022
L0810	HALO PROC CERV HALO INC INTO JACKET VEST	Authorization required for all providers.	Y	1/1/2022
L0820	HALO PROC CERV HALO INC INTO PLASTER BODY JACKET	Authorization required for all providers.	Y	1/1/2022
L0830	HALO PROC CERV HALO INC INTO MILWAUKEE TYPE	Authorization required for all providers.	Y	1/1/2022
L0859	ADDN TO HALO PROCEDURE MRI COMPATIBLE SYST RINGS & PINS ANY MATERIAL	Authorization required for all providers.	Y	1/1/2022
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	Authorization required for all providers.	Y	1/1/2022
L0972	LSO CORSET FRONT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0974	TLISO FULL CORSET	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0976	LSO FULL CORSET	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0978	AXILLARY CRUTCH EXTENSION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0980	PERONEAL STRAPS PAIR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0982	STOCKING SUPPORTER GRIPS SET OF 4	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

L0984	PROTECTIVE BODY SOCK EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L0999	ADD SPINAL ORTHOSIS NOS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1000	CTLISO INCL INIT ORTHOSIS INCL MODEL	Authorization required for all providers.	Y	1/1/2022
L1001	CERV THORACIC LUMB SAC ORTH, IMMOBIL, INFANT SIZE, PREFAB INCL FIT & ADJ	Authorization required for all providers.	Y	1/1/2022
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS	Authorization required for all providers.	Y	1/1/2022
L1010	ADD TO CTLISO SCOLIOSIS AXILLA SLING	Authorization required for all providers.	Y	1/1/2022
L1210	ADD TLSO LAT THORACIC EXTENSION	Authorization required for all providers.	Y	1/1/2022
L1240	ADD TLSO LUMBAR DEROTATION PAD	Authorization required for all providers.	Y	1/1/2022
L1310	OTHER SCOLIOSIS PROC POST OP BODY JACKET	Authorization required for all providers.	Y	1/1/2022
L1499	SPINAL ORTHOSIS NOS	Authorization required for all providers.	Y	1/1/2022
L1500	THKAO MOBILITY FRAME	Authorization required for all providers.	Y	1/1/2022
L1610	HO ABDUCTION CONTROL FLEXIBLE FREIKA COVER ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1620	HO ABDUCTION CONTROL FELXIBLE PAVLIK HARNESS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1630	HO ABDUCTION CONTROL SEMI FLEXIBLE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1652	HIP ORTHOS BIL THI CUFF ADLT PRFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1660	HO-ABDUCT CNTRL HIP JT-STATIC-PLASTIC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1680	HO ABDUCTION DYNAMIC PELVIC/HIP CONTROL W/CUFFS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1685	HO ABDUCTION POST OP CUSTOM FABRICATED	Authorization required for all providers.	Y	1/1/2022
L1686	HO-ABDUCT CNTRL HIP JT-POST-OP HIP ABDUCT TYPE	Authorization required for all providers.	Y	1/1/2022
L1690	COMB BILAT LS HIP ORTH ADDUCT-INT ROTATION CNTRL	Authorization required for all providers.	Y	1/1/2022
L1700	LEGG PERTHES ORTHOSIS TORONTO TYPE	Authorization required for all providers.	Y	1/1/2022
L1710	LEGG PERTHES ORTHOSIS NEWINGTON TYPE	Authorization required for all providers.	Y	1/1/2022
L1720	LEGG PERTHES ORTHOSIS TRILATERAL	Authorization required for all providers.	Y	1/1/2022
L1730	LEGG PERTHES ORTHOSIS SCOTTISH RITE TYPE	Authorization required for all providers.	Y	1/1/2022
L1755	LEGG PERTHES ORTHOSIS PATTERN BOTTOM STYLE	Authorization required for all providers.	Y	1/1/2022
L1810	KO ELASTIC W/JOINTS	Authorization required for all providers.	Y	1/1/2022
L1812	KO ELASTIC W/JOINTS PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1820	KO ELASTIC W/CONDYLAR PADS & JOINTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1830	KO IMMOBILIZER CANVAS LONGITUDINAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

L1832	KO-ADJUST KNEE JTS-POSITION ORTHOSIS-RIGID SUPP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1833	KO ADJ JNT POS R SUP PRE OTS	Authorization required for all providers.	Y	1/1/2022
L1834	KO WO/ JOINT RIGID MOLDED TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L1836	KNEE ORTHOS RIGD NO JNT W/INTRFCE	Authorization required for all providers.	Y	1/1/2022
L1840	KO DEROTATOIN MED/LAT ANT CRUC LIG CUSTOM FAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF	Authorization required for all providers.	Y	1/1/2022
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, CSTM	Authorization required for all providers.	Y	1/1/2022
L1845	KO UPRIGHT THIGH/CALF ADJ FLEX CUSTOM FIT	Authorization required for all providers.	Y	1/1/2022
L1846	KO UPRIGHT THIGH/CALF ADJ FLEX MOLD TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L1847	KNEE ORTH DBL UPRT ADJUST JT INFLAT SUPPRT CHAMB	Authorization required for all providers.	Y	1/1/2022
L1848	KO DBL UPRIGHT W/AIR PRE OTS	Authorization required for all providers.	Y	1/1/2022
L1850	KO SWEDISH TYPE	Authorization required for all providers.	Y	1/1/2022
L1852	KO DOUBLE UPRIGHT PREFAB OTS	Authorization required for all providers.	Y	1/1/2022
L1860	KO MOD SUPRACONDYLAR PROS SOCKET MOLD TO PT	Authorization required for all providers.	Y	1/1/2022
L1900	AFO SPRING WIRE DORSIFLEX ASSIST CALF BAND	Authorization required for all providers.	Y	1/1/2022
L1904	AO, ANKLE GAUNTLET OR SIMILAR, W/WO JOINTS, CUSTOM FAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1910	AFO POST 1 BAR CLASP ATTACH TO SHOE COUNTER	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L1920	AFO 1 UPRIGHT W/STATIC/ADJUSTABLE STOP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1932	AFO RIGD ANT TIBL TOT CARB FIBER/EQUIL MATL PRFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L1940	AFO MOLD TO PT MODEL PLASTIC	Authorization required for all providers.	Y	1/1/2022
L1945	AFO MOLDED PT MODEL PLASTIC RIGID ANT/TIB SECT	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L1950	AFO, SPIRAL PLASTIC, CUSTOM FABRICATED	Authorization required for all providers.	Y	1/1/2022
L1951	AFO, SPIRAL PLASTIC OR OTHER MATERIAL, PREFABRICATED	Authorization required for all providers.	Y	1/1/2022
L1960	AFO POST SOLID ANKLE MOLD TO PT MODEL PLASTIC	Authorization required for all providers.	Y	1/1/2022
L1970	AFO PLASTIC MOLD TO PT MODEL W/ANKLE JOINT	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L1980	AFO 1 UPRIGHT FREE PLANTAR SOLID STIRRUP	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L2005	KAFO SNG/DBL MECHANICAL ACT	Authorization required for all providers.	Y	1/1/2022
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Authorization required for all providers.	Y	1/1/2022
L2010	KAFO 1 UPRIGHT FREE ANKLE SOLID STIRRUP W/O JT	Authorization required for non-participating providers.	C	1/1/2022
L2020	KAFO UPRIGHT FREE KNEE/ANKLE SOLID STIRRUP	Authorization required for all providers.	Y	1/1/2022
L2030	KAFO UPRIGHT FREE ANKLE SOLID STIRRUP W/O JT	Authorization required for all providers.	Y	1/1/2022
L2034	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC PEDIATRIC SIZE CUSTOM	Authorization required for all providers.	Y	1/1/2022
L2035	KAFO FULL PLSTC STAT PREFAB PEDS SZ	Authorization required for all providers.	Y	1/1/2022
L2036	KAFO FULL PLASTIC UPRIGHT FREE KNEE MOLD TO PT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

L2037	KAFO FULL PLASTIC 1 UPRIGHT FREE KNEE MOLD TO PT	Authorization required for all providers.	Y	1/1/2022
L2038	KAFO FULL PLASTIC W/O JOINT W/MULTI AXIS ANKLE	Authorization required for all providers.	Y	1/1/2022
L2108	AFO FRACTURE/TIBIA ORTHOSIS MOLD TO MODEL	Authorization required for all providers.	Y	1/1/2022
L2112	AFO-FRACTURE/TIBIAL FX ORTHOSIS-SOFT	Authorization required for all providers.	Y	1/1/2022
L2114	AFO-FRACTURE/TIBIAL FX ORTHOSIS-SEMI-RIGID	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2116	AFO-FRACTURE/TIBIA FX ORTHOSIS-RIGID	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2126	KAFO FRACTURE/FEMORAL THERMOPLASTIC MOLD TO PT	Authorization required for all providers.	Y	1/1/2022
L2128	KAFO FRACTURE/FEMORAL MOLD TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L2132	KAFO-FX/FEMORAL FX CAST ORTHOSIS-SOFT	Authorization required for all providers.	Y	1/1/2022
L2134	KAFO-FRACTURE/FEMORAL CAST ORTHOSIS-SEMI-RIGID	Authorization required for all providers.	Y	1/1/2022
L2136	KAFO-FRACTURE/FEMORAL CAST ORTHOSIS-RIGID	Authorization required for all providers.	Y	1/1/2022
L2180	ADD LOW EXT ORTH PLASTIC SHOE INS W/ANKLE JNT	Authorization required for all providers.	Y	1/1/2022
L2184	ADD LOW EXT ORTH LIMITED MOTION KNEE JOINT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2186	ADD LOW EXT ORTH ADJ KNEE JOINT LERMAN TYPE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2188	ADD LOW EXT ORTH QUADRILATERAL BRIM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2190	ADD LOW EXT ORTH WAIST BELT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2192	ADD LOW EXT ORTH HIP JNT THIGH FLANGE PELV BELT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2200	ADD LOW EXT LIMITED ANKLE MOTION EA JOINT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2240	ADD LOW EXT ROUND CALIPER & PLATE ATTACH	Authorization required for all providers.	Y	1/1/2022
L2250	ADD LOW EXT FOOT PLATE MOLD TO PT MODELW/STIRRUP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2270	ADD LOW EXT VARUS/VALGUS CORRECT PAD/LINED PAD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2280	ADD LOW EXT MOLDED INNER BOOT	Authorization required for all providers.	Y	1/1/2022
L2300	ADD LOW EXT ABDUCTION BAR JOINTED ADJUSTABLE	Authorization required for all providers.	Y	1/1/2022
L2310	ADD LOW EXT ABDUCTION BAR STRAIGHT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2320	ADD LOW EXT NON MOLDED LACER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2330	ADD LOW EXT LACER MOLDED TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L2335	ADD LOW EXT ANTERIOR SWING BAND	Authorization required for all providers.	Y	1/1/2022
L2340	ADD LOW EXT PRETIBIAL SHELL MOLD TO PT MODEL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2350	ADD LOW EXT PROSTHETIC SOCKET MOLD TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L2360	ADD LOW EXT EXTENDED STEEL SHANK	Authorization required for all providers.	Y	1/1/2022

L2370	ADD LOW EXT PATTEN BOTTOM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2375	ADD LOW EXT TORSION CONT ANKLE JNT HALF STIRRUP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2380	ADD LOW EXT TORSION CONT STRAIGHT KNEE JOINT EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2385	ADD LOW EXT STRAIGHT KNEE JNT HVY DTY EA JNT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2395	ADD LOW EXT OFFSET KNEE JNT HVY DTY EA JNT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2397	ADD LOWER EXTREM ORTHOSIS SUSPENSION SLEVE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2405	ADDITION TO KNEE JOINT, LOCK DROP, STANCE OR SWING PHASE, EACH JOINT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2415	ADD KNEE JNT CAM LOCK EA JNT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2430	KNEE JT ADD-RATCHET LOCK KNEE EXTENSTION-EA JT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2500	ADD LOW EXT THIGH/GLUTEAL/ISCHEAL WT BEAR RING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2510	ADD LOW EXT WT BEAR QUADRILATERAL BRIM MOLD PT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2520	ADD LOW EXT WT BEAR QUADRILATERAL BRIM CUSTOM	Authorization required for all providers.	Y	1/1/2022
L2525	ADD LOW EXT ISCHIAL M-1 BRIM MOLD TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L2526	ADD LOW EXT ISCHIAL M-1 BRIM CUSTOM FIT	Authorization required for all providers.	Y	1/1/2022
L2530	ADD LOW EXT WT BEAR LACER NON MOLDED	Authorization required for all providers.	Y	1/1/2022
L2540	ADD LOW EXT WT BEAR LACER MOLD PT MODEL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2570	ADD LOW EXT PELV HIP JNT CLEVIS TYPE 2 POS JNT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2580	ADD LOW EXT PELV SLING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2600	ADD LOW EXT PELV HIP JNT CLEVIS THRUST BEAR FREE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2610	ADD LOW EXT PELV HIP JNT CLEVIS THRUST BEAR LOCK	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2620	ADD LOW EXT PELV HIP JNT HVY DTY EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2622	ADD LOW EXT PELV HIP JNT ADJ FLEXION EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

L2624	ADD LOW EXT PELV HIP JNT ADJ FLEX, EXTEN, ABDUCT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2627	ADD LOW EXT PELV PLAST MOLD TO PT MODEL W/CABLE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2628	ADD LOW EXT PELV METAL FRAME RECIP HIP JNT CABLE	Authorization required for all providers.	Y	1/1/2022
L2630	ADD LOW EXT PELV BAND & BELT UNILAT	Authorization required for all providers.	Y	1/1/2022
L2640	ADD LOW EXT PELV BAND & BELT BILAT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2650	ADD LOW EXT PELV/THORAC GLUTEAL PAD EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2660	ADD LOW EXT THORACIC BAND	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2670	ADD LOW EXT THORACIC PARASPINAL UPRIGHTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2680	ADD LOW EXT THORACIC LATERAL SUPPORT UPRIGHTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2750	ADD LOW EXT ORTH PLATING CHROME/NICKEL PER BAR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2755	LOW EXTREM ADD ORTHOSIS CARBON GRAPHITE LAMINATE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2795	ADD LOW EXT ORTH KNEE CONT FULL KNEE CAP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2800	ADD LOW EXT ORTH KNEE CONT CAP MED/LAT PULL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2810	ADD LOW EXT ORTH KNEE CONT CONDYLAR PAD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2820	ADD LOW EXT ORTH SOFT INTERFACE MOLD BELOW KNEE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2850	ADD LOW EXT ORTH FEMORAL SOCK FRACTURE/EQUAL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2861	TORSION MECHANISM KNEE/ANKLE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L2999	LOWER EXTREMITY ORTHOSIS NOS	Authorization required for all providers.	Y	1/1/2022
L3000	FT INSERT MOLDED UCB TYPE BERKELEY SHELL EA	Authorization required for all providers.	Y	1/1/2022
L3040	FT ARCH SUPP PREMOLD LONGITUDINAL EA	Authorization required for all providers.	Y	1/1/2022
L3050	FT ARCH SUPP PREMOLD METATARSAL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3060	FT ARCH SUPP PREMOLD LONGITUDINAL/METATARSAL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

L3070	FT ARCH SUPP ATTACHED SHOE LONGITUDINAL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3080	FT ARCH SUPP ATTACH SHOE METATARSAL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3090	FT ARCH SUPP ATTACH SHOE LONGITUDINAL/METATARSAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3140	FOOT-ABDUCTION ROTATION BAR-INCLUDING SHOES	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3160	FOOT-ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3201	ORTHO SHOE OXFORD W/SUPINATOR PRONATOR INFANT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3250	ORTHO FOOTWEAR CUSTOM MOLD REMOV INNER MOLD EA	Authorization required for all providers.	Y	1/1/2022
L3251	FT SHOE MOLD TO PT MODEL SILICONE SHOE EA	Authorization required for all providers.	Y	1/1/2022
L3265	PLASTAZOTE SANDAL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3650	SO FIGURE 8 DESIGN ABDUCT RESTRAINER	Authorization required for all providers.	Y	1/1/2022
L3660	SO FIGURE 8 ABDUCTION RESTRAIN CANVAS & WEBBING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3671	SO CAP DESIGN W/O INTS CF	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3677	SO HARD PLASTIC STABILIZER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3678	SO HARD PLAS STABILI PRE OTS	Authorization required for all providers.	Y	1/1/2022
L3702	ELBOW ORTHOSIS W/O JOINTS MAY INCL SOFT INTERFACE STRAPS CUSTOM	Authorization required for all providers.	Y	1/1/2022
L3720	EO DOUBLE UPRIGHT W/(FORE)ARM CUFF FREE MOTION	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3740	EO DOUBLE UPRIGHT W/(FORE)ARM CUFF ADJ LOCK	Authorization required for all providers.	Y	1/1/2022
L3760	EO ADJ POS LOCKING JNT PREFAB ITEM	Authorization required for all providers.	Y	1/1/2022
L3761	EO ADJ POS LOCKING JOINT PREFAB OTS	Authorization required for all providers.	Y	1/1/2022
L3762	ELB ORTHOS RIGD W/O JNT W/INTERFCE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3763	ELBOW WRIST HAND ORTHOSIS RIGID W/O JOINTS CUSTOM INCL FIT & ADJ	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3764	ELBOW WRIST HAND ORTHOSIS INCLS ONE OR MORE NONTORSION JOINTS CUSTOM	Authorization required for all providers.	Y	1/1/2022
L3807	WRST-HND-FINGR ORTHOS WO JTS PREFAB	Authorization required for all providers.	Y	1/1/2022
L3808	WRIST HAND FINGER ORTHOSIS, RIGID W/O JOINTS, MAY INCL SOFT INTERFACE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3809	WHFO W/O JOINTS PRE OTS	Authorization required for all providers.	Y	1/1/2022

L3891	TORSION MECHANISM WRIST/ELBO	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3900	WHFO DYNAMIC FLEX RECIPROCAL WRIST/FINGER DRIVEN	Authorization required for all providers.	Y	1/1/2022
L3901	WHFO DYNAMIC FLEX RECIPROCAL CABLE DRIVEN	Authorization required for all providers.	Y	1/1/2022
L3904	WHFO EXTERNAL POWER ELECTRIC	Authorization required for all providers.	Y	1/1/2022
L3906	WHO WRIST GAUNTLET MOLD TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L3908	WHO WRIST EXTEN CONTRL COCK-UP NONMOLDED	Authorization required for all providers.	Y	1/1/2022
L3912	HFO FLEX GLOVE W/ELASTIC FINGER CONTROL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3916	WHO NONTORSION JNTS PRE OTS	Authorization required for all providers.	Y	1/1/2022
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED	Authorization required for all providers.	Y	1/1/2022
L3918	METACARP FX ORTHOSIS PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3919	HAND ORTHOSIS W/O JOINTS MAY INCL SOFT INTERFACE STRAPS CUSTOM FABR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3924	HFO WITHOUT JOINTS PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3925	FO PIP/DIP WITH JOINT/SPRING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3927	FO PIP/DIP W/O JOINT/SPRING	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3929	HFO NONTORSION JOINT, PREFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3930	HFO NONTORSION JNTS PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3931	WHFO NONTORSION JOINT PREFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3933	FINGER ORTHOSIS W/O JOINTS MAY INCL SOFT INTERFACE CUSTOM INCL FIT & ADJ	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3935	FINGER ORTH NONTORSION JOINT / INCL SOFT INTERFACE CUSTOM INCL FIT & ADJ	Authorization required for all providers.	Y	1/1/2022
L3961	SHOULDER ELBOW WRIST HAND ORTHSHOULDER CAP DESIGN W/O JOINTS CUSTOM	Authorization required for all providers.	Y	1/1/2022
L3964	SEO-MOBILE ARM SUPPRT ATT TO WC-BALANCE-ADJUST	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3981	UE FX ORTH SHOUL CAP FOREARM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3982	UP EXT FRACTURE ORTH RDIUS/ULNAR	Authorization required for all providers.	Y	1/1/2022
L3984	UP EXT FRACTURE ORTH WRIST	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3995	ADD UP EXT ORTH SOCK FRACTURE OR EQUAL EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L3999	UPPER LIMB ORTHOSIS NOS	Authorization required for all providers.	Y	1/1/2022
L4000	REPLACE GIRDLE MILWAUKEE ORTH	Authorization required for all providers.	Y	1/1/2022

L4002	REPL STRAP ANY ORTHOSIS ALL CMPNTS ANY LEN TYPE	Authorization required for all providers.	Y	1/1/2022
L4010	REPLACE TRILATERAL SOCKET BRIM	Authorization required for all providers.	Y	1/1/2022
L4020	REPLACE QUADRILAT SOCKET BRIM MOLD TO PT MODEL	Authorization required for all providers.	Y	1/1/2022
L4040	REPLACE MOLD THIGH LACER	Authorization required for all providers.	Y	1/1/2022
L4045	REPLACE NON MOLDED THIGH LACER	Authorization required for all providers.	Y	1/1/2022
L4055	REPLACE NON MOLD CALF LACER	Authorization required for all providers.	Y	1/1/2022
L4070	REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4080	REPLACE METAL BANDS KAFO PROXIMAL THIGH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4090	REPLACE METAL BAND KAFO/AFO CALF/DISTAL THIGH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4205	REPR ORTHIC DEVICE LABOR COMPONENT-PER 15 MIN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID PREFABRICATED	Authorization required for all providers.	Y	1/1/2022
L4360	PNEUMATI WALKING BOOT PREFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4361	PNEUMA/VAC WALK BOOT PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4370	PNEUMAT FULL LEG SPLINT PRFAB	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4380	PNEUMAT KNEE SPLINT PREFAB W/FIT&ADJ	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4387	NON-PNEUM WALK BOOT PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4397	STATIC OR DYNAMI AFO PRE OTS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4398	FT DROP SPLINT-RECUMBENT POSITIONING DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L4631	AFO, WALK BOOT TYPE, CUS FAB	Authorization required for all providers.	Y	1/1/2022
L5000	PART FT SHOE INSERT W/LONGITUDINAL ARCH TOE FILL	Authorization required for all providers.	Y	1/1/2022
L5020	PART FT MOLD SOCKET TUBIAL TUBERCLE HT W/TOEFILL	Authorization required for all providers.	Y	1/1/2022
L5050	ANKLE SYMES MOLD SOCKET SACH FT	Authorization required for all providers.	Y	1/1/2022
L5060	ANKLE SYMES METAL FRAME MOLD LEATHER SOCKET	Authorization required for all providers.	Y	1/1/2022
L5100	BELOW KNEE MOLD SOCKET SHIN SACH FT	Authorization required for all providers.	Y	1/1/2022
L5105	BELOW KNEE PLAST SOCKET/JNTS THIGH LACER SACH FT	Authorization required for all providers.	Y	1/1/2022
L5150	KNEE DISARTICULAT MOLD SOCKET EXT KNEE JNT SHIN	Authorization required for all providers.	Y	1/1/2022
L5160	KNEE DISARTICULATE MOLD SOCKET BENT KNEE EXT JNT	Authorization required for all providers.	Y	1/1/2022
L5200	ABOVE KNEE MOLD SOCK 1 AXIS CONSTANT FRICTION	Authorization required for all providers.	Y	1/1/2022
L5210	ABOVE KNEE SHORT PROSTH W/O BLOCK NO ANKLE JNT	Authorization required for all providers.	Y	1/1/2022
L5220	ABOVE KNEE SHORT PROS W/ARTIC ANKLE/FT DYNAMIC	Authorization required for all providers.	Y	1/1/2022
L5230	ABOVE KNEE PROX FEMORAL DEFICIENCY SACH FOOT	Authorization required for all providers.	Y	1/1/2022
L5250	HIP DISARTIC CANADIAN TYPE MOLD SOCK HIP JNT	Authorization required for all providers.	Y	1/1/2022
L5270	HIP DISARTIC TILT TABLE MOLD SOCK LOCK HIP JNT	Authorization required for all providers.	Y	1/1/2022

L5280	HEMIPELVECTOMY CANADIAN TYPE MOLD SOCK HIP JNT	Authorization required for all providers.	Y	1/1/2022
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Authorization required for all providers.	Y	1/1/2022
L5310	#N/A	Authorization required for all providers.	Y	1/1/2022
L5311	KNEE DISARTICULATION	Authorization required for all providers.	Y	1/1/2022
L5321	ABOVE KNEE MOLDED SOCKET, OPEN END	Authorization required for all providers.	Y	1/1/2022
L5331	HIP DISARTICULATION, CANADIAN TYPE	Authorization required for all providers.	Y	1/1/2022
L5341	HEMIPEL VECTOMY, CANADIAN TYPE	Authorization required for all providers.	Y	1/1/2022
L5400	POST SURG APPLY RIGID DRESS W/1CHANGE BELOW KNEE	Authorization required for all providers.	Y	1/1/2022
L5410	POST SURG APPLY RIGID DRESS EA ADD CAST/REALIGN	Authorization required for all providers.	Y	1/1/2022
L5420	POST SURG APPLY RIGID DRESS 1 CHANGE AK KNEE	Authorization required for all providers.	Y	1/1/2022
L5430	POST SURG APPLY RIGID DRESS AK KNEE EA ADD CAST	Authorization required for all providers.	Y	1/1/2022
L5505	INIT AK/DISARTIC ISCHIAL LEVEL NON-ALIGN	Authorization required for all providers.	Y	1/1/2022
L5510	PREP BK PTB NON-ALIGN MOLD TO MODEL	Authorization required for all providers.	Y	1/1/2022
L5520	PREP BK PTB NON-ALIGN PLASTIC DIRECT FORM	Authorization required for all providers.	Y	1/1/2022
L5530	PREP BK PTB NON-ALIGN THERMOPLASTIC MOLD-MODEL	Authorization required for all providers.	Y	1/1/2022
L5535	PREP BK PTB PREFABRICATED ADJUS OPEN END	Authorization required for all providers.	Y	1/1/2022
L5540	PREP BK PTB NON-ALIGN LAMINATED SOCK MOLD-MODEL	Authorization required for all providers.	Y	1/1/2022
L5560	PREP AK/DISARTIC NON-ALIGN PLAST MOLD-MODEL	Authorization required for all providers.	Y	1/1/2022
L5570	PREP AK/DISARTIC NON-ALIGN THERMOPLAS DIRECT	Authorization required for all providers.	Y	1/1/2022
L5580	PREP AK/DISARTIC NON-ALIGN THERMOPLAS MOLD-MODEL	Authorization required for all providers.	Y	1/1/2022
L5585	PREP AK/DISARTIC NON-ALIGN PREFAB ADJUS OPEN END	Authorization required for all providers.	Y	1/1/2022
L5590	PREP AK/DISARTIC NON-ALIGN LAMINATED MOLD-MODEL	Authorization required for all providers.	Y	1/1/2022
L5595	PREP HIP/HEMIPELVECTOMY THERMOPLASTIC MOLD MODEL	Authorization required for all providers.	Y	1/1/2022
L5600	PREP HIP/HEMIPELVECTOMY LAMINATE MOLD MODEL	Authorization required for all providers.	Y	1/1/2022
L5610	ADD LO EXTREM ENDO AK HYDRACADENCE SYST	Authorization required for all providers.	Y	1/1/2022
L5611	ADD LO EXTREM ENDO AK 4-BAR W/FRICT SWING CONTRL	Authorization required for all providers.	Y	1/1/2022
L5613	ADD LO EXTREM ENDO AK 4-BAR W/HYDRAULIC SWING	Authorization required for all providers.	Y	1/1/2022
L5617	ADD LO EXTREM, QUICK CHANGE, SELF-ALIGN, AK/BK	Authorization required for all providers.	Y	1/1/2022
L5622	ADD LOW EXT TEST SOCKET KNEE DISARTICULATION	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L5626	ADD LOW EXT TEST SOCKET HIP DISARTICULATION	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L5640	ADD LOW EXT KNEE DISARTICULATE LEATHER SOCKET	Authorization required for all providers.	Y	1/1/2022
L5642	ADD LOW EXT ABOVE KNEE LEATHER SOCKET	Authorization required for all providers.	Y	1/1/2022
L5644	ADD LOW EXT ABOVE KNEE WOOD SOCKET	Authorization required for all providers.	Y	1/1/2022
L5646	ADDITION TO LWR EXTRMTY, BLW KNEE, AIR, FLUID, GEL OR =CUSHION SOCKET	Authorization required for all providers.	Y	1/1/2022
L5648	ADDITION TO LWR EXTRMTY, ABOVE KNEE, AIR, FLUID, GEL OR =CUSHION SOCKET	Authorization required for all providers.	Y	1/1/2022
L5649	ADD LOW EXT ISCHIAL CONTAIN NARROW M-1 SOCKET	Authorization required for all providers.	Y	1/1/2022
L5650	ADD LOW EXT TOTAL CONTACT ABOVE KNEE/DISARTIC	Authorization required for all providers.	Y	1/1/2022
L5652	ADD LOW EXT SUCTION SUSPEN ABOVE KNEE/DISARTIC	Authorization required for all providers.	Y	1/1/2022
L5672	ADD LOW EXT BELOW KNEE REMOVABLE MEDIAL BRIM	Authorization required for all providers.	Y	1/1/2022
L5676	ADD LOW EXT BELOW KNEE JNTS 1 AXIS PAIR	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L5680	ADD LOW EXT BELOW KNEE THIGH LACER NON MOLDED	Authorization required for all providers.	Y	1/1/2022
L5682	ADD LOW EXT BELOW KNEE THIGH LACER GLUTEAL/ISCH	Authorization required for all providers.	Y	1/1/2022
L5683	ADDTN TO LWR EXTRMTY, BELOW KNEE/ABOVE KNEE, CSTM SOCKET INSERT	Authorization required for all providers.	Y	1/1/2022
L5684	ADD LOW EXT BELOW KNEE FORK STRAP	Authorization required for all providers.	Y	1/1/2022
L5686	ADD LOW EXT BELOW KNEE BACK CHECK (EXTENSION)	Members are allowed 1 visit and then authorization is required for all providers.	C	1/1/2022
L5701	REPLAC SOCKET ABOVE KNEE/DISART INCL ATTACH PLAT	Authorization required for all providers.	Y	1/1/2022
L5702	REPLAC SOCKET HIP DISARTIC INCL HIP JT	Authorization required for all providers.	Y	1/1/2022

L5703	ANKLE SYMS W/O SOLID ANKLE CUSHION HEEL SACH FOOT REPLACE ONLY	Authorization required for all providers.	Y	1/1/2022
L5704	REPLAC CUSTOM SHAPED COVER BELOW KNEE	Authorization required for all providers.	Y	1/1/2022
L5705	REPLAC CUSTOM SHAPED COVER ABOVE KNEE	Authorization required for all providers.	Y	1/1/2022
L5706	REPLAC CUSTOM SHAPED COVER KNEE DISARTIC	Authorization required for all providers.	Y	1/1/2022
L5707	REPLAC CUSTOM SHAPED COVER HIP DISARTIC	Authorization required for all providers.	Y	1/1/2022
L5710	ADD KNEE/SHIN 1 AXIS MANUAL LOCK	Authorization required for all providers.	Y	1/1/2022
L5718	ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE	Authorization required for all providers.	Y	1/1/2022
L5722	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRIC STANCE	Authorization required for all providers.	Y	1/1/2022
L5724	ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL	Authorization required for all providers.	Y	1/1/2022
L5726	ADD KNEE/SHIN 1 AXIS EXT JNTS FLUID SWING	Authorization required for all providers.	Y	1/1/2022
L5728	ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE	Authorization required for all providers.	Y	1/1/2022
L5781	ADD LW LIMB PROS LIMB MGMT SYS	Authorization required for all providers.	Y	1/1/2022
L5795	ADD HIP DISARTIC ULTRA LIGHT MATERIAL	Authorization required for all providers.	Y	1/1/2022
L5810	ADD KNEE/SHIN 1 AXIS MANUAL LOCK	Authorization required for all providers.	Y	1/1/2022
L5812	ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE	Authorization required for all providers.	Y	1/1/2022
L5818	ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE	Authorization required for all providers.	Y	1/1/2022
L5822	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRICTION	Authorization required for all providers.	Y	1/1/2022
L5824	ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL	Authorization required for all providers.	Y	1/1/2022
L5826	ADD KNEE/SHIN 1 AXIS HYDRO SWING PHASE CONTRL	Authorization required for all providers.	Y	1/1/2022
L5828	ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE	Authorization required for all providers.	Y	1/1/2022
L5830	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING PHASE CONT	Authorization required for all providers.	Y	1/1/2022
L5840	ADD ENDOSKEL KNEE-SHIN SYST 4-BAR LINK/MULTI	Authorization required for all providers.	Y	1/1/2022
L5845	ADD, ENDO, KNEE-SHIN SYST, STANCE FLEX ADJUS	Authorization required for all providers.	Y	1/1/2022
L5960	ADD HIP DISARTIC ULTRA LIGHT MATERIAL	Authorization required for all providers.	Y	1/1/2022
L5961	ENDO POLY HIP, PNEU/HYD/ROT	Authorization required for all providers.	Y	1/1/2022
L5962	ADD ENDOSKELETAL SYST BK FLEX PROTECTIVE COVER	Authorization required for all providers.	Y	1/1/2022
L5968	ALL LOW EXTREM PROSTH ANKLE MULTIAXIAL SHOCK	Authorization required for all providers.	Y	1/1/2022
L5970	ALL LOW EXT PROS FT EXTERNAL KEEL SACH FT	Authorization required for all providers.	Y	1/1/2022
L5981	ALL LOW EXTREM PROSTH FLEX-WALK SYST/EQUAL	Authorization required for all providers.	Y	1/1/2022
L5982	ALL EXO LOW EXT PROS AXIAL ROTATION UNIT	Authorization required for all providers.	Y	1/1/2022
L5986	ALL LOW EXT PROS MULTI AXIAL ROTATION UNIT	Authorization required for all providers.	Y	1/1/2022
L5987	ALL LO EXTREM PROSTH SHANK FT SYST W/LOAD PYLON	Authorization required for all providers.	Y	1/1/2022
L6000	PART HAND THUMB REM	Authorization required for all providers.	Y	1/1/2022
L6010	PART HAND LITTLE/RING	Authorization required for all providers.	Y	1/1/2022
L6020	PART HAND NO FINGERS	Authorization required for all providers.	Y	1/1/2022
L6025	TRNSCARPL/MC/PART HND DISARTIC PROS	Authorization required for all providers.	Y	1/1/2022
L6055	WRIST DISARTIC MOLD SOCK W/EXPAND INTERFACE	Authorization required for all providers.	Y	1/1/2022
L6100	BELOW ELBOW MOLD SOCK FLEX ELBOW HINGE TRICEP	Authorization required for all providers.	Y	1/1/2022
L6110	BELOW ELBOW MOLD SOCK (MUENSTER/NORTHWEST TYPE)	Authorization required for all providers.	Y	1/1/2022
L6120	BELOW ELBOW MOLD DBL WALL SPLIT SOCK SETUP HINGE	Authorization required for all providers.	Y	1/1/2022
L6130	BELOW ELBOW MOLD DBL WALL SPLIT SOCK STUMP ACT	Authorization required for all providers.	Y	1/1/2022
L6200	ELBOW DISARTIC MOLDED OUTSIDE LOCK HINGE FOREARM	Authorization required for all providers.	Y	1/1/2022
L6205	ELBOW DISARTIC MOLDED W/EXP INTERFACE FOREARM	Authorization required for all providers.	Y	1/1/2022
L6250	ABOVE ELBOW MOLD DBL WALL SOCK INT LOCK FOREARM	Authorization required for all providers.	Y	1/1/2022
L6300	SHOULDER DISARTIC MOLDED SOCKET SHOULDER DOWN	Authorization required for all providers.	Y	1/1/2022
L6310	SHOULDER DISARTIC PASSIVE RESTORE COMPLETE PROS	Authorization required for all providers.	Y	1/1/2022
L6320	SHOULDER DISARTIC PASSIVE RESTORE SHOULDER CAP	Authorization required for all providers.	Y	1/1/2022
L6350	INTERSCAP/THORAC MOLDED SOCKET SHOULDER DOWN	Authorization required for all providers.	Y	1/1/2022
L6360	INTERSCAP/THORAC PASSIVE RESTORE COMPLETE	Authorization required for all providers.	Y	1/1/2022

L6370	INTERSCAP/THORAC PASSIVE RESTORE SHOULDER CAP	Authorization required for all providers.	Y	1/1/2022
L6380	POST SURG APPLY RIGID DRESS WRIST DISARTIC	Authorization required for all providers.	Y	1/1/2022
L6382	POST SURG APPLY RIGID DRESS ELBOW DISARTIC	Authorization required for all providers.	Y	1/1/2022
L6384	POST SURG APPLY RIGID DRESS SHOULDER DISARTIC	Authorization required for all providers.	Y	1/1/2022
L6386	POST SURG/FITTING EA ADD CAST CHANGE/REALIGNMENT	Authorization required for all providers.	Y	1/1/2022
L6450	ELBOW DISARTIC MOLD SOCKET INCL SOFT PROSTH TISS	Authorization required for all providers.	Y	1/1/2022
L6500	ABOVE ELBOW MOLD SOCK INCL SOFT PROSTH TISS	Authorization required for all providers.	Y	1/1/2022
L6550	SHOULDER DISARTIC MOLD SOCK INCL SOFT PROSTH TIS	Authorization required for all providers.	Y	1/1/2022
L6570	INTERSCAPULA/THORACIC MOLD SOCK INCL SOFT PROSTH	Authorization required for all providers.	Y	1/1/2022
L6580	PREP WRIST DISARTIC 1 WALL PLASTIC MOLD TO PT	Authorization required for all providers.	Y	1/1/2022
L6584	PREP ELBOW 1 WALL PLAST FAIR LEAD MOLD PT MODEL	Authorization required for all providers.	Y	1/1/2022
L6588	PREP SHOULDER 1 WALL PLAST SOCK MOLD PT MODEL	Authorization required for all providers.	Y	1/1/2022
L6600	UP EXT ADD POLYCENTRIC HINGE PAIR	Authorization required for all providers.	Y	1/1/2022
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	Authorization required for all providers.	Y	1/1/2022
L6691	UP EXT ADD REMOVABLE INSERT EA	Authorization required for all providers.	Y	1/1/2022
L6695	ADD UP EXT PROS BELW/ABVE ELB CSTM W/O LOCK MECH	Authorization required for all providers.	Y	1/1/2022
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Authorization required for all providers.	Y	1/1/2022
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Authorization required for all providers.	Y	1/1/2022
L6698	ADD UP EXT PROS ELB LOCK MECH EXCL SCKT INSR	Authorization required for all providers.	Y	1/1/2022
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L6707	TERMINAL DEV, HOOK, MECH, VOL CLOS, ANY MAT, ANY SIZE, LINED OR UNLIN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L6708	TERMINAL DEV, HAND, MECHAN, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Authorization required for all providers.	Y	1/1/2022
L6709	TERMINAL DEV, HAND, MECHAN, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Authorization required for all providers.	Y	1/1/2022
L6711	PED TERM DEV HOOK VOL OPEN	Authorization required for all providers.	Y	1/1/2022
L6712	PED TERM DEV HOOK VOL CLOS	Authorization required for all providers.	Y	1/1/2022
L6713	PED TERM DEV HAND VOL OPEN	Authorization required for all providers.	Y	1/1/2022
L6714	PED TERM DEV HAND VOL CLOS	Authorization required for all providers.	Y	1/1/2022
L6715	TERM DEVICE, MULTI ART DIGIT	Authorization required for all providers.	Y	1/1/2022
L6722	HOOK HAND HVY DTY VOL CLOS	Authorization required for all providers.	Y	1/1/2022
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	Authorization required for all providers.	Y	1/1/2022
L6900	HAND RESTORE PART HAND W/GLOVE THUMB/1 FINGER	Authorization required for all providers.	Y	1/1/2022
L6905	HAND RESTORE PART HAND W/GLOVE MULT FINGERS	Authorization required for all providers.	Y	1/1/2022
L6910	HAND RESTORE PART HAND W/GLOVE NO FINGERS	Authorization required for all providers.	Y	1/1/2022
L6915	HAND RESTORE REPLACEMENT GLOVE FOR ABOVE	Authorization required for all providers.	Y	1/1/2022
L6920	WRIST DISARTIC SWITCH CONTROL TERM DEVICE	Authorization required for all providers.	Y	1/1/2022
L7260	ELECT WRIST ROTATOR OTTO BOCK/EQUAL	Authorization required for all providers.	Y	1/1/2022
L7500	REPAIR PROSTH DEVICE HOURLY RATE	Authorization required for all providers.	Y	1/1/2022
L7520	REPR PROSTH DEVICE LABOR COMPONENT PER 15 MIN	Authorization required for all providers.	Y	1/1/2022
L7900	MALE VACUUM ERECTION SYSTEM	Authorization required for all providers.	Y	1/1/2022
L8035	CUST BREAST PROSTH POST MAST MOLD PT MODEL	Authorization required for non-participating providers.	C	1/1/2022
L8040	NASAL PROSTH PROV BY A NON-PHY	Authorization required for all providers.	Y	1/1/2022
L8041	MIDFACIAL PROSTH PROV BY A NON-PHY	Authorization required for all providers.	Y	1/1/2022
L8042	ORBIT PROSTH PROV BY A NON-PHY	Authorization required for all providers.	Y	1/1/2022
L8043	UPP/FACIAL PROSTH PROV BY A NON-PHY	Authorization required for all providers.	Y	1/1/2022
L8044	HEMI-FACIAL PROSTH PROV BY NON-PHY	Authorization required for all providers.	Y	1/1/2022
L8045	AURICULAR PROSTH PROV BY A NON-PHY	Authorization required for all providers.	Y	1/1/2022

L8046	PART FACIAL PROSTH PROV BY NON-PHYS	Authorization required for all providers.	Y	1/1/2022
L8047	NASAL SEPTAL PROSTH PROV BY NON-PHY	Authorization required for all providers.	Y	1/1/2022
L8048	UNS MAXIL-FAC PROSTH BR	Authorization required for all providers.	Y	1/1/2022
L8049	REPR MAXILLOFAC PROS-NON PHY-15MIN	Authorization required for all providers.	Y	1/1/2022
L8300	TRUSS SINGLE W/STANDARD PAD	Authorization required for all providers.	Y	1/1/2022
L8310	TRUSS DOUBLE W/STANDARD PADS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L8320	TRUSS ADDITION TO STANDARD PAD WATER PAD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L8330	TRUSS ADDITION TO STANDARD PAD SCROTAL PAD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L8400	PROSTH SHEATH BELOW KNEE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
L8500	ARTIFICIAL LARYNX ANY TYPE	Authorization required for all providers.	Y	1/1/2022
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	Authorization required for all providers.	Y	1/1/2022
L8509	TRACHEO ESOPHAGEAL VOICE PROSTHESIS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
L8510	VOICE AMPLIFIER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
L8615	COCH IMPLANT HEADSET REPLACE	Authorization required for all providers.	Y	1/1/2022
L8617	TRANSMITTING COIL FOR USE W/COCHLEAR IMPLANT DEVICE, REPL	Authorization required for all providers.	Y	1/1/2022
L8618	TX CBL U CI/AUD OSSEINTG DVC REPL	Authorization required for all providers.	Y	1/1/2022
L8619	COCHLEAR IMPL,EXTERNAL SPEECH PROC/CONTROL INTEG STM, REPL	Authorization required for all providers.	Y	1/1/2022
L8621	REPL ZINC AIR BATTERY	Authorization required for all providers.	Y	1/1/2022
L8622	REPL ALKALINE BATTERY	Authorization required for all providers.	Y	1/1/2022
L8623	LITHIUM ION BATTERY FOR USE W COCHLEAR IMPLANT	Authorization required for all providers.	Y	1/1/2022
L8624	LIB CI/AO DVC SP EAR LEVEL REPL EA	Authorization required for all providers.	Y	1/1/2022
L8625	EXT RECHRG BATT CI/AO DEVC REPL EA	Authorization required for all providers.	Y	1/1/2022
L8627	COCHLEAR IMPL, EXTERNAL SPEECH PROC, COMPONENT, REPL	Authorization required for all providers.	Y	1/1/2022
L8628	COCHLEAR IMPL, EXTERNAL CONTROLLER COMP, REPL	Authorization required for all providers.	Y	1/1/2022
L8629	TRANSMIT COIL/CABLE, INTEGRATED, FOR COCHLEAR IMPL DEV, REPL	Authorization required for all providers.	Y	1/1/2022
L8630	METACARPOPHALANGEAL JOINT IMPLANT	Authorization required for all providers.	Y	1/1/2022
L8679	IMP NEUROSTI PLS GN ANY TYPE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8680	IMPLT NEUROSTIM ELCTR EACH	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8681	PT PRGRM FOR IMPLT NEUROSTIM	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8683	RADIOFREQUENCY TRANSMIT EXTERNAL USE W IMPLANT NEUROSTIM RADIOFREQ RCVR	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR SINGLE ARRAY RECHARGEABLE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR SINGLE ARRAY NON-RECHARGE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY RECHARGEABLE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY NON-RECHARGE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8689	EXTERNAL RECHARG SYS INTERN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCL ALL INTERNAL & EXTERNAL COMPONENTS	Authorization required for all providers.	Y	1/1/2022
L8691	AO D EXT SP EXCL TRNDCR/ACTR RPL EA	Authorization required for non-participating providers.	C	1/1/2022
L8692	NON-OSSEOINTEGRATED SND PROC	Authorization required for all providers.	Y	1/1/2022

L8693	AUD OSSEO DEV, ABUTMENT	Authorization required for all providers.	Y	1/1/2022
L8695	EXTERNAL RECHARG SYS EXTERN	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
L8696	EXT ANTENNA PHREN NERVE STIM	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
L8698	MISC COMP SPL/ACCESS FOR USE WITH TOT AH SYSTEM	Authorization required for all providers.	Y	1/1/2022
L9900	ORTHO/PROSTH SUPP ACCES &/OR SERV	Authorization required for non-participating providers.	C	1/1/2022
M0064	BRIEF OFFICE VISIT MONITOR/CHANGE PSYCH SERVICES	Authorization required for all providers.	Y	1/1/2022
M0076	PROLOTHERAPY	Authorization required for non-participating providers.	C	1/1/2022
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	Authorization required for non-participating providers.	C	1/1/2022
M0240	IV INF/SCI CASIRIV AND IMDEVIMB AND P/ADM SUBQ RP DS	Authorization required for non-participating providers.	C	1/1/2022
M0241	IV/SCI CASIRIV AND IMDEVIMB AND P/ADM H/RES SBQ RPT DS	Authorization required for non-participating providers.	C	1/1/2022
M0243	INTRAVENOUS INF/SUBQ INJ CASIRIVIMAB AND INDEVIMAB	Authorization required for non-participating providers.	C	1/1/2022
M0245	INTRAVENOUS INFUSION BAMLANIVIMAB AND ETESEVIMAB	Authorization required for non-participating providers.	C	1/1/2022
M0300	IV CHELATION THERAPY	Authorization required for non-participating providers.	C	1/1/2022
M1107	DOC STAT PT DX DEG NEURO COND DX TM BFOR/DUR EOC	Authorization required for non-participating providers.	C	1/1/2022
M1108	ONGOING CARE NOT CLN INDICAT PT ND HOME PRG ONLY	Authorization required for non-participating providers.	C	1/1/2022
M1109	ONG CR NOT MED POS PT DISCH EARLY DT SPEC MD EVT	Authorization required for all providers.	Y	1/1/2022
M1110	ONGOING CARE NOT POSSIB BECAUS PT SELF-D/C EARLY	Authorization required for non-participating providers.	C	1/1/2022
M1111	THE START OF AN EPISODE OF CARE DOC MED RECORD	Authorization required for non-participating providers.	C	1/1/2022
M1112	DOC PT DX DEG NEURO COND ALS/PARKINSONS DX TME	Authorization required for non-participating providers.	C	1/1/2022
M1113	ONGOING CARE NOT CLINC INDICAT PT ND HM PRG ONLY	Authorization required for non-participating providers.	C	1/1/2022
M1114	ONGO CARE NOT POSS PT D/C EARL DT ME DOC MED REC	Authorization required for non-participating providers.	C	1/1/2022
M1115	ONGOING CARE NOT POSSIBLE PT SELF DISCHARGE EARLY	Authorization required for non-participating providers.	C	1/1/2022
M1116	THE START OF AN EPISODE OF CARE DOC MED RECORD	Authorization required for non-participating providers.	C	1/1/2022
M1117	DOC STATING PT DX DEGEN NEURO COND DX TIME EOC	Authorization required for non-participating providers.	C	1/1/2022
M1118	ONGOING CARE NOT INDICATED PT ND HOME PROG ONLY	Authorization required for non-participating providers.	C	1/1/2022
M1119	ONGO CARE NOT POSS PT D/C EARLY D/T MED EVNT DOC	Authorization required for all providers.	Y	1/1/2022
M1120	ONGOING CARE NOT POSSIBLE PT SLF DISCHARGE EARLY	Authorization required for non-participating providers.	C	1/1/2022
M1121	THE START OF AN EPISODE OF CARE DOC MED RECORD	Authorization required for non-participating providers.	C	1/1/2022
M1122	DOC PT DX DEGEN NEURO COND DX TM BFOR/DUR EOC	Authorization required for non-participating providers.	C	1/1/2022
M1123	ONGOING CARE NOT INDICATED PT ND HM PRG ONLY REF	Authorization required for non-participating providers.	C	1/1/2022
M1124	ONGOING CARE NOT POSS PT D/C EARLY D/T MED EVENT	Authorization required for non-participating providers.	C	1/1/2022
M1125	ONGOING CARE NOT POSSIBL PT SELF DISCHARGE EARLY	Authorization required for non-participating providers.	C	1/1/2022
M1126	THE START OF AN EPISODE OF CARE DOC MED RECORD	Authorization required for non-participating providers.	C	1/1/2022
M1127	DOC PT DX DEG NEURO COND DX TM BEFORE/DUR EOC	Authorization required for non-participating providers.	C	1/1/2022
M1128	ONGOING CARE NOT IND PT NEED REF OTH PROV FACILT	Authorization required for non-participating providers.	C	1/1/2022
M1129	ONGO CAR NOT POSS PT D/C EARLY D/T SPC MED EVENT	Authorization required for non-participating providers.	C	1/1/2022
M1130	ONGOING CARE NOT POSSIBLE BC PT SELF DISCH EARLY	Authorization required for non-participating providers.	C	1/1/2022
M1131	DOC STAT PT DX DEG NEURO COND DX TM BFR/DUR EOC	Authorization required for non-participating providers.	C	1/1/2022
M1132	ONGOING CARE NOT INDICATED PT NEED REF OTHR PROV	Authorization required for non-participating providers.	C	1/1/2022
M1133	ONGO CARE NOT POSS PT SEEN ONLY ONE TO TWO VISIT	Authorization required for non-participating providers.	C	1/1/2022
M1134	ONGO CARE NOT POSS PT D/C 1-2 VST D/T SPC MD EVT	Authorization required for non-participating providers.	C	1/1/2022
M1135	THE START OF AN EPISODE OF CARE DOC MED RECORD	Authorization required for non-participating providers.	C	1/1/2022
M1136	THE START OF AN EPISODE OF CARE DOC MED RECORD	Authorization required for non-participating providers.	C	1/1/2022
M1142	EMERGENT CASES	Authorization required for non-participating providers.	C	1/1/2022
M1143	INITIATED EPI REHAB TH MED/CHIRO CARE NCK IMPAIR	Authorization required for non-participating providers.	C	1/1/2022
M1144	ONGOING CARE NOT INDICATED PT SEEN ONLY 1-2 VST	Authorization required for non-participating providers.	C	1/1/2022

P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
P9100	PATHOGEN TEST FOR PLATELETS	Authorization required for non-participating providers.	C	1/1/2022
Q0083	CHEMO ADMIN NOT INFUSION TECHNIQUE PER VISIT	Authorization required for non-participating providers.	C	1/1/2022
Q0084	CHEMO ADMIN INFUSION TECHNIQUE ONLY PER VISIT	Authorization required for non-participating providers.	C	1/1/2022
Q0085	CHEMO ADMIN BOTH INFUSION/OTHER TECHNIQUE/VISIT	Authorization required for non-participating providers.	C	1/1/2022
Q0090	SKYLA 13.5MG	Authorization required for non-participating providers.	C	1/1/2022
Q0114	FERN TEST	Authorization required for non-participating providers.	C	1/1/2022
Q0138	FERUMOXYTOL, NON-ESRD	Authorization required for all providers.	Y	1/1/2022
Q0139	FERUMOXYTOL, ESRD USE	Authorization required for all providers.	Y	1/1/2022
Q0144	AZITHROMYCIN ORAL CAP/POWDER 1 GM	Authorization required for all providers.	Y	1/1/2022
Q0162	ONDAN 1 MG ORL NOT EXCEED 48 HR DOS	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORAL ANTI-EMETIC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q0165	PROCHLORPERAZINE MALEATE 10 MG ORAL ANTI-EMETIC	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q0166	GRANISETRON HCL 1 MG ORAL CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q0167	DRONABINOL 2.5 MG ORAL APPRVD CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q0169	PROMETHAZINE HCL 12.5 MG ORAL CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q0170	PROMETHAZINE HCL 25 MG ORAL CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022

Q0177	HYDROXYZINE PAMOATE 25 MG ORAL CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q0178	HYDROXYZINE PAMOATE 50 MG ORAL CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q0180	DOLASETRON MESYLATE 100 MG ORAL CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q0181	UNSPEC ORAL DOSE FORM CHEMO ANTI-EMETIC	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q0240	INJECTION CASIRIVIMAB AND IMDEVIMAB 600 MG	Authorization required for non-participating providers.	C	1/1/2022
Q0243	INJECTION CASIRIVIMAB AND IMDEVIMAB 2400 MG	Authorization required for non-participating providers.	C	1/1/2022
Q0245	INJECTION BAMLANIVIMAB AND ETESEVIMAB 2100 MG	Authorization required for non-participating providers.	C	1/1/2022
Q0477	PWR MODULE PT CABL ELEC/PN VAD REPL	Authorization required for non-participating providers.	C	1/1/2022
Q0478	POWER ADAPTER, COMBO VAD	Authorization required for all providers.	Y	1/1/2022
Q0479	POWER MODULE COMBO VAD, REP	Authorization required for all providers.	Y	1/1/2022
Q0480	DRIVER FOR USE W PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACE ONLY	Authorization required for all providers.	Y	1/1/2022
Q0481	MICROPROCESSOR CONTR UNIT USE W ELECTR VENTR ASSIST DEVICE REPLACE ONLY	Authorization required for all providers.	Y	1/1/2022
Q0482	MICROPROCESSOR CU USE W ELECTR/PNEUMATIC COMBINATION VENTR ASST DEV	Authorization required for all providers.	Y	1/1/2022
Q0483	MONITOR/DISPLAY MODULE USE W ELECTRIC VENTRICULAR ASSIST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0484	MONITOR/DISPLAY MODULE USE W ELECTRIC OR COMB VENTR ASST DEV	Authorization required for all providers.	Y	1/1/2022
Q0485	MONITOR CONTROL CABLE FOR USE W ELECTRIC VENTRICULAR ASSIST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0486	MONITOR CONTROL CABLE USE W ELECTRIC/PNEUMATIC VENTRICULAR ASST DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0487	LEADS PNEUMATIC/ELECTRICAL USE W ANY TYPE COMB VENTR ASST DEV	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0488	POWER PACK BASE FOR USE W ELECTRIC VENTRICULAR ASSIST DEVICE REPLACE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0489	POWER PACK BASE USE W ELECTRIC/PNEUMATIC VENTRICULAR ASST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0490	EMERG POWER SOURCE FOR USE W ELECTRIC VENTRICULAR ASST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0491	EMERG POWER SOURCE USE W ELECTRIC/PNEUMATIC VENTRICULAR ASST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0492	EMERG POWER SUPPLY CABLE FOR USE W ELECTRIC VENTRICULAR ASST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0493	EMERG POWER SUPPLY CABLE FOR USE W ELECTRIC/PNEUMATIC VENTRICULAR ASST	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0494	EMERG HAND PUMP FOR USE W ELECTRIC OR COMB VENTR ASST DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0495	BATTERY/POWER PACK CHARGER USE W ELECT OR ELEC/PNEUMATIC VENTR ASST DEV	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0496	BATTERY ELEC/COMBO VAD, REP	Authorization required for all providers.	Y	1/1/2022
Q0497	BATTERY CLIPS USE W ELECTRIC OR COMB VENTRICULAR ASSIST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0498	HOLSTER USE W ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0499	BELT/VEST ELEC/COMBO VAD REP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

Q0500	FILTERS USE W ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0501	SHOWER COVER USE W ELECTRIC OR COMB VENTRICULAR ASSIST DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACE ONLY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACE ONLY EACH	Authorization required for all providers.	Y	1/1/2022
Q0504	POWER ADAPTER FOR PNEUMATIC VENTR ASSIST DEVICE REPLACE ONLY VEHICLE	Authorization required for all providers.	Y	1/1/2022
Q0505	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE W VENTRICULAR ASSIST DEVICE	Authorization required for all providers.	Y	1/1/2022
Q0507	MISC SUPPLY/ACCESSORY USE W/EXT VAD	Authorization required for all providers.	Y	1/1/2022
Q0509	MIS SUP/AC IMP VAD NOPAY MED	Authorization required for all providers.	Y	1/1/2022
Q2017	INJ TENIPOSIDE 50 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q2025	ORAL FLUDARABINE PHOSPHATE	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q2035	AFLURIA VACC, 3 YRS & >, IM	Authorization required for non-participating providers.	C	1/1/2022
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q2043	SIPLEUCEL-T AUTO CD54+	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q2044	BELIMUMAB INJECTION	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q2045	HUMAN FIBRINOGEN CONC INJ	Authorization required for all providers.	Y	1/1/2022
Q2046	AFLIBERCEPT INJECTION	Authorization required for all providers.	Y	1/1/2022
Q2047	PEGINESATIDE INJECTION	Authorization required for all providers.	Y	1/1/2022
Q2048	DOXIL INJECTION	Authorization required for all providers.	Y	1/1/2022
Q2049	IMPORTED LIPODOX INJ	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q2050	DOXORUBICIN INJ 10MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q2051	ZOLDEDRONIC ACID 1MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q2054	LM >=110 MIL AUTOL ANTI-CD19 CAR-POS VIABL TC	Authorization required for all providers.	Y	1/1/2022

Q3001	RADIOELEMENTS FOR BRACHYTHERAP	Authorization required for all providers.	Y	1/1/2022
Q3028	INJ BETA INTERFERON SQ 1 MCG	Authorization required for all providers.	Y	1/1/2022
Q3031	COLLAGEN SKIN TEST	Authorization required for all providers.	Y	1/1/2022
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	Authorization required for non-participating providers.	C	1/1/2022
Q4078	#N/A	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Authorization required for all providers.	Y	1/1/2022
Q4101	APLIGRAF	Authorization required for all providers.	Y	1/1/2022
Q4102	OASIS WOUND MATRIX	Authorization required for all providers.	Y	1/1/2022
Q4106	DERMAGRAFT	Authorization required for all providers.	Y	1/1/2022
Q4107	GRAFTJACKET	Authorization required for all providers.	Y	1/1/2022
Q4109	#N/A	Authorization required for non-participating providers.	C	1/1/2022
Q4112	CYMETRA INJECTABLE	Authorization required for all providers.	Y	1/1/2022
Q4113	GRAFTJACKET XPRESS	Authorization required for all providers.	Y	1/1/2022
Q4115	ALLOSKIN	Authorization required for all providers.	Y	1/1/2022
Q4116	ALLODERM	Authorization required for all providers.	Y	1/1/2022
Q4121	THERASKIN	Authorization required for all providers.	Y	1/1/2022
Q4123	ALLOSKIN	Authorization required for all providers.	Y	1/1/2022
Q4132	GRAFIX CORE & GRAFIXPL CORE-SQ CM	Authorization required for all providers.	Y	1/1/2022
Q4133	GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC	Authorization required for all providers.	Y	1/1/2022
Q4186	EPIFIX PER SQ CM	Authorization required for all providers.	Y	1/1/2022
Q4195	PURAPLY PER SQ CM	Authorization required for all providers.	Y	1/1/2022
Q4196	PURAPLY AM PER SQ CM	Authorization required for all providers.	Y	1/1/2022
Q4244	PROCENTA PER 200 MG	Authorization required for non-participating providers.	C	1/1/2022
Q4245	AMNIOTEXT PER CC	Authorization required for non-participating providers.	C	1/1/2022
Q4246	CORETEXT OR PROTEXT PER CC	Authorization required for non-participating providers.	C	1/1/2022
Q4247	AMNIOTEXT PATCH PER SQ CM	Authorization required for non-participating providers.	C	1/1/2022
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	Authorization required for non-participating providers.	C	1/1/2022
Q4250	AMNIOAMP-MP PER SQ CM	Authorization required for non-participating providers.	C	1/1/2022
Q4254	NOVAFIX DL PER SQ CM	Authorization required for non-participating providers.	C	1/1/2022
Q4255	REGUARD FOR TOPICAL USE ONLY PER SQ CM	Authorization required for non-participating providers.	C	1/1/2022
Q4306	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
Q4307	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
Q4311	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
Q4312	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
Q5001	HOSPICE OR HOME HLTH IN HOME	Authorization required for non-participating providers.	C	1/1/2022
Q5101	INJECTION, ZARXIO	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5103	INJECTION, INFLECTRA	Authorization required for all providers.	Y	1/1/2022
Q5104	INJECTION, RENFLEXIS	Authorization required for all providers.	Y	1/1/2022
Q5105	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 UNITS	Authorization required for all providers.	Y	1/1/2022

Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5108	INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services.	Y	1/1/2022
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022

Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5118	INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5119	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5120	INJ PEGFILGRASTIM-BMEZ BIOSIMILR ZIEXTENZO 0.5 MG	Pre-authorization is required through New Century Health for these services for participating providers/facilities with an oncology diagnosis. Pre-authorization is required through the health plan for all non-oncology diagnoses and non-participating providers.	Y	1/1/2022
Q5121	INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG	Authorization required for all providers.	Y	1/1/2022
Q5122	INJECTION PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG	Authorization required for all providers.	Y	1/1/2022
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Authorization required for all providers.	Y	1/1/2022
Q9001	ASSESSMENT BY DEPT VA AFFAIRS CHAPLAIN SERVICES	Authorization required for all providers.	Y	1/1/2022
Q9002	COUNSELING INDIVIDUAL BY DVA CHAPLAIN SERVICES	Authorization required for non-participating providers.	C	1/1/2022
Q9003	COUNSELING GROUP BY DVA CHAPLAIN SERVICES	Authorization required for non-participating providers.	C	1/1/2022
Q9004	DEPART VETERANS AFFAIR WHOLE HEALTH PARTNER SERV	Authorization required for non-participating providers.	C	1/1/2022
Q9058	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
Q9059	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
Q9060	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
Q9950	INJ S HEXAFLUORIDE LIPID MSS PER ML	Authorization required for non-participating providers.	C	1/1/2022
Q9992	BUPRENORPHINE XR OVER 100 MG	Authorization required for all providers.	Y	1/1/2022
Q9993	INJ TRIAMCINOLONE EXT REL	Authorization required for all providers.	Y	1/1/2022
S0013	ESKETAMINE NASAL SPRAY 1 MG	Authorization required for non-participating providers.	C	1/1/2022
S0014	TACRINE HYDROCHLORIDE 10 MG	Authorization required for all providers.	Y	1/1/2022
S0017	INJ AMINOCAPROIC ACID 5 GMS	Authorization required for non-participating providers.	C	1/1/2022
S0020	INJ BUPIVACAINE HYDROCHLORIDE 30 ML	Authorization required for non-participating providers.	C	1/1/2022
S0021	INJ CEFTOPERAZONE NA 1 GM	Authorization required for non-participating providers.	C	1/1/2022
S0023	INJ CIMETIDINE HYDROCHLORIDE 300 MG	Authorization required for non-participating providers.	C	1/1/2022
S0028	INJ FAMOTIDINE 20 MG	Authorization required for non-participating providers.	C	1/1/2022
S0030	INJ METRONIDAZOLE 500 MG	Authorization required for non-participating providers.	C	1/1/2022
S0032	INJ NAFACILLIN NA 2 GMS	Authorization required for all providers.	Y	1/1/2022
S0034	INJ OFLOXACIN 400 MG	Authorization required for non-participating providers.	C	1/1/2022
S0039	INJ SULFAMETHOXAZOLE/TRIMETHOPRIM	Authorization required for non-participating providers.	C	1/1/2022
S0040	INJ TICARCILLIN/CLAVULANATE 3.1 GM	Authorization required for non-participating providers.	C	1/1/2022
S0073	INJ AZTREONAM 500 MG	Authorization required for all providers.	Y	1/1/2022
S0074	INJ CEFOTETAN DINA 500 MG	Authorization required for non-participating providers.	C	1/1/2022
S0077	INJ CLINDAMYCIN PHOSPHATE 300 MG	Authorization required for non-participating providers.	C	1/1/2022
S0078	INJ FOSPHENYTOIN NA 750 MG	Authorization required for non-participating providers.	C	1/1/2022
S0080	INJ PENTAMIDINE ISETHIONATE 300 MG	Authorization required for non-participating providers.	C	1/1/2022

S0081	INJ PIPERACILLIN NA 500 MG	Authorization required for non-participating providers.	C	1/1/2022
S0088	IMATINIB, 100 MG	Authorization required for non-participating providers.	C	1/1/2022
S0090	SILDENAFIL CITRATE 25 MG	Authorization required for all providers.	Y	1/1/2022
S0091	GRANISETRON HYDROCHLORIDE, 1 MG	Authorization required for non-participating providers.	C	1/1/2022
S0092	INJ HYDMORPHONE HYDROCHLORID 250 MG	Authorization required for non-participating providers.	C	1/1/2022
S0093	INJECTION MORPHINE SULFATE 500 MG .	Authorization required for non-participating providers.	C	1/1/2022
S0104	ZIDOVUDINE, ORAL, 100 MG	Authorization required for non-participating providers.	C	1/1/2022
S0106	BUPROPION HCI SR TAB 150 MG 60 TABS	Authorization required for non-participating providers.	C	1/1/2022
S0108	MERCAPTOPYRINE ORAL 50 MG	Authorization required for non-participating providers.	C	1/1/2022
S0109	METHADONE ORAL 5MG	Authorization required for non-participating providers.	C	1/1/2022
S0117	TRETINOIN TOPICAL 5 GRAMS	Authorization required for non-participating providers.	C	1/1/2022
S0119	ONDANSETRON 4 MG	Authorization required for non-participating providers.	C	1/1/2022
S0137	DIDANOSINE (DDI), 25 MG	Authorization required for non-participating providers.	C	1/1/2022
S0138	FINASTERIDE, 5 MG	Authorization required for non-participating providers.	C	1/1/2022
S0140	SAQUINAVIR, 200 MG	Authorization required for non-participating providers.	C	1/1/2022
S0142	COLISTIMETHATE SODIUM INHAL SOLUTION ADMIN THROUGH DME CONCENTR FORM /MG	Authorization required for non-participating providers.	C	1/1/2022
S0144	INJ, PROPOFOL, 10MG	Authorization required for non-participating providers.	C	1/1/2022
S0148	PEG INTERFERON ALFA-2B/10	Authorization required for all providers.	Y	1/1/2022
S0155	STERILE DILUTANT FOR EPOPROSTENOL, 50ML	Authorization required for all providers.	Y	1/1/2022
S0156	EXEMESTANE 25 MG	Authorization required for non-participating providers.	C	1/1/2022
S0157	BECAPLERMIN GEL 0.01% 0.5 GM	Authorization required for non-participating providers.	C	1/1/2022
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	Authorization required for non-participating providers.	C	1/1/2022
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	Authorization required for non-participating providers.	C	1/1/2022
S0166	INJECTION OLANZAPINE 2.5 MG	Authorization required for all providers.	Y	1/1/2022
S0169	CALCITROL	Authorization required for non-participating providers.	C	1/1/2022
S0170	ANASTROZOLE, ORAL, 1MG	Authorization required for non-participating providers.	C	1/1/2022
S0171	INJECTION, BUMETANIDE, 0.5MG	Authorization required for non-participating providers.	C	1/1/2022
S0172	CHLORAMBUCIL, ORAL, 2MG	Authorization required for non-participating providers.	C	1/1/2022
S0174	DOLASETRON MESYLATE	Authorization required for all providers.	Y	1/1/2022
S0175	FLUTAMIDE, ORAL, 125MG	Authorization required for non-participating providers.	C	1/1/2022
S0176	HYDROXYUREA, ORAL, 500MG	Authorization required for all providers.	Y	1/1/2022
S0177	LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG	Authorization required for non-participating providers.	C	1/1/2022
S0178	LOMUSTINE, ORAL, 10MG	Authorization required for non-participating providers.	C	1/1/2022
S0179	MEGESTROL ACETATE, ORAL, 20MG	Authorization required for all providers.	Y	1/1/2022
S0181	ONDANSETRON HYDROCHLORIDE	Authorization required for non-participating providers.	C	1/1/2022
S0183	PROCHLORPERAZINE 5 MG	Authorization required for all providers.	Y	1/1/2022
S0187	TAMOXIFEN CITRATE, ORAL, 10MG	Authorization required for non-participating providers.	C	1/1/2022
S0189	TESTOSTERONE PELLETT, 75MG	Authorization required for non-participating providers.	C	1/1/2022
S0190	MIFEPRISTONE ORAL 200 MG	Authorization required for all providers.	Y	1/1/2022
S0191	MISOPROSTOL ORAL 200 MCG	Authorization required for all providers.	Y	1/1/2022
S0194	DIALYSIS/STRESS VITAMIN SUPL ORAL 100 CAPSULES	Authorization required for non-participating providers.	C	1/1/2022
S0270	HOME STD CASE RATE 30 DAYS	Authorization required for non-participating providers.	C	1/1/2022
S0271	HOME HOSPICE CASE 30 DAYS	Authorization required for all providers.	Y	1/1/2022
S0272	HOME EPISODIC CASE 30 DAYS	Authorization required for all providers.	Y	1/1/2022
S0273	MD HOME VISIT OUTSIDE CAP	Authorization required for all providers.	Y	1/1/2022
S0274	NURSE PRACTR VISIT OUTS CAP	Authorization required for all providers.	Y	1/1/2022
S0280	MEDICAL HOME, INITIAL PLAN	Authorization required for non-participating providers.	C	1/1/2022
S0281	MEDICAL HOME, MAINTENANCE	Authorization required for all providers.	Y	1/1/2022
S0285	CNSLT BEFORE SCREEN COLONOSCOPI	Authorization required for all providers.	Y	1/1/2022

S0302	COMPLETED EARLY PERIODIC SCREENING DX AND TREATMENT	Authorization required for non-participating providers.	C	1/1/2022
S0310	HOSPITALIST SERVICES	Authorization required for non-participating providers.	C	1/1/2022
S0311	COMP MGMT CARE COORD ADV ILL	Authorization required for non-participating providers.	C	1/1/2022
S0315	DZ MGMT PROG; INIT ASSESS&INIT PROG	Authorization required for non-participating providers.	C	1/1/2022
S0316	DISEASE MANAGEMENT PROGRAM FOLLOW UP/ ASSESSMENT	Authorization required for non-participating providers.	C	1/1/2022
S0317	DISEASE MANAGEMENT PROGRAM, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
S0320	TEL CALL BY RN DZ MGMT PROG;-MONTH	Authorization required for non-participating providers.	C	1/1/2022
S0340	LIFESTYLE MODIFICATION PROGRAM	Authorization required for non-participating providers.	C	1/1/2022
S0341	LIFESTYLE MODIFICATION PROGRAM	Authorization required for non-participating providers.	C	1/1/2022
S0342	LIFESTYLE MODIFICATION PROGRAM	Authorization required for non-participating providers.	C	1/1/2022
S0353	CANCER TREATMENT PLAN INITIAL	Authorization required for non-participating providers.	C	1/1/2022
S0395	IMPRESSION CASTING OF A FOOT	Authorization required for non-participating providers.	C	1/1/2022
S0400	GLOBAL FEE FOR EXTRACORPORAL SHOCKWAVE	Authorization required for non-participating providers.	C	1/1/2022
S0500	DISPOSABLE CONTACT LENS, PER LENS	Authorization required for non-participating providers.	C	1/1/2022
S0800	LASER IN SITU KERATOMILEUSIS (LASIK	Authorization required for non-participating providers.	C	1/1/2022
S1040	CRANIAL REMOULDING ORTHO, PEDS, RIGID W SOFT INTERFACE MAT, CUSTOM	Authorization required for all providers.	Y	1/1/2022
S1090	MOMETASONE SINUS IMPLANT	Authorization required for all providers.	Y	1/1/2022
S2053	TRANSPL/SMALL INTEST/LIVER ALLOGFTS	Authorization required for non-participating providers.	C	1/1/2022
S2067	BRST REC N W GLUTEAL ARTRY PERF FLP INCL HRVST FLP MICRO TRNS OF DNR SITE	Authorization required for non-participating providers.	C	1/1/2022
S2068	BREAST DIEP OR SIEP FLAP	Authorization required for non-participating providers.	C	1/1/2022
S2070	CYSTOURETHROSCOPY/W URETEROSCOPY &/OR PYELOSOCOPY/W ENDSOCP LSR	Authorization required for non-participating providers.	C	1/1/2022
S2079	LAPAROSCOPIC ESOPHAGOMYOTOMY HELLER TYPE	Authorization required for non-participating providers.	C	1/1/2022
S2080	LASER-ASSISTED UVULOPALATOPLASTY (LAUP)	Authorization required for non-participating providers.	C	1/1/2022
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE	Authorization required for non-participating providers.	C	1/1/2022
S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION/TUMOR DESTR/PERCUTANEOUS	Authorization required for all providers.	Y	1/1/2022
S2112	ARTHROSCOPY KNEE	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
S2118	TOTAL HIP RESURFACING	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
S2120	LDL APHERESIS HEP-IND EXTRACORP LDL	Authorization required for non-participating providers.	C	1/1/2022
S2230	IMPLNTTN/MAGNETIC CMPNNT/SEMI-IMPLANTABLE HEARING DVC	Authorization required for non-participating providers.	C	1/1/2022
S2300	ARTHSCPY SHLDR W/THERM-INDUC CAPSUL	Authorization required for non-participating providers.	C	1/1/2022
S2340	CHEMODENERVTN-ABDCTR MUSC/VOCAL CRD	Authorization required for non-participating providers.	C	1/1/2022
S2348	DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
S2350	DISK ANT W/DECOMPRES SPINAL CORD/1	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
S2351	DISK ANT DECOMPRES SPINE CORD EA/ADD	Musculoskeletal Services need to be verified by TurningPoint.	Y	1/1/2022
S3722	DOSE OPTIMIZATION AUC - 5FU	Authorization required for non-participating providers.	C	1/1/2022
S3855	GENETIC TESTING FOR DETECTION OF MUTATIONS IN THE PRESENILIN - 1 GENE	Authorization required for all providers.	Y	1/1/2022
S4011	IN VIRTO FERTILIZATION	Authorization required for non-participating providers.	C	1/1/2022
S5036	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE (E.G. PUMP REPAIR)	Authorization required for all providers.	Y	1/1/2022
S5100	DAY CARE SERVICES ADULT; PER 15 MIN	Authorization required for all providers.	Y	1/1/2022
S5101	DAY CARE SRVC ADULT; PER HALF DAY	Authorization required for non-participating providers.	C	1/1/2022
S5126	ATTENDANT CARE SERVICES; PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
S5131	HOMEMAKER SERVICE, NOS; PER DIEM	Authorization required for all providers.	Y	1/1/2022
S5161	EMERG RESPONSE SYS; SRVC FEE-MONTH	Authorization required for all providers.	Y	1/1/2022
S5162	EMERG RESPONSE SYS; PURCHASE ONLY	Authorization required for all providers.	Y	1/1/2022
S5170	HOM DELIV MEALS INCL PREP;-MEAL	Authorization required for all providers.	Y	1/1/2022
S5175	LAUNDRY SERVICE EXT PROF;-ORDR	Authorization required for non-participating providers.	C	1/1/2022
S5199	PERSONAL CARE ITEM, NOS, EACH	Authorization required for non-participating providers.	C	1/1/2022
S5498	HOME INFUS TX CATH CARE/MAINT SIMPLE PER DIEM	Authorization required for all providers.	Y	1/1/2022

S5501	HOME INFUSION THERAPY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
S5502	HOME INFUSION THERAPY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
S5517	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S5518	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S5520	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S5521	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S5522	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S5523	HOME INFUSION THERAPY, INSERT MIDLINE VENOUS CATHETER, NURSING SERV	Authorization required for all providers.	Y	1/1/2022
S5550	INSULIN, RAPID ONSET, 5 UNITS	Authorization required for all providers.	Y	1/1/2022
S8186	SWIVEL ADAPTOR	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
S8210	MUCUS TRAP	Authorization required for all providers.	Y	1/1/2022
S8262	MANDIB ORTHO REPOSITION DEVICE EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
S8301	INFECTION CONTROL SUPPLIES NOS	Authorization required for all providers.	Y	1/1/2022
S8421	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE	Authorization required for all providers.	Y	1/1/2022
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT	Authorization required for all providers.	Y	1/1/2022
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MADE	Authorization required for all providers.	Y	1/1/2022
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	Authorization required for all providers.	Y	1/1/2022
S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	Authorization required for all providers.	Y	1/1/2022
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
S8429	GRADIENT PRESSURE EXTERIOR WRAP	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
S9007	ULTRAFILTRATION MONITOR	Authorization required for all providers.	Y	1/1/2022
S9061	HCP DIS MED SUP/EQUIP REN/AEROSOL	Authorization required for non-participating providers.	C	1/1/2022
S9075	SMOKING CESSATION TX	Authorization required for non-participating providers.	C	1/1/2022
S9141	DIAB MGMT PROG F/U VISIT MD PROV	Authorization required for non-participating providers.	C	1/1/2022
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION	Authorization required for all providers.	Y	1/1/2022
S9325	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9326	HOME INFUSION THERAPY, CONTINUOUS PAIN MANAGEMENT INFUSION	Authorization required for all providers.	Y	1/1/2022
S9327	HOME INFUSION THERAPY, INTERMITTENT	Authorization required for all providers.	Y	1/1/2022
S9328	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9329	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9330	HOME INFUSION THERAPY, CONTINUOUS	Authorization required for all providers.	Y	1/1/2022
S9331	HOME INFUSION THERAPY, INTERMITTENT PER DIEM	Authorization required for all providers.	Y	1/1/2022
S9335	HOME THERAPY, HEMODIALYSIS, ADMINISTRATIVE SERVICES	Authorization required for all providers.	Y	1/1/2022
S9338	HOME THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES PER DIEM	Authorization required for all providers.	Y	1/1/2022
S9339	HOME THERAPY	Authorization required for all providers.	Y	1/1/2022

S9341	HOME THERAPY	Authorization required for all providers.	Y	1/1/2022
S9342	HOME THERAPY	Authorization required for all providers.	Y	1/1/2022
S9343	HOME THERAPY	Authorization required for all providers.	Y	1/1/2022
S9345	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9346	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9347	HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	Authorization required for all providers.	Y	1/1/2022
S9348	HOME INFUSION THERAPY	Authorization required for non-participating providers.	C	1/1/2022
S9349	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9351	HIT CONT ANTIEMETIC DIEM	Authorization required for all providers.	Y	1/1/2022
S9353	HOME INFUSION THERAPY	Authorization required for non-participating providers.	C	1/1/2022
S9355	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9357	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9359	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9361	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9363	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN)	Authorization required for all providers.	Y	1/1/2022
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN), ONE LITER	Authorization required for all providers.	Y	1/1/2022
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN), MORE THAN 1 LI	Authorization required for all providers.	Y	1/1/2022
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN)	Authorization required for all providers.	Y	1/1/2022
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN)	Authorization required for all providers.	Y	1/1/2022
S9370	HOME THERAPY	Authorization required for all providers.	Y	1/1/2022
S9372	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9373	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9374	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9375	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9376	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9377	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9379	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	Authorization required for all providers.	Y	1/1/2022
S9381	DELIVERY OR SVC TO HIGH RISK AREAS	Authorization required for all providers.	Y	1/1/2022
S9401	ANTICOAGULAT CLIN NO LAB PER SESS	Authorization required for non-participating providers.	C	1/1/2022
S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Authorization required for non-participating providers.	C	1/1/2022
S9480	INTENSIVE OUTPT PSYCH SERV PER DIEM	Authorization required for all providers.	Y	1/1/2022
S9482	FAMILY STABILIZATION SERVICES PER 15 MINUTES	Authorization required for all providers.	Y	1/1/2022
S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY	Authorization required for non-participating providers.	C	1/1/2022
S9497	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9500	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9501	HOME INFUSION THERAPY	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
S9502	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9503	HOME INFUSION THERAP	Authorization required for all providers.	Y	1/1/2022
S9504	HOME INFUSION THERAPY	Authorization required for all providers.	Y	1/1/2022
S9529	ROUTINE VENIPUNCTURE	Authorization required for all providers.	Y	1/1/2022
S9537	HOME THERAPY, HEMATOPOIETIC HORMONE INJECTION THERAPY	Authorization required for non-participating providers.	C	1/1/2022
S9538	HOME TRANSFUSION BLOOD	Authorization required for all providers.	Y	1/1/2022
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCL ADMINI SVC	Authorization required for all providers.	Y	1/1/2022
S9558	HOME INJECTABLE THERAPY, GROWTH HORMONE, INCLUDING ADMIN SVC	Authorization required for all providers.	Y	1/1/2022
S9559	HOME INJECTABLE THERAPY, INTERFERON, INCL ADM SVC	Authorization required for all providers.	Y	1/1/2022
S9560	HOME INJECTABLE THERAPY	Authorization required for all providers.	Y	1/1/2022

59562	HOM INJ TX PALIVIZUMAB-PER DIEM	Authorization required for all providers.	Y	1/1/2022
59590	HOM TX IRRIG TX; W/ADMN-PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
59810	HOME THERAPY	Authorization required for non-participating providers.	C	1/1/2022
59900	CHRISTIAN SCI PRACT VISIT	Authorization required for all providers.	Y	1/1/2022
T1001	NURSING ASSESSMENT / EVALUATION	Authorization required for non-participating providers.	C	1/1/2022
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
T1005	RESPIRE CARE SERVICES, UP TO 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	Authorization required for non-participating providers.	C	1/1/2022
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	Authorization required for non-participating providers.	C	1/1/2022
T1030	NRS CARE HOME REGISTERED NURSE-DIEM	Authorization required for non-participating providers.	C	1/1/2022
T1999	MISC TX ITEMS&SUPPLIES RETAIL NOC	Authorization required for all providers.	Y	1/1/2022
T2015	HABILITATION, PREVOCAIONAL, WAIVER, PER HOUR	Authorization required for non-participating providers.	C	1/1/2022
T2020	DAY HABILITATION, WAIVER, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
T2021	DAY HABILITATION, WAIVER, PER 15 MINUTES	Authorization required for non-participating providers.	C	1/1/2022
T2034	CRISIS INTERVENTION WAIVER, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
T2048	BHVRL HLTH/LONG TERM CARE RESDNTL, PER DIEM	Authorization required for non-participating providers.	C	1/1/2022
T2104	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
T4521	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA	Authorization required for all providers.	Y	1/1/2022
T4522	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4523	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4524	ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4525	ADLT SZD DISPBL INCONT PROD UNWEAR/PULLON SM EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4526	ADLT SZD DISPBL INCONT PROD UNWEAR MED EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4527	ADLT SZD DISPBL INCONT PROD UNWEAR/PULLON LG EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4528	ADLT SZD DISPBL INCONT PROD UNWEAR XTRA LG EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4529	PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4530	PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4531	PED SZD DISPBL INCONT PROD UNWEAR SM/MED EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4532	PED SZD DISPBL INCONT PROD UNWEAR/PULLON LG EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022

T4534	YOUTH SZD DISPBL INCONT PROD UNWEAR/PULLON EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4535	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4536	INCONT PROD PROTVE UNWEAR/PULLON REUSBL SIZE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4544	ADLT DISP UND/PULL ON ABV XL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
T4545	INCONTINENCE PRODUCT DISPOSABLE PENILE WRAP EACH	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, auth is required for non-participating providers only.	C	1/1/2022
V2200	SPHERE BIFOC PLANO TO +/- 4.00D PER LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2300	SPHERE TRIFOC PLANO +/-4.00D PER LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2501	CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS	Pre-authorization is required for members 6 years and older when administered by an Optometrist or Ophthalmologist. For all others, no pre-authorization is required.	C	1/1/2022
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	Pre-authorization is required for members 6 years and older when administered by an Optometrist or Ophthalmologist. For all others, no pre-authorization is required.	C	1/1/2022
V2511	CONTACT LENS GAS PERMEABLE TORIC/PRISM PER LENS	Pre-authorization is required for members 6 years and older when administered by an Optometrist or Ophthalmologist. For all others, no pre-authorization is required.	C	1/1/2022
V2512	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS	Pre-authorization is required for members 6 years and older when administered by an Optometrist or Ophthalmologist. For all others, no pre-authorization is required.	C	1/1/2022
V2520	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2521	CONTACT LENS HYDROPHILIC TORIC/PRISM PER LENS	Pre-authorization is required for members 6 years and older when administered by an Optometrist or Ophthalmologist. For all others, no pre-authorization is required.	C	1/1/2022
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS	Pre-authorization is required for members 6 years and older when administered by an Optometrist or Ophthalmologist. For all others, no pre-authorization is required.	C	1/1/2022
V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2530	CNTCT LENS SCLERAL/GAS IMPERMBL LENS (SEE 92325)	Authorization required for non-participating providers.	C	1/1/2022
V2581	#N/A	New procedure code, please contact the Health Plan for pre-authorization requirements.	C	1/1/2022
V2599	CONTACT LENS OTHER TYPE	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2600	HAND HELD LOW VISION/NON SPECTACLE MOUNTED AIDS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2610	SINGLE LENS SPECTACLE MOUNT LOW VISION AID	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2626	REDUCTION OF OCULAR PROSTHESIS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2627	SCLERAL COVER SHELL	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2745	ADDTN TO LENS/TINT/ANY COLOR/SOLID/GRADIENT/OR EQUAL	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022

V2750	ANTI-REFLECTIVE COATING PER LENS	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V2756	EYE GLASS CASE	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V5008	HEARING SCREENING	Pre-authorization is required for Optometrist and Ophthalmologist. For all others, no auth is required.	C	1/1/2022
V5266	BATTERY FOR USE IN HEARING DEVICE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5267	HEARING AID SUP/ACCESS/DEV	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5282	ALD FM/DM SYSTEM BINAURAL	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5283	ALD NECK, LOOP IND RECEIVER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5284	ALD FM/DM EAR LEVEL RECEIVER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5285	ALD FM/DM AUD INPUT RECEIVER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5286	ALD BLU TOOTH FM/DM RECEIVER	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5287	ALD FM/DM RECEIVER, NOS	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5288	ALD FM/DM TRANSMITTER ALD	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5289	ALD FM/DM ADAPT/BOOT COUPLIN	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5290	ALD TRANSMITTER MICROPHONE	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022
V5298	HEARING AID NOC	Authorization is required for Durable Medical Equipment specialist when service is rendered in a Long Term Care Facility. All others, no auth is required.	C	1/1/2022