

The creation of the list is inclusive of EH's Medical Policies, MedTech Data base, Provider Manual, Vendor Management and Place of Service policies. Preauthorization is required for all inpatient types of care including Medical, Surgical, Hospice, Skilled Nursing Care, Rehabilitation care, in addition to DME and Homecare services. In addition to the defined services we have identified specific CPT/HCPCS codes that require Preauthorization.

Including:  
 All non-emergency inpatient hospital admissions (acute, rehabilitation, behavioral health and skilled nursing facility care)  
 Home health care (nursing, PT, OT, ST, home infusion therapy)

Note on City of New York: The EmblemHealth preauthorized service list will not apply to PPO CNY members who will migrate 1/1/20 except for any items on the P&A list related to: Home Health Care, Home Infusion, Nutritional Supplements & Enteral Therapy and High Tech radiology (Evicore). Preauth for CNY PPO members for all other services is managed for CNY by Empire BCBS.

**\*\*This list contains all PA codes, including codes that have site of service rules and diagnosis code rules.**

## Medicaid Line of Business: Pre-Authorization Rules Starting on 1/1/20

Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Medicaid - Does Site of Service Rule Apply?	Medicaid - Site of Service Rule REQUIRES PA for the following sites of service:	Medicaid - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Medicaid - Does Diagnosis Code Rule Apply?	Medicaid - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Medicaid - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedures and Services
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
11971	Removal of tissue expander(s) without insertion of prosthesis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Yes	19,22	11, 24	No; Site of Service Rule Applies			Cosmetic and reconstructive surgery
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Yes	19,22	11, 24	No; Site of Service Rule Applies			Cosmetic and reconstructive surgery
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment

15750	Flap; neurovascular pedicle	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
15757	Free skin flap with microvascular anastomosis	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
15758	Free fascial flap with microvascular anastomosis	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15781	Dermabrasion; segmental, face	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15782	Dermabrasion; regional, other than face	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15788	Chemical peel, facial; epidermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15789	Chemical peel, facial; dermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15792	Chemical peel, nonfacial; epidermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15793	Chemical peel, nonfacial; dermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15820	Blepharoplasty, lower eyelid	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15822	Blepharoplasty, upper eyelid	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15877	Suction assisted lipectomy; trunk	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
19300	Removal of Breast Tissue	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Gynecomastia Surgery

19303	Mastectomy, simple, complete	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1, F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</p>	Gender dysphoria treatment
19304	Mastectomy, subcutaneous	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1, F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</p>	Gender dysphoria treatment

19316	Mastopexy	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19318	Reduction mammoplasty	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -

19324	Mammoplasty, augmentation; without prosthetic implant	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19325	Mammoplasty, augmentation; with prosthetic implant	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -

19328	Removal of intact mammary implant	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19330	Removal of mammary implant material	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -

19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction(covered for postmastectomy reconstruction)	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -

19350	Nipple/areola reconstruction	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -



19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19364	Breast reconstruction with free flap	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -

19366	Breast reconstruction with other technique	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -

19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	No	Diagnosis Code Rule Applies		Yes		Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1	Breast reconstruction (non-mastectomy) -
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	No	Diagnosis Code Rule Applies		Yes		Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1	Breast reconstruction (non-mastectomy) -

19370	Open periprosthetic capsulotomy, breast	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy) -
19371	Periprosthetic capsulectomy, breast	No	Diagnosis Code Rule Applies		Yes		<p>Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</p>	Breast reconstruction (non-mastectomy)

19380	Revision of reconstructed breast (only after a mastectomy)	No	Diagnosis Code Rule Applies		Yes		Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1	Breast reconstruction (non-mastectomy)
19396	Preparation of moulage for custom breast implant	No	Diagnosis Code Rule Applies		Yes		Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1	Breast reconstruction (non-mastectomy)
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Miscellaneous
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
20975	Electrical stimulation to aid bone healing; invasive (operative)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone growth stimulator
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone growth stimulator
21110	INTERDENTAL FIXATION	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Oral Surgery
21121	Genioplasty; sliding osteotomy, single piece	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment

21125	Augmentation, mandibular body or angle; prosthetic material	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21137	Reduction forehead; contouring only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery

21182	Reconstruction of orbital walls, rims, forehead, nasoeethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21183	Reconstruction of orbital walls, rims, forehead, nasoeethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21184	Reconstruction of orbital walls, rims, forehead, nasoeethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21198	Osteotomy, mandible, segmental;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21199	Osteotomy, mandible, segmental; with genioglossus advancement	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21209	Osteoplasty, facial bones; reduction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21215	Graft, bone; mandible (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic Surgery
21242	Arthroplasty, temporomandibular joint, with allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic Surgery
21243	RECONSTRUCTION OF JAW JOINT	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Oral Surgery
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic Surgery
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic Surgery
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic Surgery
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic Surgery

21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Orthognathic Surgery
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Orthognathic Surgery
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Orthognathic Surgery
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21270	AUGMENTATION CHEEK BONE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Orthognathic Surgery
21275	Secondary revision of orbitocraniofacial reconstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21280	Medial canthopexy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21282	Lateral canthopexy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Orthognathic Surgery
21299	Unlisted craniofacial and maxillofacial procedure	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Orthognathic Surgery
21320	Closed treatment of nasal bone fracture; with stabilization	Yes	19,22	11, 24	No; Site of Service Rule Applies		Ear, nose and throat (ENT) procedures
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Yes	19,22	11, 24	No; Site of Service Rule Applies		Cosmetic and reconstructive surgery
21685	Hyoid myotomy and suspension	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21740	Reconstructive repair of pectus excavatum or carinatum; open	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive surgery
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal surgery



22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22899	Unlisted procedure, spine	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24360	Arthroplasty, elbow; with membrane (eg, fascial)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27125	Hemiarthroplasty, hip partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement), with or without autograft or allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27132	Revision of previous hip surgery to total hip arthroplasty, both components with or without allograft or autograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27412	Autologous chondrocyte implantation, knee	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
28344	Reconstruction, toe(s); polydactyly	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants

29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29916	Arthroscopy, hip, surgical; with labral repair	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
30140	Submucous resection inferior turbinate, partial or complete, any method	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30420	Rhinoplasty, primary; including major septal repair	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus Surgery (FESS)
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus Surgery (FESS)
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus Surgery (FESS)
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)

31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32851	Lung transplant, single; without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32852	Lung transplant, single; with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33928	Removal and replacement of total replacement heart system (artificial heart)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart/lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart/lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33940	Donor cardiectomy (including cold preservation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33945	Heart transplant, with or without recipient cardiectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow

33976	Insertion of ventricular assist device; extracorporeal, biventricular	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33977	REMOVE VENTRICULAR DEVICE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33978	REMOVE VENTRICULAR DEVICE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33980	REMOVE INTRACORPOREAL DEVICE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33991	INSERT VAD ART&VEIN ACCESS	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33993	REPOSITION VAD DIFF SESSION	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
36465	NJX NONCMPND SCLRSNT 1 VEIN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36466	NJX NONCMPND SCLRSNT MLT VN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
36470	NJX SCLRSNT 1 INCMPTNT VEIN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36471	NJX SCLRSNT MLT INCMPTNT VN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated (New Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (Lisa separately in addition to code for primary procedure) (New Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment

36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (Revised Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (Revised Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36514	Therapeutic apheresis; for plasma pheresis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
37500	ENDOSCOPY LIGATE PERF VEINS	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities

37718	Ligation, division, and stripping, short saphenous vein	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
37735	REMOVAL OF LEG VEINS/LESION	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37760	LIGATE LEG VEINS RADICAL	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37761	LIGATE LEG VEINS OPEN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37765	STAB PHLEB VEINS XTR 10-20	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37766	PHLEB VEINS - EXTREM 20+	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
37785	LIGATE/DIVIDE/EXCISE VEIN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37788	Penile revascularization, artery, with or without vein graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
37790	Penile venous occlusive procedure	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
37799	Vascular surgery procedure NEC	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if code submitted with these diagnosis codes ONLY: C81.00-C88.9 and C91.00-C91.02 If submitted with other diagnosis codes, then does not require a PA.		Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38232	Bone marrow harvesting for transplantation; autologous	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone marrow harvest Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone marrow harvest Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38242	Allogeneic lymphocyte infusions	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone marrow harvest Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38999	Unlisted procedure, hemic or lymphatic system	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if code submitted with these diagnosis codes ONLY: C81.00-C88.9 and C91.00-C91.02 If submitted with other diagnosis codes, then does not require a PA.		Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
41599	Unlisted procedure, tongue, floor of mouth	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea
42821	Tonsillectomy and adenoidectomy; age 12 or over	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Tonsillectomy and adenectomy
42825	Tonsillectomy, primary or secondary; younger than age 12	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Tonsillectomy and adenectomy
42826	Tonsillectomy, primary or secondary; age 12 or over	Yes	19,22	11, 24	No; Site of Service Rule Applies			Tonsillectomy and adenectomy



42830	Adenoidectomy, primary; younger than age 12	Yes	19,22	11, 24	No; Site of Service Rule Applies			Tonsillectomy and adenectomy
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies			Upper and lower gastrointestinal endoscopy
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Yes	19,22	11, 24	No; Site of Service Rule Applies			Upper and lower gastrointestinal endoscopy
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Yes	19,22	11, 24	No; Site of Service Rule Applies			Upper and lower gastrointestinal endoscopy
43283	LAP ESOPH LENGTHENING	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric Surgery
43338	ESOPH LENGTHENING	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric Surgery
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43659	Unlisted laparoscopy procedure, stomach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) new code effective date 01/01/2010	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Intestine Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Intestine Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

44135	Intestinal allotransplantation; from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Intestine Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44136	Intestinal allotransplantation; from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Transplant Services related to transplants Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44137	Removal of transplanted intestinal allograft, complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gastroenterology
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
45380	Colonoscopy, flexible; with biopsy, single or multiple	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
47000	Biopsy of liver, needle; percutaneous	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Liver biopsy
47133	Donor hepatectomy (including cold preservation), from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Liver Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Liver Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation Request for transplant or transplant-related services prior to pre-treatment or evaluation
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Liver Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Pancreas Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Pancreas Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
48554	Transplantation of pancreatic allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Pancreas Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
49505	Repair initial inguinal hernia, age 5 years or older; reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair

49585	Repair umbilical hernia, age 5 years or older; reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49650	Laparoscopy, surgical; repair initial inguinal hernia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50320	Donor nephrectomy (including cold preservation); open, from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation Request for transplant or transplant-related services prior to pre-treatment or evaluation
50340	Recipient nephrectomy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50370	Removal of transplanted renal allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

50380	Renal autotransplantation, reimplantation of kidney	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50590	Lithotripsy, extracorporeal shock wave	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52000	Cystourethroscopy (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52204	Cystourethroscopy, with biopsy(s)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
53430	Urethroplasty, reconstruction of female urethra	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment

54125	Amputation of penis; complete	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54401	Insertion of penile prosthesis; inflatable (self-contained)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Erectile dysfunction
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
54660	Insertion of testicular prosthesis (separate procedure)	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
54690	Laparoscopy, surgical; orchiectomy	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
55040	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
55175	Scrotoplasty; simple	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
55180	Scrotoplasty; complicated	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures

55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Experimental and investigational
55870	Electroejaculation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
55970	Intersex surgery; male to female	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Gender dysphoria treatment
55980	Intersex surgery; female to male	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Gender dysphoria treatment
56625	Vulvectomy simple; complete	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
56800	Plastic repair of introitus	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
56805	Clitoroplasty for intersex state	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
57110	Vaginectomy, complete removal of vaginal wall	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes	Urologic procedures
57335	Vaginoplasty for intersex state	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes	Gynecologic procedures
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Hysterectomy – inpatient and outpatient procedures
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Hysterectomy – inpatient and outpatient procedures
58260	Vaginal hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Hysterectomy – inpatient only Vaginal hysterectomies
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
58290	Vaginal hysterectomy, for uterus greater than 250 g;	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment

58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
58940	Oophorectomy, partial or total, unilateral or bilateral;	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment



61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Potentially unproven services (including experimental/investigational)
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Potentially unproven services (including experimental/investigational)
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Potentially unproven services (including experimental/investigational)
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Potentially unproven services (including experimental/investigational)
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Potentially unproven services (including experimental/investigational)
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal cord stimulators Spinal cord stimulators when implanted for pain management
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Potentially unproven services (including experimental/investigational)
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Spinal cord stimulators Spinal cord stimulators when implanted for pain management
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Bariatric surgery and specific obesity-related services
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes	Carpal tunnel surgery
64722	Decompression; unspecified nerve(s) (specify)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes	Potentially unproven services (including experimental/investigational)
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	No	Diagnosis Code Rule Applies		Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment

64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	No	Diagnosis Code Rule Applies			Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	No	Diagnosis Code Rule Applies			Yes	Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA.		Gender dysphoria treatment
64999	Nervous system surgery NEC	No	Requires a PA for all sites of service			No	Prior Authorization required for all Diagnosis Codes		Unlisted code- on tech grid in multiple places, usually electrical stimulation
65426	Excision or transposition of pterygium; with graft	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) Revised	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
65765	Keratophakia	No	Requires a PA for all sites of service			No	Prior Authorization required for all Diagnosis Codes		Experimental and investigational
65767	Epikeratoplasty	No	Requires a PA for all sites of service			No	Prior Authorization required for all Diagnosis Codes		Experimental and investigational
65855	Trabeculoplasty by laser surgery	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
66170	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	No	Requires a PA for all sites of service			No	Prior Authorization required for all Diagnosis Codes		Experimental and investigational
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cataract surgery
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cataract surgery
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cataract surgery
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67036	Vitrectomy, mechanical, pars plana approach;	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	Yes	19,22	11, 24		No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic

67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67908	Repair of blepharoptosis; conjunctive-tarso-Müller's muscle-levator resection (eg, Fasanella-Servet type)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67909	Reduction of overcorrection of ptosis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67911	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67914	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67915	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67916	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67921	Repair of entropion; suture	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67922	Repair of entropion; thermocauterization	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67923	Repair of entropion; excision tarsal wedge	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67950	Canthoplasty (reconstruction of canthus)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures

69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69930	Cochlear device implantation, with or without mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510 bp, exon 8-9 del 7.1kb)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185 delAG, 538SinsC, 6174delT variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510 bp, exon 8-9 del 7.1kb)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
90283	Immune globulin (IgIV), human, for intravenous use	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Immune globulin Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly

90284	Immune globulin (SCig), human, for use in subcutaneous infusions, 100 mg, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Immune globulin Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Injectable medications
93228	REMOTE 30 DAY ECG REV/REPORT	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ambulatory ECG
93229	REMOTE 30 DAY ECG TECH SUPP	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ambulatory ECG
93750	INTERROGATION VAD IN PERSON	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95800	SLP STDY UNATTENDED	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Obstructive Sleep Apnea Diagnosis and Treatment
95801	SLP STDY UNATND W/ANAL	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Obstructive Sleep Apnea Diagnosis and Treatment
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95806	SLEEP STUDY UNATT&RESP EFFT	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Obstructive Sleep Apnea Diagnosis and Treatment
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/investigational)
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services

95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96116	NEUROBEHAVIORAL STATUS EXAM	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96118	NEUROPSYCH TST BY PSYCH/PHYS	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96119	NEUROPSYCH TESTING BY TEC	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96120	NEUROPSYCH TST ADMIN W/COMP	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
99500	Home visit, prenatal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99501	Home visit, postnatal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99502	Home visit, nb care	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99503	Home visit, resp therapy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99504	Home visit mech ventilator	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99505	Home visit, stoma care	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99506	Home visit, im injection	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99507	Home visit, cath maintain	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99509	Home visit day life activity	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99510	Home visit, sing/m/fam couns	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99511	Home visit, fecal/enema mgmt	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99512	Home visit, hemodialysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99600	Home visit nos	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99602	Home infusion/specialty drug administration each additional hour	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare