



Mercy Care has eliminated prior authorization for approximately 1,300 service codes that currently require prior authorization. We hope this will make caring for our members easier for you. To find additional codes grids for services that will continue to require authorization please visit www.MercyCareAZ.org > For Providers.

Dental benefits are administered by DentaQuest. Please contact DentaQuest for benefit requirements.

Code	Description	Variance Detail
0001F	HRT FAILURE ASSESSED	This specific code is for reporting purposes only.
0001M	INFECTIOUS DIS HCV 6 ASSAYS SERUM LIVER	
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH	
0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	
0005F	OSTEOARTHRITIS COMPOSITE	This specific code is for reporting purposes only.
0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	
0006U	RX MONITORING 120+ DRUGS AND SUBSTANCES	
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	
0007U	RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	
0008U	HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA	
0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	
0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	
0011M	ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG	
0011U	RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	
0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT	This specific code is for reporting purposes only.
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	
0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	
0014F	COMP PREOP ASSESS CATARACT SURG W/IOL PLACEMNT	This specific code is for reporting purposes only.
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW	
0015F	MELANOMA FOLLOW UP COMPLETED	This specific code is for reporting purposes only.
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	
0018U	ONC THYR 10 MICRORNA SEQ +/- RSLT MOD HI RSK MAL	
0019U	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	
0020U	RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	
0021U	ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA&RNA 23 GENES	
0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	
0024U	GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	
0025U	TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	
0026U	ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS	
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	
0028U	CYP2D6 GENE COPY NUMBER CMN VRNTS TRGT SEQ ALYS	
0029U	RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS	
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	
0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	
0032U	COMT GENE ANALYSIS C.472GGT A VARIANT	

0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	This specific code is not open for payment as there is another code that should be used.
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	
0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	
0051U	RX MNTR DRUGS PRESENT LC-MS/MS UR 31 DRUG PANEL	
0052U	LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENRFUGTN	
0053U	ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC ALG	
0054U	RX MNTR 14+ CLASS DRUGS & SBSTS CAPILLARY BLOOD	
0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	
0056U	HEM AML DNA GENE REARRANGEMENT BLOOD/BONE MARROW	
0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML % RANK	
0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	
0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD +/-	
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	
0061U	TC MEAS 5 BIOMARKERS W/SFDI MULTI-SPECTRAL ALYS	
0071T	US ABLATJ UTERINE LEIOMYOMATA LT 200 CC TISSUE	This specific code is not open for payment as there is another code that should be used.
0075T	TCAT PLMT XTRC VRT CRTD STENT RS&I PRQ 1ST VSL	This specific code is not open for payment as there is another code that should be used.
0076T	TCAT PLMT XTRC VRT CRTD STENT RS&IPRQ EA VSL	This specific code is not open for payment as there is another code that should be used.
0085T	BREATH TEST HEART TRANSPLANT REJECTION	This specific code is not open for payment as there is another code that should be used.
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
0100T	PLMT SCJNCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA	This specific code is not open for payment as there is another code that should be used.
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	This specific code is not open for payment as there is another code that should be used.
0102T	EXTRCRPL SHOCK WAVE W/ANES LAT HUMERL EPICONDYLE	This specific code is not open for payment as there is another code that should be used.
0106T	QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI	This specific code is not open for payment as there is another code that should be used.
0107T	QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI	This specific code is not open for payment as there is another code that should be used.
0108T	QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI	This specific code is not open for payment as there is another code that should be used.

0109T	QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI	This specific code is not open for payment as there is another code that should be used.
0110T	QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI	This specific code is not open for payment as there is another code that should be used.
0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS	This specific code is not open for payment as there is another code that should be used.
0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY	This specific code is not open for payment as there is another code that should be used.
0159T	COMPUTER AIDED DETECTION BREAST MRI	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0174T	CAD CHEST RADIOGRAPH CONCURRENT W/INTERPRETATION	This specific code is not open for payment as there is another code that should be used.
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ	This specific code is not open for payment as there is another code that should be used.
0188T	VIDEOCONFERENCED CRITICAL CARE FIRST 30-74 MIN	This specific code is not open for payment as there is another code that should be used.
0189T	VIDEOCONFERENCED CRITICAL CARE EA ADDL 30 MIN	This specific code is not open for payment as there is another code that should be used.
0195T	ARTHRODESIS PRESACRAL INTRBDY W/O INSTRUM L5/S1	This specific code is not open for payment as there is another code that should be used.
0196T	ARTHRODESIS PRESACRAL INTRBDY W/O INSTRUM L4/L5	This specific code is not open for payment as there is another code that should be used.
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/I&R	This specific code is not open for payment as there is another code that should be used.
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
0200T	PERQ SAC AGMNTJ UNI W/WO BALO/MCHNL DEV 1/GT NDL	This specific code is not open for payment as there is another code that should be used.
0201T	PERQ SAC AGMNTJ BI W/WO BALO/MCHNL DEV 2/GT NDLS	This specific code is not open for payment as there is another code that should be used.
0202T	POST VERT ARTHRPLSTY W/WO BONE CEMENT 1 LUMB LVL	This specific code is not open for payment as there is another code that should be used.
0205T	IV CATH CORONARY VESSEL/GRAFT SPECTROSCOPY EA VSL	This specific code is not open for payment as there is another code that should be used.
0206T	CPTR DBS ALYS MLT CYCLS CAR ELEC DTA 2/GT ECG LDS	This specific code is not open for payment as there is another code that should be used.
0207T	EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI	This specific code is not open for payment as there is another code that should be used.
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	This specific code is not open for payment as there is another code that should be used.
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR & BONE	This specific code is not open for payment as there is another code that should be used.

0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	This specific code is not open for payment as there is another code that should be used.
0211T	SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION	This specific code is not open for payment as there is another code that should be used.
0212T	COMPRE AUDIOM THRESHOLD EVAL & SPEECH RECOG	This specific code is not open for payment as there is another code that should be used.
0213T	NJX DX/THER PARAVERT FCT JT W/US CER/THOR 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0214T	NJX DX/THER PARAVERT FCT JT W/US CER/THOR 2ND LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0215T	NJX PARAVERTBRL FACET JT W/US CER/THOR 3RD> LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0216T	NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0217T	NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC LVL 2	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0218T	NJX PARAVERTBRL FCT JT W/US LUMB/SAC 3RD> LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG & GRFT CERV	This specific code is not open for payment as there is another code that should be used.
0220T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT THOR	This specific code is not open for payment as there is another code that should be used.
0221T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT LUMB	This specific code is not open for payment as there is another code that should be used.
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	This specific code is not open for payment as there is another code that should be used.
0228T	NJX ANES/STEROID TFRML EDRL W/US CER/THOR 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0229T	NJX ANES/STERD TFRML EDRL W/US CER/THOR EA ADDL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

0230T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0231T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	This specific code is not open for payment as there is another code that should be used.
0269T	REV/REMLV CARTD SINS BARREFLX ACT DEV TOT SYSTEM	This specific code is not open for payment as there is another code that should be used.
0270T	REV/REMLV CARTD SINS BARREFLX ACT DEV LEAD ONLY	This specific code is not open for payment as there is another code that should be used.
0271T	REV/REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	This specific code is not open for payment as there is another code that should be used.
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W/I&R	This specific code is not open for payment as there is another code that should be used.
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W/PRGRM	This specific code is not open for payment as there is another code that should be used.
0274T	PERC LAMINO-/LAMINECTOMY IMAGE GUIDE CERV/THORAC	This specific code is not open for payment as there is another code that should be used.
0275T	PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR	This specific code is not open for payment as there is another code that should be used.
0290T	CORNEA INCISNS RECIPIENT CORNEA W/LASR KERTPLSTY	This specific code is not open for payment as there is another code that should be used.
0355T	GI TRACT IMAGING INTRALUMINAL COLON WITH I&R	This specific code is not open for payment as there is another code that should be used.
0470T	OCT SKN IMG ACQUISJ I&R 1ST LES	This specific code is not open for payment as there is another code that should be used.
0471T	OCT SKN IMG ACQUISJ I&R EA ADDL LES	This specific code is not open for payment as there is another code that should be used.
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W/ADJ & REPR	This specific code is not open for payment as there is another code that should be used.
0482T	ABSOLUTE QUAN MYOCARD BLD FLO PET STRESS & REST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0500F	INITIAL PRENATAL CARE VISIT	This specific code is for reporting purposes only.
0501F	PRENATAL FLOW SHEET	This specific code is for reporting purposes only.
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0502F	SUBSEQUENT PRENATAL CARE VISIT	This specific code is for reporting purposes only.

0502T	COR FFR DERIVED CTA DATA PREP & TRANSMIS	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0503F	POSTPARTUM CARE VISIT	This specific code is for reporting purposes only.
0503T	COR FFR CTA DATA ALYS & GNRJ ESTIMATED FFR MODEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0504T	COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
0507F	PERITONEAL DIALYSIS PLAN DOCUMENTED	This specific code is for reporting purposes only.
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
0513F	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
0514F	PLAN/CARE INCRSD HGB LVL DOCD PT ON ESA THXPY	This specific code is for reporting purposes only.
0516F	ANEMIA PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
0517F	GLAUCOMA PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
0518F	FALLS PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
0519F	PLANNED CHEMO REGIMEN DOCD PRIOR START NEW TX	This specific code is for reporting purposes only.
0520F	RAD DOSE LIMITS EST PRIOR3D RAD FOR MIN 2 TIS/ORG	This specific code is for reporting purposes only.
0521F	PLAN OF CARE TO ADDRESS PAIN DOCUMENTED	This specific code is for reporting purposes only.
0525F	INITIAL VISIT FOR EPISODE	This specific code is for reporting purposes only.
0526F	SUBSEQUENT VISIT FOR EPISODE	This specific code is for reporting purposes only.
0528F	RCMND FLLW-UP 2ND CLNSCPY 10/GT YRS DOCD RPRT	This specific code is for reporting purposes only.
0529F	INTRVL 3/GT YRS PTS LAST COLONOSCOPY DOCD	This specific code is for reporting purposes only.
0535F	DYSYPNEA MANAGEMENT PLAN DOCUMENTED	This specific code is for reporting purposes only.
0540F	GLUCORTICOID MANAGEMENT PLAN DOCUMENTED	This specific code is for reporting purposes only.
0545F	PLAN FOR FOLLOW-UP CARE FOR MDD DOCD	This specific code is for reporting purposes only.
0550F	CYTOPATH REPORT ON NONGYN SPECIMEN 2 WKNG DAYS	This specific code is for reporting purposes only.
0551F	CYTOPATH REPORT NONGYN SPCMN DOCD NON-ROUTINE	This specific code is for reporting purposes only.
0575F	HIV RNA CONTROL PLAN OF CARE DOCD	This specific code is for reporting purposes only.
1000F	TOBACCO USE ASSESSED	This specific code is for reporting purposes only.
1002F	ANGINAL SYMPTOMS & LEVEL ACTIVITY ASSESSED	This specific code is for reporting purposes only.
1003F	LEVEL ACTIVITY ASSESSED	This specific code is for reporting purposes only.
10040	ACNE SURGERY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
1004F	CLINICAL SYMPTOMS VOL OVERLOAD ASSESSED	This specific code is for reporting purposes only.
1005F	ASTHMA SYMPTOMS EVALUATED	This specific code is for reporting purposes only.
1006F	OSTEOARTHRITIS SYMPTOMS&FUNCJAL STATUS ASSES	This specific code is for reporting purposes only.
1007F	ANTI-INFLAMMATORY/ANALGESIC SYMPTOM RELIEF ASSES	This specific code is for reporting purposes only.
1008F	GI&RENAL PRESCRIBED/OTC NSAID RISK FACTORS ASSES	This specific code is for reporting purposes only.
1015F	COPD SYMPTOMS ASSESSED/TOOL COMPLETED	This specific code is for reporting purposes only.

1018F	DYSPNEA ASSESSED NOT PRESENT	This specific code is for reporting purposes only.
1019F	DYSPNEA ASSESSED PRESENT	This specific code is for reporting purposes only.
1022F	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED	This specific code is for reporting purposes only.
1026F	CO-MORBID CONDITIONS ASSESSED	This specific code is for reporting purposes only.
1030F	INFLUENZA IMMUNIZATION STATUS ASSESSED	This specific code is for reporting purposes only.
1034F	CURRENT TOBACCO SMOKER	This specific code is for reporting purposes only.
1035F	CURRENT SMOKELESS TOBACCO USER	This specific code is for reporting purposes only.
1036F	CURRENT TOBACCO NON-USER CAD CAP COPD PV DM	This specific code is for reporting purposes only.
1038F	PERSISTENT ASTHMA MILD MODERATE OR SEVERE ASTHMA	This specific code is for reporting purposes only.
1039F	INTERMITTENT ASTHMA	This specific code is for reporting purposes only.
1040F	DSM-5 CRITERIA MDD DOCD AT THE INITIAL EVAL	This specific code is for reporting purposes only.
1050F	HISTORY NEW OR CHANGING MOLES	This specific code is for reporting purposes only.
1055F	VISUAL FUNCTIONAL STATUS ASSESSED	This specific code is for reporting purposes only.
1060F	DOC PERM/PERSISTENT/PAROXYSMAL ATRIAL FIB	This specific code is for reporting purposes only.
1061F	DOC ABSENCE PERM&PERSISTENT&PAROXYSM ATRIAL FIB	This specific code is for reporting purposes only.
1065F	ISCHEMIC STROKE SYMP ONSET LT 3 HRS PRIOR ARRIVAL	This specific code is for reporting purposes only.
1066F	ISCHEMIC STROKE SYMP ONSET GT /EQU 3 HRS PRIOR ARRIVA	This specific code is for reporting purposes only.
1070F	ALARM SYMPTOMS ASSESSED NONE PRESENT	This specific code is for reporting purposes only.
1090F	PRESENCE/ABSENCE URINARY INCONTINENCE ASSESSED	This specific code is for reporting purposes only.
1091F	URINE INCONTINENCE CHARACTERIZED	This specific code is for reporting purposes only.
1100F	PT FALLS ASSESS DOCD 2/GT FALLS/FALL W/INJURY/YR	This specific code is for reporting purposes only.
1101F	PT FALLS ASSESS DOCD W/O FALL/INJURY PAST YEAR	This specific code is for reporting purposes only.
1110F	PT DISCHARGE INPT FACILITY WITHIN LAST 60 DAYS	This specific code is for reporting purposes only.
1111F	DISCHRG MEDS RECONCILED W/CURRENT MED LIST	This specific code is for reporting purposes only.
1116F	AURICULAR/PERIAURICULAR PAIN ASSESSED	This specific code is for reporting purposes only.
1118F	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS THERAPY	This specific code is for reporting purposes only.
1119F	INITIAL EVALUATION FOR CONDITION	This specific code is for reporting purposes only.
1121F	SUBSEQUENT EVALUATION CONDITION	This specific code is for reporting purposes only.
1123F	ADV CARE PLN TLKD & ALT DCSN MAKER DOCD	This specific code is for reporting purposes only.
1124F	ADV CARE PLN/ NO ALT DCSN MKR DOCD OR REFUSAL	This specific code is for reporting purposes only.
1125F	PAIN SEVERITY QUANTIFIED PAIN PRESENT	This specific code is for reporting purposes only.
1126F	PAIN SEVERITY QUANTIFIED NO PAIN PRESENT	This specific code is for reporting purposes only.
1130F	BK PAIN & FXN ASSESSED CERTAIN ASPECTS OF CARE	This specific code is for reporting purposes only.
1134F	EPISODE BACK PAIN LASTING SIX WEEKS/LT	This specific code is for reporting purposes only.
1135F	EPISODE BACK PAIN LASTING GT SIX WEEKS	This specific code is for reporting purposes only.
1136F	EPISODE BACK PAIN LASTING 12 WEEKS/LT	This specific code is for reporting purposes only.
1137F	EPISODE BACK PAIN LASTING GT 12 WKS	This specific code is for reporting purposes only.
1150F	DOC PT W/SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	This specific code is for reporting purposes only.
1151F	DOC PT W/O SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	This specific code is for reporting purposes only.
1152F	DOC ADVANCED DISEASE DX CARE GOALS COMFORT	This specific code is for reporting purposes only.
1153F	DOC ADVANCED DISEASE DX CARE GOALS W/O COMFORT	This specific code is for reporting purposes only.
1157F	ADVNC CARE PLAN OR EQV LGL DOC IN MED RCRD	This specific code is for reporting purposes only.
1158F	ADVNC CARE PLANNING TLK DOCD IN MED RCRD	This specific code is for reporting purposes only.
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	This specific code is for reporting purposes only.
1160F	RVW ALL MEDS BY RXNG PRCTIONR OR CLIN RPH DOCD	This specific code is for reporting purposes only.
1170F	FUNCTIONAL STATUS ASSESSED	This specific code is for reporting purposes only.
1180F	THROMBOEMBOLIC RISK ASSESSED	This specific code is for reporting purposes only.

11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/LT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11954	SUBCUTANEOUS INJECTION FILLING MATRL GT 10.0 CC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
1200F	SEIZURE TYPE FREQUENCY DOCUMENTED	This specific code is for reporting purposes only.
1205F	ETIOLOGY OF EPILEPSY SYNDROME RVWD & DOCD	This specific code is for reporting purposes only.
1220F	PATIENT SCREENED DEPRESSION	This specific code is for reporting purposes only.
1400F	PARKINSON DISEASE DIAGNOSIS REVIEWED	This specific code is for reporting purposes only.
1491F	DEMENCIA SEVERITY CLASSIFIED MODERATE	This specific code is for reporting purposes only.
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15776	PUNCH GRAFT HAIR TRANSPLANT GT 15 PUNCH GRAFTS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15780	DERMABRASION TOTAL FACE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15781	DERMABRASION SEGMENTAL FACE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15782	DERMABRASION REGIONAL OTHER THAN FACE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

15783	DERMABRASION SUPERFICIAL ANY SITE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15786	ABRASION 1 LESION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15819	CERVICOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15820	BLEPHAROPLASTY LOWER EYELID	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15822	BLEPHAROPLASTY UPPER EYELID	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15824	RHYTIDECTOMY FOREHEAD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15828	RHYTIDECTOMY CHEEK CHIN & NECK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

15829	RHYTIDECTOMY SMAS FLAP	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15837	EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15877	SUCTION ASSISTED LIPECTOMY TRUNK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
17360	CHEMICAL EXFOLIATION ACNE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
19324	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
2000F	BLOOD PRESSURE MEASURED	This specific code is for reporting purposes only.
2002F	CLINICAL SIGNS VOLUME OVERLOAD ASSESSED	This specific code is for reporting purposes only.
2004F	INITIAL EXAMINATION INVOLVED JOINTS	This specific code is for reporting purposes only.
2010F	VITAL SIGNS RECORDED	This specific code is for reporting purposes only.
2014F	MENTAL STATUS ASSESSED	This specific code is for reporting purposes only.
2018F	HYDRATION STATUS ASSESSED	This specific code is for reporting purposes only.
2019F	DILATED MACULAR EXAM PERFORMED	This specific code is for reporting purposes only.
2020F	DILATED FUNDUS EVALUATION PERFORMED	This specific code is for reporting purposes only.
2021F	DILATED MACULAR OR FUNDUS EXAM PERFORMED	This specific code is for reporting purposes only.
2022F	DILAT RETINAL EYE EXAM W/INTERP OPHTHAL/OPTOM	This specific code is for reporting purposes only.
2024F	7 STANDARD FIELD STEREOSCOPIC PHOTOS W/INTERPJ	This specific code is for reporting purposes only.
2026F	EYE IMAGING VALIDATED MATCH PHOTOS DIAGNOSIS	This specific code is for reporting purposes only.
2027F	OPTIC NERVE HEAD EVALUATION PERFORMED	This specific code is for reporting purposes only.
2028F	FOOT EXAMINATION PERFORMED	This specific code is for reporting purposes only.
2029F	COMPLETE PHYSICAL SKIN EXAM PERFORMED	This specific code is for reporting purposes only.
2030F	HYDRATION STATUS DOCD NORMALLY HYDRATED	This specific code is for reporting purposes only.
2031F	HYDRATION STATUS DOCUMENTED DEHYDRATED	This specific code is for reporting purposes only.
2035F	TYMPANIC MEMBRANE MOBILITY ASSESS	This specific code is for reporting purposes only.
2040F	PHYS EXAM ON DATE OF INIT VST FOR LBP DONE	This specific code is for reporting purposes only.
2044F	DOC MNTL HLTH ASSES PRIOR INTVN BACK PAIN 6WKS	This specific code is for reporting purposes only.
2050F	WOUND CHARACTERISTICS DOCD PRIOR DEBRIDEMENT	This specific code is for reporting purposes only.
2060F	PT INTRVWD BY EVAL CLINICIAN LT /DATE DIAG MDD	This specific code is for reporting purposes only.
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	This specific code is not open for payment as there is another code that should be used.

22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	This specific code is not open for payment as there is another code that should be used.
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	This specific code is not open for payment as there is another code that should be used.
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
3006F	CHEST X-RAY RESULTS DOCUMENTED & REVIEWED	This specific code is for reporting purposes only.
3008F	BODY MASS INDEX DOCUMENTED	This specific code is for reporting purposes only.
3011F	LIPID PANEL RESULTS DOCUMENTED & REVIEWED	This specific code is for reporting purposes only.
3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV	This specific code is for reporting purposes only.
3015F	CERVICAL CANCER SCREENING RESULTS DOCD & RVWD	This specific code is for reporting purposes only.
3017F	COLORECTAL CANCER SCREENING RESULTS DOC&REV	This specific code is for reporting purposes only.
3018F	PRE-PRX RISK ASSESS DEPTH&QUAL BOWEL PREP	This specific code is for reporting purposes only.
3020F	LEFT VENTRICULAR FUNCTION ASSESSMENT DOCUMENTED	This specific code is for reporting purposes only.
3021F	LEFT VENTRICULAR EJECTION FRACTION LT 40PCT	This specific code is not open for payment as there is another code that should be used.
3022F	LEFT VENTRICULAR EJECTION FRACTION GT /EQUAL 40PCT	This specific code is for reporting purposes only.
3023F	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED	This specific code is for reporting purposes only.
3025F	SPIROMETRY TEST RESULTS FEV/FVC LT 70PCT W/COPD	This specific code is for reporting purposes only.
3027F	SPIROMETRY TEST RESULTS FEV/FVC GT /EQU 70PCT W/O COPD	This specific code is for reporting purposes only.

3028F	OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWE	This specific code is for reporting purposes only.
3035F	OXYGEN SATUR LT /EQUAL 88PCT /PAO2 LT /EQUAL 55 MM	This specific code is for reporting purposes only.
3037F	OXYGEN SATURATION GT 88PCT /PAO2 GT 55 MM HG	This specific code is for reporting purposes only.
3038F	PULMONARY FUNC TEST WITHIN 12 MON PRIOR SURG	This specific code is for reporting purposes only.
3040F	FUNCTIONAL EXPIRATORY VOLUME LT 40PCT	This specific code is for reporting purposes only.
3042F	FUNCTJL EXPIR VOLUME GT /EQUAL 40PCT PREDICTED VALUE	This specific code is for reporting purposes only.
3044F	MOST RECENT HEMOGLOBIN A1C LEVEL LT 7.0PCT	This specific code is for reporting purposes only.
3045F	MOST RECENT HEMOGLOBIN A1C LEVEL GT 7.0-9.0 PCT	This specific code is for reporting purposes only.
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL GT 9.0PCT	This specific code is for reporting purposes only.
3048F	MOST RECENT LDL-C LT 100 MG/DL	This specific code is for reporting purposes only.
3049F	MOST RECENT LDL-C 100-129 MG/DL	This specific code is for reporting purposes only.
3050F	MOST RECENT LDL-C GT /EQUAL 130 MG/DL	This specific code is for reporting purposes only.
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOC&REV	This specific code is for reporting purposes only.
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOC&REV	This specific code is for reporting purposes only.
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOC&REV	This specific code is for reporting purposes only.
3066F	DOCUMENTATION OF TREATMENT FOR NEPHROPATHY	This specific code is for reporting purposes only.
3072F	LOW RISK FOR RETINOPATHY	This specific code is for reporting purposes only.
3073F	DOCUMENTED LENGTH CORNEAL POWER & LENS POWER	This specific code is for reporting purposes only.
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE LT 130 MM HG	This specific code is for reporting purposes only.
3075F	MOST RECENT SYSTOLIC BLOOD PRESS 130-139MM HG	This specific code is for reporting purposes only.
3077F	MOST RECENT SYSTOLIC BLOOD PRES GT /EQUAL 140 MM HG	This specific code is for reporting purposes only.
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE LT 80 MM HG	This specific code is for reporting purposes only.
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG	This specific code is for reporting purposes only.
3080F	MOST RECENT DIASTOL BLOOD PRES GT /EQUAL 90 MM HG	This specific code is for reporting purposes only.
3082F	KT/V LT 1.2 (CLEARANCE OF UREA (KT)/VOLUME (V))	This specific code is for reporting purposes only.
3083F	KT/V EQUAL/GT 1.2 & LT 1.7	This specific code is for reporting purposes only.
3084F	KT/V GT /EQU 1.7	This specific code is for reporting purposes only.
3085F	SUICIDE RISK ASSESSED	This specific code is for reporting purposes only.
3088F	MAJOR DEPRESSIVE DISORDER MILD	This specific code is for reporting purposes only.
3089F	MAJOR DEPRESSIVE DISORDER MODERATE	This specific code is for reporting purposes only.
3090F	MDD SEVERE WITHOUT PSYCHOTIC FEATURES	This specific code is for reporting purposes only.
3091F	MAJOR DESPRESV DISORDER SEVERE W/PSYCHOT FEATURE	This specific code is for reporting purposes only.
3092F	MAJOR DEPRESSIVE DISORDER REMISSION	This specific code is for reporting purposes only.
3093F	DOC NEW DIAG DX INIT/RECURRENT EPISODE OF MDD	This specific code is for reporting purposes only.
3095F	CENTRAL DUAL ENERGY ABSORPTIOMETRY DOCD	This specific code is for reporting purposes only.
3096F	CENTRAL DUAL ENERGY ABSORPTIOMETRY ORDERED	This specific code is for reporting purposes only.
3100F	CAROTID IMAGNG REPORT DIR/INDIR MEAS VESSEL DIAM	This specific code is for reporting purposes only.
3110F	CT/MRI HMRHG/MASS LESION/ACUTE INFRC DOC	This specific code is for reporting purposes only.
3111F	CT OR MRI BRAIN DONE W/IN 24 HRS HOSP ARRIVAL	This specific code is for reporting purposes only.
3112F	CT/MRI BRAIN DONE 24 HRS AFTER HOSP ARRIVAL	This specific code is for reporting purposes only.
3120F	12-LEAD ECG PERFORMED	This specific code is for reporting purposes only.
3130F	UPPER GI ENDOSCOPY PERFORMED	This specific code is for reporting purposes only.
3132F	DOC REFERAL FOR UPPER GI ENDOSCOPY	This specific code is for reporting purposes only.
3140F	UPPER GI ENDO REPORT SHOWS POSS BARRETT'S ESOPH	This specific code is for reporting purposes only.
3141F	UPPER GI ENDO REPORT SHOW NO SUSPECT BARRETT'S	This specific code is for reporting purposes only.
3142F	BARIUM SWALLOW TEST ORDERED	This specific code is for reporting purposes only.

3267F	PATH RPRT INCLUDES PT & PN CAT GLEASON	This specific code is for reporting purposes only.
32851	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	
32852	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	
32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	
32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	
3293F	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED	This specific code is for reporting purposes only.
3294F	GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION	This specific code is for reporting purposes only.
3323F	CLIN TUMOR NODE METASTASES STAGE DOCD PRIOR SURG	This specific code is for reporting purposes only.
3324F	MRI CT SCAN ORDERED REVIEWED/REQUESTED	This specific code is for reporting purposes only.
3328F	PERFORMANCE STATUS DOCD RVWD 2 WKS PRIOR SURG	This specific code is for reporting purposes only.
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD	This specific code is for reporting purposes only.
3351F	NEG DEP SYMP CAT USING STAND DEP ASSESS TOOL	This specific code is for reporting purposes only.
3352F	NO SIGNIF DEP SYMP CAT BY STAND DEP ASSESS TOOL	This specific code is for reporting purposes only.
3353F	MILD TO MOD DEP SYMP BY STAND DEP ASSESS TOOL	This specific code is for reporting purposes only.
3354F	CLIN SIGN DEP SYMP BY STAND DEP ASSESS TOOL	This specific code is for reporting purposes only.
3372F	AJCC BREAST CANCER STAGE I T1MIC T1A/T1B	This specific code is for reporting purposes only.
3374F	AJCC BREAST CANCER STAGE I T1C	This specific code is for reporting purposes only.
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	
3394F	QUANT HER2 IHC EVAL OF BRST CANCER ASCO/CAP	This specific code is for reporting purposes only.
3395F	QUANT NON-HER2 IHC EVAL OF BRST CANCER PERFORMED	This specific code is for reporting purposes only.
3496F	CD4+ CELL COUNT EQU GT 500 CELLS/MM	This specific code is for reporting purposes only.
3498F	CD4+ CELL PERCENTAGE GT EQU 15PCT HIV	This specific code is for reporting purposes only.
35683	BYP AUTOG COMPOSIT 3/GT SEG FROM 2/GT LOCATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
3650F	ELECTROENCEPHALOGRAM ORDERED RVWD OR REQ	This specific code is for reporting purposes only.
3700F	PSYCHIATRIC DISORDERS/DISTURBANCES ASSESSED	This specific code is for reporting purposes only.
3720F	COGNITIVE IMPAIRMENT/DYSFUNCTION ASSESSED	This specific code is for reporting purposes only.
4000F	TOBACCO USE CESSATION IVNTJ COUNSELING	This specific code is for reporting purposes only.
4001F	TOBACCO USE CESSATION IVNTJ PHARMACOLOGIC THER	This specific code is for reporting purposes only.
4003F	PT EDUCATION WRITTN/ORAL HRT FAILURE PTS PFRMD	This specific code is for reporting purposes only.
4004F	PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK	This specific code is for reporting purposes only.
4005F	PHARMACOLOGIC OSTEOPOROSIS THERAPY PRESCRIBED	This specific code is for reporting purposes only.
4011F	ORAL ANTIPLATELET THERAPY PRESCRIBED	This specific code is for reporting purposes only.
4012F	WARFARIN THERAPY PRESCRIBED	This specific code is for reporting purposes only.
4014F	DSCHRG INSTRUCTIONS HRT FAILURE XCP PTS 18 YR	This specific code is for reporting purposes only.
4015F	PRSISTENT ASTHMA LONG TERM CTRL MED PRESCRIBED	This specific code is for reporting purposes only.
4016F	ANTI-INFLAMMATORY/ANALGESIC AGT PRESCRIBED	This specific code is for reporting purposes only.
4017F	GI PROPHYLAXIS NSAID USE PRESCRIBED	This specific code is for reporting purposes only.
4018F	THERAPEUTIC EXERCISE INVOLVED JTS INST/PRESCRIBE	This specific code is for reporting purposes only.
4019F	DOCUMENT COUNSELING EXERCISE CALCIUM & VITAMIN	This specific code is for reporting purposes only.
4025F	INHALED BRONCHODILATOR PRESCRIBED	This specific code is for reporting purposes only.

4030F	LONG-TERM OXYGEN THERAPY PRESCRIBED	This specific code is for reporting purposes only.
4033F	PULMONARY REHABILITATION RECOMMENDED	This specific code is for reporting purposes only.
4035F	INFLUENZA IMMUNIZATION RECOMMENDED	This specific code is for reporting purposes only.
4037F	INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED	This specific code is for reporting purposes only.
4040F	PNEUMOCOCCAL VACCINE ADMIN RCVD PRIOR	This specific code is for reporting purposes only.
4041F	DOC ORDER CEFAZOLIN/CEFUROXIME ANTIMICRB PROPHYL	This specific code is for reporting purposes only.
4042F	DOC PROPHY ANTIBIO NOT GIVEN W/IN 4 HR PRIOR SUR	This specific code is for reporting purposes only.
4043F	DOC ORDER DISCONT ANTIBIO W/IN 48 HOURS OF SURG	This specific code is for reporting purposes only.
4044F	DOC ORDER VTE PROPHYL W/IN 24 HRS PRIOR SURG	This specific code is for reporting purposes only.
4045F	APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED	This specific code is for reporting purposes only.
4046F	DOCD ANTIBIO W/IN 4 HRS PRIOR/INTRAOP SURG INCIS	This specific code is for reporting purposes only.
4047F	DOC ORDER ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INC	This specific code is for reporting purposes only.
4048F	DOC ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INCIS	This specific code is for reporting purposes only.
4049F	DOC ORDER GIVEN TO STOP ANTIBIO W/IN 24 HRS SURG	This specific code is for reporting purposes only.
4050F	HYPERTENSION PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
4051F	REFERRED FOR AN ARTERIO-VEIN (AV) FISTULA	This specific code is for reporting purposes only.
4052F	HEMODIAL VIA FUNCTIONG AV FISTULA	This specific code is for reporting purposes only.
4053F	HEMODIALYSIS VIA FUNCTIONING AVGRAFT	This specific code is for reporting purposes only.
4054F	HEMODIALYSIS VIA CATHETER	This specific code is for reporting purposes only.
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS	This specific code is for reporting purposes only.
4056F	APPROPRIATE ORAL REHYD SOLUTION RECOMMENDED	This specific code is for reporting purposes only.
4058F	PAG PROVIDED TO CAREGIVER	This specific code is for reporting purposes only.
4060F	PSYCHOTHERAPY SERVICES PROVIDED	This specific code is for reporting purposes only.
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED	This specific code is for reporting purposes only.
4063F	ANTIDEPRESSANT RXTHXY CONSIDER & NOT PRESCRIBE	This specific code is for reporting purposes only.
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED	This specific code is for reporting purposes only.
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED	This specific code is for reporting purposes only.
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED	This specific code is for reporting purposes only.
4067F	PT REFERRAL ELECTROCONVULSIVE THXPY (ECT) DOCD	This specific code is for reporting purposes only.
4070F	DEEP VEIN THROMB PROPHYL RECVD BY HOSP DAY 2	This specific code is for reporting purposes only.
4073F	ORAL ANTIPLATELET THERAPY PRESCRBED AT DISCHARGE	This specific code is for reporting purposes only.
4075F	ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE	This specific code is for reporting purposes only.
4077F	DOC T-PA ADMINISTRATION WAS CONSIDERED	This specific code is for reporting purposes only.
4079F	DOC REHAB SERVICES WERE CONSIDERED	This specific code is for reporting purposes only.
4084F	ASPIRIN RECVD W/IN 24 HRS PRIOR ED ARRIVAL/STAY	This specific code is for reporting purposes only.
4090F	PATIENT RECEIVING ERYTHROPOIETIN THERAPY	This specific code is for reporting purposes only.
4095F	PATIENT NOT RECEIVING ERYTHORPOIETIN THERAPY	This specific code is for reporting purposes only.
4100F	BISPHOS THXPY VENOUS ORDERED OR RECEIVED	This specific code is for reporting purposes only.
4110F	LIMA GRAFT USED IN 1ST ISOLATED CABG PXD	This specific code is for reporting purposes only.
4115F	BETA BLOCKER GIVEN W/IN 24 HRS PRIOR SURG INC	This specific code is for reporting purposes only.
4120F	ANTIBIOTIC PRESCRIBED OR DISPENSED	This specific code is for reporting purposes only.
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED	This specific code is for reporting purposes only.
4130F	ACUTE OTITIS EXTERNA TOPICAL PREPS PRESCRIBED	This specific code is for reporting purposes only.
4131F	SYSTEMIC ANTIMICROBIAL TX PRESCRIBED	This specific code is for reporting purposes only.
4132F	SYSTEMIC ANTIMICROBIAL TX NOT PRESCRIBED	This specific code is for reporting purposes only.
4133F	ANTIHISTAMINE/DECONGESTANT PRESCRIBED	This specific code is for reporting purposes only.
4134F	ANTIHISTAMINE/DECONGESTANT NOT PRESCRIBED	This specific code is for reporting purposes only.

4135F	SYSTEMIC CORTICOSTEROIDS PRESCRIBED	This specific code is for reporting purposes only.
4136F	SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED	This specific code is for reporting purposes only.
4148F	HEPATITIS A VACCINE ADMIN OR PREVIOUSLY RECVD	This specific code is for reporting purposes only.
4149F	HEPATITIS B VACCINE ADMIN OR PREVIOUSLY RECVD	This specific code is for reporting purposes only.
4150F	CURRENT HEPATITIS C ANTIVIRAL TREATMENT	This specific code is for reporting purposes only.
4151F	NO CURRENT HEPATITIS C ANTIVIRAL TREATMENT	This specific code is for reporting purposes only.
4153F	COMB PEGINTERF/RIBAVIRIN TX PRESCRIBED	This specific code is for reporting purposes only.
4155F	HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED	This specific code is for reporting purposes only.
4157F	HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED	This specific code is for reporting purposes only.
4158F	PATIENT COUNSELED ABOUT RISKS ALCOHOL USE	This specific code is for reporting purposes only.
4159F	CONTRACEPTION COUNSEL BEFORE ANTIVIRAL TX	This specific code is for reporting purposes only.
4163F	PT COUNSELING TREATMENT OPTIONS PROSTATE CANCER	This specific code is for reporting purposes only.
4164F	ADJUVANT HORMONAL THXPY RX/ADMIN	This specific code is for reporting purposes only.
4165F	3D-CRT OR INTENSITY MODUL RAD THXPY RECVD	This specific code is for reporting purposes only.
4167F	HEAD-BED ELEV 30-45 DEG 1ST VENT DAY ORDERED	This specific code is for reporting purposes only.
4168F	PT RCVG CARE ICU & RCVNG MECH VENT 24 HRS/LT	This specific code is for reporting purposes only.
4169F	PT NOT RCVG CARE IN ICU/NOT RCVG MECHL VENT	This specific code is for reporting purposes only.
4171F	PATIENT RECEIVING (ESA) THERAPY	This specific code is for reporting purposes only.
4172F	PATIENT NOT RECEIVING (ESA) THERAPY	This specific code is for reporting purposes only.
4174F	TLK VIS FXN & QUAL LIFE/TRXMNT FOR PT/CRGVR	This specific code is for reporting purposes only.
4175F	CORRECT VISUAL ACUIT 20/40/GT W/IN 90 DAYS SURG	This specific code is for reporting purposes only.
4176F	COUNSEL UV LITE PROTEC PREV/PROG CATARACT DEVEL	This specific code is for reporting purposes only.
4177F	COUNSEL BENEF/RISK AREDS PREV AGE RELATED AMD	This specific code is for reporting purposes only.
4178F	ANTI-D IMMUNE GLOBULIN RCVD 26-30 WKS GESTATION	This specific code is for reporting purposes only.
4179F	TAMOXIFEN OR AROMATASE INHIBITOR (AI) RXD	This specific code is for reporting purposes only.
4180F	ADJVNT CHEMO RFRRD RXD/RCVD STAGE III COLON CA	This specific code is for reporting purposes only.
4181F	CONFORMAL RADIATION THERAPY RECEIVED	This specific code is for reporting purposes only.
4182F	CONFORMAL RADIATION THERAPY NOT RECEIVED	This specific code is for reporting purposes only.
4185F	NONSTOP 12MON THXPY W/PPI OR H2 H2RA RCVD	This specific code is for reporting purposes only.
4186F	NO CONTIN 12MON THXPY W/PPI OR H2 H2RA RCVD	This specific code is for reporting purposes only.
4187F	DIS MODFY ANTI-RHEU DRUG THXPY RX/GVN	This specific code is for reporting purposes only.
4188F	APPROP ACE/ARB THXP MONIT TEST ORDRD/DONE	This specific code is for reporting purposes only.
4189F	APPROP DIGOXIN THXP MONIT TST ORDRD/DONE	This specific code is for reporting purposes only.
4190F	APPROP DIURETIC THXP MONIT TST ORDRD/DONE	This specific code is for reporting purposes only.
4191F	APPROP ANTICONVUL THXP MONIT TST ORDRD/DONE	This specific code is for reporting purposes only.
4192F	PATIENT NOT RECEIVING GLUCOCORTICOID	This specific code is for reporting purposes only.
4193F	PATIENT RCVNG LT 10 MG DAILY PREDNISONE	This specific code is for reporting purposes only.
4194F	PATIENT RCVNG EQU GT 10 MG DAILY PREDNISONE	This specific code is for reporting purposes only.
4195F	PT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY FOR RA	This specific code is for reporting purposes only.
4196F	PT NOT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY RA	This specific code is for reporting purposes only.
4200F	EXTRNL BM RADIOTHXPY TO PROST W/WO NODAL IRRAD	This specific code is for reporting purposes only.
4201F	EXTRNL BM RADIOTHXPY W/WO NODAL IRRAD AS ADJV	This specific code is for reporting purposes only.
4210F	ACE/ARB MEDICATION THERAPY 6 MONTHS/GT	This specific code is for reporting purposes only.
4220F	DIGOXIN MEDICATION THERAPY 6 MONTHS/GT	This specific code is for reporting purposes only.
4221F	DIURETIC MEDICATION THERAPY 6 MOS/GT	This specific code is for reporting purposes only.
4230F	ANTICONVUL MED THERAPY 6 MOS/GT	This specific code is for reporting purposes only.
4240F	INSTR THER XRCS-DR FLLWUP PT EPSD BACK PN GT 12 WK	This specific code is for reporting purposes only.

4242F	TLK RE SPRVSD XRCS PROG TO PTS BACK PN GT 12WKS	This specific code is for reporting purposes only.
4245F	PT TLK 1ST VST TO KEEP/RESUME NORMAL ACTIVITIES	This specific code is for reporting purposes only.
4248F	COUNSEL INIT BACK PAIN AGNST BED REST 4 DAYS/GT	This specific code is for reporting purposes only.
4250F	ACTV WRMNG INTRAOP FOR NORMOTHERMIA	This specific code is for reporting purposes only.
4255F	DURATION GEN NEUR ANESTH 60 MINS/GT DOC RECORD	This specific code is for reporting purposes only.
4256F	DURATION GEN NEUR ANESTH LT 60 MIN DOCD RECORD	This specific code is for reporting purposes only.
4260F	WOUND SURFACE CULTURE TECHNIQUE USED	This specific code is for reporting purposes only.
4261F	TECH OTHER THAN SURFACE CULTURE WOUND EXUD USED	This specific code is for reporting purposes only.
4265F	USE OF WET TO DRY DRESSINGS PRESCRIBED RECMD	This specific code is for reporting purposes only.
4266F	USE WET TO DRY DRESSINGS NEITHER RXD NOR RECMD	This specific code is for reporting purposes only.
4267F	COMPRESSION THERAPY PRESCRIBED	This specific code is for reporting purposes only.
4268F	PT ED RE NEED LONG TERM COMPRESS THXPY RCVD	This specific code is for reporting purposes only.
4269F	APPROP METHOD OFFLOADING PRESCRIBED	This specific code is for reporting purposes only.
4270F	PT RCVNG POTENT ANTI R-VIRAL THX 6 MON OR MORE	This specific code is for reporting purposes only.
4271F	PT RCVNG POT ANTI R-VIRAL THX LT 6 MON/NOT RCVN	This specific code is for reporting purposes only.
4274F	FLU IMMUNO ADMIND/PREVIOUSLY RCVD	This specific code is for reporting purposes only.
4279F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS RXD	This specific code is for reporting purposes only.
4280F	PNEUMOCYS JIROVECI PNEUMO PRPHYLXS PRSCRBD 3 MON	This specific code is for reporting purposes only.
4290F	PATIENT SCREENED FOR INJECTION DRUG USE	This specific code is for reporting purposes only.
4293F	PT SCRND HGH-RSK SEXUAL BEHAVIOR	This specific code is for reporting purposes only.
4300F	PT RCVNG WARFARIN THXPY NONVALV AFIB OR AFLUT	This specific code is for reporting purposes only.
4301F	PT NOT RCVNG WARFARIN THXPY NONVALV AFIB/AFLUT	This specific code is for reporting purposes only.
4305F	PT EDUC FOOT CARE & DAILY INSPCTN FEET RCVD	This specific code is for reporting purposes only.
4306F	PT COUNSEL PSYCHOSOC&PHARM TX OPIOID ADDICTION	This specific code is for reporting purposes only.
4320F	PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND	This specific code is for reporting purposes only.
4324F	PT QUERIED PARKINSONS MED-RELATED COMPLICATION	This specific code is for reporting purposes only.
4325F	MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P	This specific code is for reporting purposes only.
4326F	PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCJ SYMPTOMS	This specific code is for reporting purposes only.
4328F	PT/CAREGIVER QUERIED SLEEP DISTURBANCES	This specific code is for reporting purposes only.
4330F	EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT	This specific code is for reporting purposes only.
4340F	COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY	This specific code is for reporting purposes only.
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	This specific code is not open for payment as there is another code that should be used.
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	This specific code is not open for payment as there is another code that should be used.
4400F	REHAB THERAPY OPTIONS DISCUSSED W/PATIENT	This specific code is for reporting purposes only.
44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	
48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	
5005F	COUNSEL NEW/CHANGING MOLES SELF-EXAMINATION	This specific code is for reporting purposes only.
5010F	DILATED MACULAR/FUNDUS XM COMMUNJ TX PHYS/QHP	This specific code is for reporting purposes only.
5015F	DOCD CONTACT THAT FX EXISTED & PT TSTED/TXD OP	This specific code is for reporting purposes only.

50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	
5200F	CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS	This specific code is for reporting purposes only.
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	This specific code is not open for payment as there is another code that should be used.
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	This specific code is not open for payment as there is another code that should be used.
54160	CIRCUMCISION NEONATE	This specific code is not open for payment as there is another code that should be used.
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
55400	VASOVASOSTOMY VASOVASORRHAPHY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
55870	ELECTROEJACULATION	
55970	INTERSEX SURG MALE FEMALE	
55980	INTERSEX SURG FEMALE MALE	
56805	CLITOROPLASTY INTERSEX STATE	
57335	VAGINOPLASTY INTERSEX STATE	
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/LT	
58262	VAG HYST 250 GM/LT W/RMVL TUBE&/OVARY	
58263	VAG HYST 250 GM/LT W/RMVL TUBE OVARY W/RPR NTRCL	
58267	VAG HYST 250 GM/LT W/COLPO-URTCSTOPEXY	
58270	VAGINAL HYSTERECTOMY 250 GM/LT W/RPR ENTEROCELE	
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	
58290	VAGINAL HYSTERECTOMY UTERUS GT 250 GM	
58291	VAG HYST GT 250 GM RMVL TUBE&/OVARY	
58292	VAG HYST GT 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	
58293	VAG HYST GT 250 GM COLPOURTCSTOPEXY W/WO NDSC CTR	

58294	VAGINAL HYSTERECTOMY GT 250 GM RPR ENTEROCELE	
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	
58323	SPERM WASHING ARTIFICIAL INSEMINATION	
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	
58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	This specific code is not open for payment as there is another code that should be used.
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/LT	
58542	LAPS SUPRACRV HYSTERECT 250 GM/LT RMVL TUBE/OVAR	
58543	LAPS SUPRACERVICAL HYSTERECTOMY GT 250	
58544	LAPS SUPRACRV HYSTEREC GT 250 G RMVL TUBE/OVARY	
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/LT	
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	
58553	LAPS W/VAGINAL HYSTERECTOMY GT 250 GRAMS	
58554	LAPS VAGINAL HYSTERECT GT 250 GM RMVL TUBE&/OVAR	
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/LT	
58571	LAPS TOTAL HYSTERECT 250 GM/LT W/RMVL TUBE/OVARY	
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58611	LIG/TRNSXJ FALLOPIAN TUBE CESAREAN DEL/ABDML SURG	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58670	LAPAROSCOPY FULGURATION OVIDUCTS	
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.

58672	LAPAROSCOPY FIMBRIOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58673	LAPAROSCOPY SALPINGOSTOMY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	
58750	TUBOTUBAL ANASTATOMOSIS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58752	TUBOUTERINE IMPLANTATION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58760	FIMBRIOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58770	SALPINGOSTOMY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	
58974	EMBRYO TRANSFER INTRAUTERINE	
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	
59830	TX SEPTIC ABORTION SURGICAL	
59840	INDUCED ABORTION DILATION AND CURETTAGE	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59841	INDUCED ABORTION DILATION & EVACUATION	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59850	INDUCED ABORTION 1/GT AMNIOTIC INJX W/D&C/EVACJ	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.

59851	INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS D&C	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59852	INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS HYSTOTM	
59855	INDUCED ABORT 1/GT VAG SUPPOSITORIES DLVR FETUS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59856	INDUCED ABORT 1/GT VAG SUPP DLVR FETUS D&C &/EVAC	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59857	INDUCED ABORT 1/GT VAG SUPPOS DLVR FETUS HYSTOT	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59866	MULTIFETAL PREGNANCY REDUCTION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
6005F	RATIONALE FOR LEVEL OF CARE DOCUMENTED	This specific code is for reporting purposes only.
6010F	DYSPHAGIA SCREENING PRIOR ORAL INTAKE	This specific code is for reporting purposes only.
6015F	PATIENT OK FOR PER ORAL INTAKE (FOOD/MEDICATION)	This specific code is for reporting purposes only.
6020F	NOTHING BY MOUTH ORDERED	This specific code is for reporting purposes only.
6030F	ALL ELEM OF MAX STERILE BARRIER TECHNQ FLWD	This specific code is for reporting purposes only.
6040F	USE APPROP RAD DOSE RDXN DEV/MAN TECHS DOCD	This specific code is for reporting purposes only.
6045F	RAD EXPOS/TIME IN LAST RPRT FLUORO PRXD DOCD	This specific code is for reporting purposes only.
6070F	PATIENT QUERIED COUNSELED RE AED SIDE EFFECTS	This specific code is for reporting purposes only.
6080F	PATIENT QUERIED ABOUT FALLS	This specific code is for reporting purposes only.
6090F	PATIENT SAFETY COUNSEL DISEASE STAGE APPROPRIATE	This specific code is for reporting purposes only.
6100F	VERIFY CORRECT PT SITE PXD DOCUMENTED	This specific code is for reporting purposes only.
6101F	SAFETY COUNSELING DEMENTIA PROVIDED	This specific code is for reporting purposes only.
6102F	SAFETY COUNSELING DEMENTIA ORDERED	This specific code is for reporting purposes only.
6110F	COUNSELING PROV RE RISKS DRIVING ALT TO DRIVING	This specific code is for reporting purposes only.
61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	This specific code is not open for payment as there is another code that should be used.
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	This specific code is not open for payment as there is another code that should be used.
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	This specific code is not open for payment as there is another code that should be used.
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	This specific code is not open for payment as there is another code that should be used.
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	This specific code is not open for payment as there is another code that should be used.

62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/GT LEVELS LUMBAR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62292	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64520	INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
65710	KERATOPLASTY ANTERIOR LAMELLAR	
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	
65750	KERATOPLASTY PENETRAING APHAKIA	

65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	
65760	KERATOMILEUSIS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
65765	KERATOPHAKIA	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
65767	EPIKERATOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
65771	RADIAL KERATOTOMY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
69090	EAR PIERCING	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
7010F	PT INFORMATION ENTERED INTO RECALL SYSTEM	This specific code is for reporting purposes only.
7020F	MAMMO ASSESSMENT CAT IN DATABASE FOR RATE	This specific code is for reporting purposes only.
7025F	INFO SYSTEM ANALYSIS ABNORMAL INTERPRATE	This specific code is for reporting purposes only.
70336	MRI TEMPOROMANDIBULAR JOINT	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70540	MRI ORBIT FACE &/NECK W/O CONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70544	MRA HEAD W/O CONTRST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70545	MRA HEAD W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70546	MRA HEAD W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70547	MRA NECK W/O CONTRST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70548	MRA NECK W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70549	MRA NECK W/O &W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71250	CT THORAX W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71260	CT THORAX W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71270	CT THORAX W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71550	MRI CHEST W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71551	MRI CHEST W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71552	MRI CHEST W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71555	MRA CHEST W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72127	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72129	CT THORACIC SPINE W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72192	CT PELVIS W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72193	CT PELVIS W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72194	CT PELVIS W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

72195	MRI PELVIS W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72196	MRI PELVIS W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72198	MRA PELVIS W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72285	DISKOGRAPY CERVICAL/THORACIC RS&I	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72295	DISKOGRAPY LUMBAR RS&I	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73206	CT ANGIOGRAPHY UPPER EXTREMITY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73706	CT ANGIOGRAPHY LOWER EXTREMITY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74150	CT ABDOMEN W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74160	CT ABDOMEN W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/GT BODY RE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74182	MRI ABDOMEN W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

74263 CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING
Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

74712 FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES
Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

74713 FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES
74742 TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

This specific code is not open for payment as there is another code that should be used.

75557 CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75559 CARDIAC MRI W/O CONTRAST W/STRESS IMAGING

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75561 CARDIAC MRI W/WO CONTRAST & FURTHER SEQ

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75563 CARDIAC MRI W/W/O CONTRAST W/STRESS

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75565 CARDIAC MRI FOR VELOCITY FLOW MAPPING

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75571 CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75572 CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75573 CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75574 CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

75635 CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

76380 CT LIMITED/LOCALIZED FOLLOW UP STUDY

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

76390 MRI SPECTROSCOPY

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

76948 US GUIDANCE ASPIRATION OVA IMG S&I

77011 CT GUIDANCE STEREOTACTIC LOCALIZATION

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77012 CT GUIDANCE NEEDLE PLACEMENT

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77013 CT GUIDANCE &MONITORING VISC TISS ABLATION

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77021 MR GUIDANCE NEEDLE PLACEMENT

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77022 MR GUIDANCE &MONITORING TISSUE ABLATION

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77058 MRI BREAST UNILATERAL

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77059 MRI BREAST BILATERAL

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77078 CT BONE MINERL DENSITY STUDY 1/GT SITS AXIAL SKE

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

77084 BONE MARROW BLOOD SUPPLY

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78351 BONE DENSTY 1/GT SITES DUAL PHOTON ABSORPTIOMETR

This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

78459 MYOCARDIAL IMAGING PET METABOLIC EVALUATION

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78491 MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78492 MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78608 BRAIN IMAGING PET METABOLIC EVALUATION

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78609 BRAIN IMAGING PET PERFUSION EVALUATION

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78811 PET IMAGING LIMITED AREA CHEST HEAD/NECK

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78812 PET IMAGING SKULL BASE TO MID-THIGH

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78813 PET IMAGING WHOLE BODY

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78814 PET IMAGING CT FOR ATTENUATION LIMITED AREA

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78815 PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
81105 HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT
81106 HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT
81107 HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT
81108 HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT
81109 HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT
81110 HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT
81111 HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT
81112 HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT
81120 IDH1 COMMON VARIANTS
81121 IDH2 COMMON VARIANTS
81161 DMD DUPLICATION/DELETION ANALYSIS
81162 BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS
81170 ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS
81175 ASXL1 GENE ANALYSIS FULL GENE SEQUENCE
81176 ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS
81201 APC GENE ANALYSIS FULL GENE SEQUENCE
81202 APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81203 APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81211 BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA
81212 BRCA1&BRCA2 ANAL 185DELAG5385INSC/6174DELT
81213 BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS
81214 BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS
81215 BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81216 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81217 BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81218 CEBPA GENE ANALYSIS FULL GENE SEQUENCE
81219 CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9
81222 CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81223 CFTR GENE ANALYSIS FULL GENE SEQUENCE
81224 CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS
81225 CYP2C19 GENE ANALYSIS COMMON VARIANTS
81226 CYP2D6 GENE ANALYSIS COMMON VARIANTS
81227 CYP2C9 GENE ANALYSIS COMMON VARIANTS
81228 CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS
81229 CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR
81230 CYP3A4 GENE ANALYSIS COMMON VARIANTS
81231 CYP3A5 GENE ANALYSIS COMMON VARIANTS
81232 DYPD GENE ANALYSIS COMMON VARIANTS
81235 EGFR GENE ANALYSIS COMMON VARIANTS
81238 F9 FULL GENE SEQUENCE
81240 F2 GENE ANALYSIS 20210G GT A VARIANT
81241 F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT
81242 FANCC GENE ANALYSIS COMMON VARIANT

81243 FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES
81244 FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES
81245 FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS
81246 FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS
81247 G6PD GENE ANALYSIS COMMON VARIANTS
81248 G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81249 G6PD GENE ANALYSIS FULL GENE SEQUENCE
81250 G6PC GENE ANALYSIS COMMON VARIANTS
81251 GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS
81252 GJB2 GENE ANALYSIS FULL GENE SEQUENCE
81253 GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81254 GJB6 GENE ANALYSIS COMMON VARIANTS
81255 HEXA GENE ANALYSIS COMMON VARIANTS
81256 HFE HEMOCHROMATOSIS GENE ANAL COMM VARIANTS
81257 HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT
81258 HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81259 HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE
81260 IKBKAP GENE ANALYSIS COMMON VARIANTS
81261 IGH REARRANGE ABNORMAL CLONAL POP AMPLIFIED
81262 IGH REARRANGE ABNORMAL CLONAL POP DIRECT PROBE
81263 IGH VARIABLE REGION SOMATIC MUTATION ANALYSIS
81264 IGK GENE REARRANGE DETECT ABNORMAL CLONAL POP
81265 COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC
81266 COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN
81267 CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION
81268 CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA
81269 HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS
81270 JAK2 GENE ANALYSIS P.VAL617PHE VARIANT
81272 KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
81273 KIT GENE ANALYSIS D816 VARIANT(S)
81275 KRAS GENE ANALYSIS VARIANTS IN EXON 2
81276 KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)
81283 IFNL3 GENE ANALYSIS RS12979860 VARIANT
81288 MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS
81290 MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS
81291 MTHFR GENE ANALYSIS COMMON VARIANTS
81292 MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81293 MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81294 MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81295 MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81296 MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81297 MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81298 MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81299 MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81300 MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA
81301 MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF
81302 MECP2 GENE ANALYSIS FULL SEQUENCE

81303 MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81304 MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT
81310 NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS
81311 NRAS GENE ANALYSIS VARIANTS IN EXON 2&3
81313 PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO
81314 PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS
81315 PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT
81316 PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN
81317 PMS2 GENE ANALYSIS FULL SEQUENCE
81318 PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81319 PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81321 PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS
81322 PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT
81323 PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT
81324 PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS
81325 PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81326 PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81328 SLC01B1 GENE ANALYSIS COMMON VARIANTS
81330 SMPD1 GENE ANALYSIS COMMON VARIANTS
81331 SNRPN/UBE3A METHYLATION ANALYSIS
81332 SERPINA1 GENE ANALYSIS COMMON VARIANTS
81334 RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
81335 TPMT GENE ANALYSIS COMMON VARIANTS
81340 TRB REARRANGEMENT ANAL AMPLIFICATION METHOD
81341 TRB REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY
81342 TRG GENE REARRANGEMENT ANALYSIS
81346 TYMS GENE ANALYSIS COMMON VARIANTS
81350 UGT1A1 GENE ANALYSIS COMMON VARIANTS
81355 VKORC1 GENE ANALYSIS COMMON VARIANT(S)
81361 HBB COMMON VARIANTS
81362 HBB KNOWN FAMILIAL VARIANTS
81363 HBB DUPLICATION/DELETION VARIANTS
81364 HBB FULL GENE SEQUENCE
81400 MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
81401 MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
81402 MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
81403 MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
81404 MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
81405 MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
81406 MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
81407 MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
81408 MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
81410 AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS
81411 AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS
81412 ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN
81413 CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS
81414 CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES

81415 EXOME SEQUENCE ANALYSIS
81416 EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME
81417 EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ
81420 FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS
81422 FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS
81425 GENOME SEQUENCE ANALYSIS
81426 GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME
81427 GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ
81430 HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES
81431 HEARING LOSS DUP/DEL ANALYSIS
81432 HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN
81433 HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS
81434 HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN
81435 HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN
81436 HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN
81437 HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN
81438 HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS
81439 HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN
81440 NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ
81442 NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN
81445 GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE
81448 HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL
81450 GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE
81455 GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/GT GEN
81460 WHOLE MITOCHONDRIAL GENOME
81465 WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL
81470 X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS
81471 X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS
81490 AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS
81493 COR ART DISEASE MRNA GENE EXPRESSION 23 GENES
81519 ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES
81520 ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES
81521 ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES
81525 ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES
81528 ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS
81535 ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST
81536 ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD
81538 ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE
81540 ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES
81541 ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES
81545 ONCOLOGY THYROID GENE EXPRESSION 142 GENES
81551 ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES
81595 CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES
83006 GROWTH STIMULATION EXPRESSED GENE 2
84830 OVULATION TEST VISUAL COLOR COMPARISON HLH

This specific code is not open for payment as there is another code that should be used.

86305 HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	This specific code is not open for payment as there is another code that should be used.
86794 ZIKA VIRUS IGM ANTIBODY	
86910 BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	This specific code is not open for payment as there is another code that should be used.
86911 BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	This specific code is not open for payment as there is another code that should be used.
87153 CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	This specific code is not open for payment as there is another code that should be used.
87505 NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	
87506 IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	
87507 IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	
87634 IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	
87662 IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	
88000 NECROPSY GROSS EXAMINATION ONLY W/O CNS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88005 NECROPSY GROSS EXAMINATION W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88007 NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88012 NECROPSY GROSS EXAMINATION INFANT W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88014 NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88016 NECROPSY GROSS EXAM MACERATED STILLBORN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88020 NECROPSY GROSS & MICROSCOPIC W/O CNS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88025 NECROPSY GROSS & MICROSCOPIC W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

88027 NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88028 NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88029 NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88036 NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88037 NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88040 NECROPSY FORENSIC EXAMINATION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88045 NECROPSY CORONER CALL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89250 CUL OOCYTE/EMBRYO LT 4 DAYS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89251 CUL OOCYTE/EMBRYO LT 4 D CO-CULT OOCYTE/EMBRY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89253 ASSTD EMBRYO HATCHING MICROTQS ANY METH	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89254 OOCYTE ID FROM FOLLICULAR FLU	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

89255 PREPJ EMBRYO TR	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89257 SPRM ID FROM ASPIR OTH/THN SEMINAL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89258 CRYOPRSRV EMBRYO	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89259 CRYOPRSRV SPRM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89260 SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89261 SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89264 SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD 89268 INSEMINATION OOCYTES	This specific code is not open for payment as there is another code that should be used.
89272 EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	This specific code is not open for payment as there is another code that should be used.
89280 ASSTD FERTILIZATION MICROTQ LT /EQUAL 10 OOCYTES	This specific code is not open for payment as there is another code that should be used.
89281 ASSTD FERTILIZATION MICROTQ GT 10 OOCYTES	This specific code is not open for payment as there is another code that should be used.
89290 BX OOCYTE MICROTQ LT /EQU 5 EMBRY	This specific code is not open for payment as there is another code that should be used.
89291 BX OOCYTE MICROTQ GT 5 EMBRY	This specific code is not open for payment as there is another code that should be used.
89300 SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89310 SEMEN ALYS MOTILITY&CNT X W/HUHNER TST 89320 SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89321 SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	

89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	
89325	SPERM ANTIBODIES	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89329	SPERM EVALUATION HAMSTER PENETRATION TEST	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	This specific code is not open for payment as there is another code that should be used.
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	This specific code is not open for payment as there is another code that should be used.
89337	CRYOPRESERVATION MATURE OOCYTE(S)	
89342	STORAGE PER YEAR EMBRYO	This specific code is not open for payment as there is another code that should be used.
89343	STORAGE PER YEAR SPERM/SEMEN	This specific code is not open for payment as there is another code that should be used.
89344	STORAGE PER YR REPRDVE TISS TSTICULAR/OVARIAN	This specific code is not open for payment as there is another code that should be used.
89346	STORAGE PER YEAR OOCYTE	This specific code is not open for payment as there is another code that should be used.
89352	THAWING CRYOPRESERVED EMBRYO	This specific code is not open for payment as there is another code that should be used.
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	This specific code is not open for payment as there is another code that should be used.
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	This specific code is not open for payment as there is another code that should be used.
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	This specific code is not open for payment as there is another code that should be used.
90281	IMMUNE GLOBULIN IG HUMAN IM USE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	This specific code is not open for payment as there is another code that should be used.

90287 BOTULINUM ANTITOXIN EQUINE ANY ROUTE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90288 BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90291 CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90386 RHO(D) IMMUNE GLOBULIN HUMAN IV	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90389 TETANUS IMMUNE GLOBULIN TIG HUMAN IM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90661 CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	This specific code is not open for payment as there is another code that should be used.
90664 LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	This specific code is not open for payment as there is another code that should be used.
90666 INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	This specific code is not open for payment as there is another code that should be used.
90667 IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	This specific code is not open for payment as there is another code that should be used.
90668 IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	This specific code is not open for payment as there is another code that should be used.
90738 JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	This specific code is not open for payment as there is another code that should be used.
90880 HYPNOTHERAPY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90882 ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	This specific code is not open for payment as there is another code that should be used.
90885 PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	This specific code is not open for payment as there is another code that should be used.
91111 GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	This specific code is not open for payment as there is another code that should be used.
92559 AUDIOMETRIC TESTING GROUPS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

93668 PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION
95980 ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG
95981 ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG
95982 ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG
96040 MEDICAL GENETICS COUNSELING EACH 30 MINUTES
96902 MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM
97010 APPLICATION MODALITY 1/GT AREAS HOT/COLD PACKS
97012 APPL MODALITY 1/GT AREAS TRACTION MECHANICAL
97014 APPL MODALITY 1/GT AREAS ELEC STIMJ UNATTENDED
97016 APPL MODALITY 1/GT AREAS VASOPNEUMATIC DEVICES
97018 APPL MODALITY 1/GT AREAS PARAFFIN BATH
97022 APPLICATION MODALITY 1/GT AREAS WHIRLPOOL
97024 APPLICATION MODALITY 1/GT AREAS DIATHERMY
97026 APPLICATION MODALITY 1/GT AREAS INFRARED
97028 APPL MODALITY 1/GT AREAS ULTRAVIOLET
97032 APPL MODALITY 1/GT AREAS ELEC STIMJ EA 15 MIN
97033 APPL MODALITY 1/GT AREAS IONTOPHORESIS EA 15 MIN
97034 APPL MODALITY 1/GT AREAS CONTRAST BATHS EA 15 MIN
97035 APPL MODALITY 1/GT AREAS ULTRASOUND EA 15 MIN
97036 APPL MODALITY 1/GT AREAS HUBBARD TANK EA 15 MIN
97110 THERAPEUTIC PX 1/GT AREAS EACH 15 MIN EXERCISES
97112 THER PX 1/GT AREAS EACH 15 MIN NEUROMUSC REEDUCA

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Authorization required for DDD members regardless of age.

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97113	Ther PX 1/GT AREAS EACH 15 MIN AQUA THER W/XERSS	Authorization required for DDD members regardless of age.
97116	Ther PX 1/GT AREAS EA 15 MIN GAIT TRAINJ W/STAIR	Authorization required for DDD members regardless of age.
97124	Ther PX 1/GT AREAS EACH 15 MINUTES MASSAGE	Authorization required for DDD members regardless of age.
97127	THERAPEUTIC IVNTJ W/FOCUS ON COGNITIVE FUNCTION	
97140	MANUAL THERAPY TQS 1/GT REGIONS EACH 15 MINUTES	Authorization required for DDD members regardless of age.
97150	THERAPEUTIC PROCEDURES GROUP 2/GT INDIVIDUALS	Authorization required for DDD members regardless of age.
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Authorization required for DDD members regardless of age.
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Authorization required for DDD members regardless of age.
97810	ACUPUNCTURE 1/GT NDLES W/O ELEC STIMJ INIT 15 MIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
97811	ACUPUNCTURE 1/GT NDLS W/O ELEC STIMJ EA 15 MIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
97813	ACUPUNCTURE 1/GT NDLS W/ELEC STIMJ 1ST 15 MIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
97814	ACUP 1/GT NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	This specific code is not open for payment as there is another code that should be used.
98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	This specific code is not open for payment as there is another code that should be used.
98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	This specific code is not open for payment as there is another code that should be used.
98969	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	This specific code is not open for payment as there is another code that should be used.
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	This specific code is not open for payment as there is another code that should be used.
99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	This specific code is not open for payment as there is another code that should be used.

99056 SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99070 SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99071 EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99075 MEDICAL TESTIMONY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99078 PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99080 SPEC REPORTS GT USUAL MED COMUNICAJ/STAND RPRTG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99082 UNUSUAL TRAVEL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99090 ANALYSIS CLINICAL DATA STORED IN COMPUTERS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99091 COLLJ&INTERPJ PHYS/QHP PHYSIO COMPUTR DATA 30 MI	This specific code is not open for payment as there is another code that should be used.
99100 ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/LT	This specific code is not open for payment as there is another code that should be used.
99116 ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	This specific code is not open for payment as there is another code that should be used.
99135 ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	This specific code is not open for payment as there is another code that should be used.
99140 ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	This specific code is not open for payment as there is another code that should be used.
99172 VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

99408 ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	This specific code is not open for payment as there is another code that should be used.
99409 ALCOHOL/SUBSTANCE SCREEN & INTERVENTION GT 30 MIN	This specific code is not open for payment as there is another code that should be used.
99444 PHYS/QHP ONLINE EVALUATION & MANAGEMENT SERVICE	This specific code is not open for payment as there is another code that should be used.
99450 BASIC LIFE AND/OR DISABILITY EXAMINATION	This specific code is not open for payment as there is another code that should be used.
99455 WORK RELATED/MED DBLT XM TREATING PHYS	This specific code is not open for payment as there is another code that should be used.
99456 WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	This specific code is not open for payment as there is another code that should be used.
99487 CMPLX CHRON CARE MGMT W/O PT VST 1ST HR PER MO	This specific code is not open for payment as there is another code that should be used.
99489 CMPLX CHRON CARE MGMT EA ADDL 30 MIN PER MONTH	This specific code is not open for payment as there is another code that should be used.
99495 TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	This specific code is not open for payment as there is another code that should be used.
99496 TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	This specific code is not open for payment as there is another code that should be used.
99500 HOME VISIT PRENATAL MONITORING & ASSESSMENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99501 HOME VISIT POSTNATAL ASSMT&F-UP CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99502 HOME VISIT NEWBORN CARE & ASSESSMENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99503 HOME VISIT RESPIRATORY THERAPY CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99504 HOME VISIT MECHANICAL VENTILATION CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99505 HOME VISIT STOMA CARE&MAINT CLST&CSTOST	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

99506 HOME VISIT INTRAMUSCULAR INJECTIONS

99507 HOME VISIT CARE&MAINT CATH

99509 HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE

99510 HOME VISIT INDIV FAM/MARRIAGE COUNSELING

99511 HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN

99512 HOME VISIT HEMODIALYSIS

99601 HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR

99602 HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR EA HR

99605 MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT

99606 MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT

99607 MEDICATION THERAPY EACH ADDITIONAL 15 MIN

A0021 AMB SERVICE OUTSIDE STATE PER MILE TRANSPORT

A0080 NONEMERG TRNSPRT-MILE-VEH VOLUN W/NO VESTED INT

A0090 NONEMERG TRNSPRT-MILE-VEH PROV IND W/VESTED INT

A0100 NONEMERGENCY TRANSPORTATION; TAXI

A0110 NONEMERG TRNSPRT&BUS INTRA-/INTERSTATE CARRIER

A0120 NONEMERG TRNSPRT: MINI-BUS MTN AREA/OTH SYS

A0130 NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN

A0140 NONEMERG TRNSPRT & AIR TRAVEL INTRA-/INTERSTATE

A0160 NONEMERG TRNSPRT: PER MILE-CASE/SOCIAL WORKER

A0170 TRANSPORTATION ANCILLARY: PARKING FEES TOLLS OTH

A0180 NONEMERG TRANSPORTATION: ANCILLARY: LODGNG-RECIP

A0190 NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP

A0200 NONEMERG TRANSPORTATION: ANCILLRY: LODGNG-ESCORT

A0210 NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT

A0380 BLS MILEAGE

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A0384 BLS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB
A0390 ALS MILEAGE
A0392 ALS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB
A0394 ALS SPECIALIZED SERVICE DISPBL SPL; IV DRUG TX
A0396 ALS SPCLIZED SERVICE DISPBL SPL; ESOPH INTUBAT
A0424 EXTRA AMBULANCE ATTENDANT GROUND OR AIR ;
A0430 AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY
A0431 AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY
A0432 PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER
A0435 FIXED WING AIR MILEAGE PER STATUTE MILE
A0436 ROTARY WING AIR MILEAGE PER STATUTE MILE
A0888 NONCOVERED AMBULANCE MILEAGE PER MILE
A0998 AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT
A4264 PERM IMPL CONTRACEPTIVE TUBAL OCCL DEV & DEL SYS
A4456 ADHESIVE REMOVER WIPES ANY TYPE EACH
A4520 INCONTINENCE GARMENT ANY TYPE EACH
A4550 SURGICAL TRAYS
A4566 SHOULDER SLING/VEST ABDUCTION RESTRAINER PREFAB
A4570 SPLINTS
A4580 CAST SUPPLIES
A4590 SPECIAL CASTING MATERIAL
A5500 DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT
A6000 NON-CNTC WND WARMING WND COVR W/DEVC&CARD
A7025 HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND
A7026 HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND
A8002 HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES
A8003 HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES
A9150 NONPRESCRIPTION DRUG
A9180 PEDICULOSIS TX TOPICAL ADMIN PATIENT/CARETAKER
A9270 NONCOVERED ITEM OR SERVICE
A9272 WND SUCT DISPBL DSG ALL ACC & CMPNT ANY TYP EA
A9273 HOT WATER BOTTLE ICE CAP OR COLLAR ANY TYPE
A9274 EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA
A9275 HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS
A9279 MONITOR FEATURE/DEVC STAND-ALONE/INTEGRATED NOC
A9281 REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA
A9282 WIG ANY TYPE EACH
A9285 Inversion/eversion correction device
A9286 HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA
A9300 EXERCISE EQUIPMENT
A9586 FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI
A9606 RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI
B4034 ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY
B4035 ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY
B4036 ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY
B4100 FOOD THICKENER ADMINISTERED ORALLY PER OUNCE
B4102 ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML EQU 1 U

B4103 ENTRAL FORMULA PED REPL FLS&LYTES 500 ML EQU 1 U
B4104 ADDITIVE FOR ENTERAL FORMULA
B4149 ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS
B4150 ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS
B4152 ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS
B4153 ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS
B4154 ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB
B4155 ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS
B4157 ENTRAL F NUTRITION CMPL INHERITED DZ METAB
B4158 ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS
B4159 ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS
B4160 ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS
B4161 ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS
B4162 ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB
B9002 ENTERAL NUTRITION INFUSION PUMP ANY TYPE
B9004 PARENTERAL NUTRITION INFUSION PUMP PORTABLE
B9006 PARENTERAL NUTRITION INFUSION PUMP STATIONARY

C1767 GENERATOR NEUROSTIMULATOR NONRECHARGEABLE

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

C1778 LEAD NEUROSTIMULATOR

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

C1787 PATIENT PROG PATIENT PROGRAMMER NEUROSTIMULATOR

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

C1816 RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

C1820 GEN NEUROSTIM W/RECHRG BATTERY & CHARGING SYSTEM

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

C1830 Powered bone marrow biopsy needle

This specific code is not open for payment as there is another code that should be used.

C1840 LENS INTRAOCULAR TELESCOPIC

This specific code is not open for payment as there is another code that should be used.

C1883 ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

C1897 LEAD NEUROSTIMULATOR TEST KIT
 C9250 HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SD 2ML
 C9354 ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM
 C9355 COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH
 C9356 TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM
 C9358 DERM SUBST NAT NONDNTR COL FET BOV PER 0.5 SQ CM
 C9360 DERM SUBST NAT NONDNTRD COL NEO BOV ORIG 0.5 CM
 C9361 COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH
 C9362 POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC
 C9363 SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM
 C9364 PORCINE IMPLANT PERMACOL PER SQUARE CM
 C9468 INJECTION FACTOR IX GLYCOPEGYLATED REBINYN 1 IU
 C9727 INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL
 E0118 CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA
 E0194 AIR FLUIDIZED BED
 E0203 THERAPEUTIC LGHTBOX MINI 10000 LUX TABL TOP MDL
 E0231 NON-CNTC WND WARMING DEVC W/WARMING CARD&COVR
 E0232 WOUND WARMING WOUND COVER
 E0256 HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS
 E0277 POWERED PRESSURE-REDUCING AIR MATTRESS
 E0296 HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS
 E0297 HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS
 E0310 BEDSIDE RAILS FULL-LENGTH
 E0328 HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS
 E0329 HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS
 E0424 STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR
 E0425 STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB
 E0439 STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULZR
 E0440 STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR
 E0446 TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES
 E0462 ROCKING BED WITH OR WITHOUT SIDE RAILS
 E0465 HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF
 E0466 HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF

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E0481 INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES
E0483 HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA
E0485 ORL DEVC/APPL RDUC UP ARWAY COLLAPSIBILITY PRFAB
E0486 ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM
E0572 AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE
E0617 EXTERNAL DEFIB W/INTEGRATED ECG ANALY
E0618 APNEA MONITOR WITHOUT RECORDING FEATURE
E0619 APNEA MONITOR WITH RECORDING FEATURE
E0620 SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA
E0627 SEAT LIFT MECHANISM ELECTRIC ANY TYPE
E0629 SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE
E0635 PATIENT LIFT ELECTRIC WITH SEAT OR SLING
E0639 PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL
E0640 PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS
E0641 STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ
E0642 STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ
E0670 SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK
E0720 TENS DEVICE TWO LEAD LOCALIZED STIMULATION
E0730 TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION
E0731 FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES
E0740 NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS
E0747 OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC
E0748 OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC
E0749 OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL
E0760 OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV
E0761 NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC
E0762 TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS
E0764 FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ
E0766 ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE
E0769 ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC
E0770 FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS
E0782 INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE
E0783 INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE
E0784 EXTERNAL AMBULATORY INFUSION PUMP INSULIN
E0785 IMPLANTABLE INTRASPINL CATHETER USED W/PUMP-REPL
E0786 IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL
E0936 CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE
E0946 FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED
E0947 FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION
E0953 WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA
E0954 WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE EACH FOOT
E0988 MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR
E1002 WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY
E1003 WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC
E1004 WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC
E1005 WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC
E1006 WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC

E1007 WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC
E1008 WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC
E1012 WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA
E1100 SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS
E1220 WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED
E1230 PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER
E1239 POWER WHEELCHAIR PEDIATRIC SIZE NOS
E1352 OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS
E1357 O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA
E1358 O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA
E1391 O2 CONC 2 DEL PORT 85PCT /GT O2 CONC PRSC FLW RATE EA
E1392 PORTABLE OXYGEN CONCENTRATOR RENTAL
E1399 DURABLE MEDICAL EQUIPMENT MISCELLANEOUS
E1405 OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV
E1406 OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV
E1700 JAW MOTION REHABILITATION SYSTEM
E1701 REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX
E1801 STATIC PROGRESSIVE STRETCH ELBOW DEVICE
E1806 STATIC PROGRESSIVE STRETCH WRIST DEVICE
E1811 STATIC PROGRESSIVE STRETCH KNEE DEVICE
E1816 STATIC PROGRESSIVE STRETCH ANKLE DEVICE
E1818 STATIC PROGRESSIVE STRETCH FOREARM DEVICE
E1831 STATIC PROGRESSIVE STRETCH TOE DEVICE
E2100 BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER
E2101 BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE
E2216 MNL WC ACSS FOAM FILL PROPULSION TIRE ANY SZ
E2217 MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE
E2218 MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE
E2230 MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS
E2291 BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE
E2292 SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE
E2293 BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE
E2294 SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE
E2295 MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME
E2325 PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL
E2326 PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE
E2358 PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA
E2369 POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY
E2372 PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTERY EA

E2378 POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY
E2500 SPEECH GEN DEVC DIGITIZED LT /EQU 8 MINS REC TIME

E2502 SPCH GEN DEVC DIGTIZDGT 8 MINS LT EQU 20 MINS REC TIME

E2504 SPCH GEN DEVC DIGTIZDGT 20 MINS LT /EQU 40 MINS REC TIME
E2506 SPEECH GEN DEVICE DIGITIZED GT 40 MINS REC TIME

E2508 SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT
 E2510 SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS
 E2511 SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST
 E2512 ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM
 E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE
 E2610 WHEELCHAIR SEAT CUSHION POWERED
 E2617 CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE
 E2626 WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE
 E2627 WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO
 E2628 WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING
 E2629 WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP
 E2630 WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP
 E8000 GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS
 E8001 GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS
 E8002 GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS
 G0128 DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5

 G0129 OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION

 G0151 SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN
 G0152 SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN
 G0153 SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN
 G0155 SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN

 G0156 SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN

 G0157 SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN

 G0158 SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN
 G0159 SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS
 G0160 SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS
 G0162 SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS
 G0176 ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS

 G0177 TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS

 G0252 PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR

 G0255 CURRNT PERCEPT THRESHOLD/SNCT PER LIMB ANY NERVE

 G0282 E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281

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Authorization required for DDD members regardless of age.

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G0288 RECON CT ANGIO AORTA SURG PLANNING VASC SURG

G0295 ELECMAGNET TX 1/GT AREA WND CARE NOT G0329/OTH USE

G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING

G0299 DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN

G0300 DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN

G0341 PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH&INFUS

G0342 LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS

G0343 LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS

G0428 COLL MENISCUS IMPL PROC FILLING MENISCAL DEFECTS

G0490 FACE-TO-FACE HH NSG VST RHC/FQHC AREA SHTG HHA

G0493 SKILLED SERVICES RN OBV & ASMT PT COND EA 15 MIN

G0494 SKILLED SRVC LPN OBS & ASMT PT COND EA 15 MIN

G0495 SKD SRVC RN TRAIN&/EDU PT/FAM HH/HOSPC EA 15 MIN

G0496 SKD SRVC LPN TRAIN&/EDU PT/FAM HH/HOSPC E 15 MIN

G8135 Patient not documented to have received antibiotic prophylax

G8395 LVEF GT EQU 40PCT OR DOC NORMAL/MILD DEPRESSED LVS
FUNC

G8396 LEFT VENTRICULAR EJECT FRACTION NOT PERFORM/DOC

G8397 DILATED MACULAR OR FUNDUS EXAM PERFORMED

G8398 DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED

G8399 PATIENT W/DOC RESULTS CENTRL DXA EVER BEING PERF

G8400 PATIENT W/CENTRAL DXA RESULTS NOT DOCUMENTED

G8404 LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED&DOC

G8405 LOWER EXTREM NEUROLOGICAL EXAM NOT PERFORMED

G8410 FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED

G8415 FOOTWEAR EVALUATION WAS NOT PERFORMED

G8416 CLIN DOC PT NOT ELIG FOOTWEAR EVALUATION MEASURE

G8417 BMI DOC ABOVE NORMAL PARAM & F/U PLAN DOCUMENTED

G8418 BMI DOC BLW NML PARAM & A F/U PLAN IS DOCUMENTED

G8419 BMI DOC OUT NML PARAM NO F/U PLN DOC NO RSN GVN

G8420 BMI DOC W/I NORMAL PARAM & NO F/U PLAN REQUIRED

G8421 BMI NOT DOCUMENTED AND NO REASON IS GIVEN

G8422 BMI NOT DOC DOC PT NOT ELIGIBLE BMI CALCULATION

G8427 ELIG CLIN ATTSTS DOC M REC OBTD UPD/REV PT MEDS

G8428 CUR MEDS NO DOC OBDT UPD/REV ELIG CLIN RSN N GVN

G8430 ELIG CLIN DOC MR PT NOT ELIG CUR MEDS UPDATE/REV

G8431 SCR CLIN DEPR DOC POS & F/U PLAN IS DOCUMENTED

G8432 DEPRESSION SCR NOT DOCUMENTED REASON NOT GIVEN

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G8433	SCREENING FOR DEPR NOT COMPL DOCUMENTED REASON	This specific code is for reporting purposes only.
G8442	PA NOT DOC PERF DOC PT NOT ELIG PA TIME OF ENC	This specific code is for reporting purposes only.
G8450	BETA-BLOCKER THERAPY PRESCRIBED	This specific code is for reporting purposes only.
G8451	BETA-BLOCKER TX LVEF LT 40PCT NOT PRSCR RSN DOC CLIN	This specific code is for reporting purposes only.
G8452	BETA-BLOCKER THERAPY NOT PRESCRIBED	This specific code is for reporting purposes only.
G8465	HIGH/VERY HIGH RISK RECURRENCE PROSTATE CANCER	This specific code is for reporting purposes only.
G8473	ACE INHIBITOR/ARB THERAPY PRESCRIBED	This specific code is for reporting purposes only.
G8474	ACE INHIBITOR/ARB TX NOT PRSC RSNS DOC BY CLIN	This specific code is for reporting purposes only.
G8475	ACE INHIBITOR/ARB TX NOT PRESCRIBED RSN NOT GVN	This specific code is for reporting purposes only.
G8476	MOST RECENT BP SYST LT 140 MM HG & DIAS LT 90 MM HG	This specific code is for reporting purposes only.
G8477	MOST RECENT BP SYSTGT EQU 140 MM HG &/ DIASGT EQU 90 MM HG	This specific code is for reporting purposes only.
G8478	BLOOD PRESSURE MSR NOT PERF/DOC REASON NOT GIVEN	This specific code is for reporting purposes only.
G8482	INFLUENZA IMMUNIZATION ADMIN/PREVIOUSLY RECEIVED	This specific code is for reporting purposes only.
G8483	INFLUENZA IMMUNIZATION NOT ADMIN RSN DOC CLIN	This specific code is for reporting purposes only.
G8484	INFLUENZA IMMUN NOT ADMINISTERED RSN NOT GIVEN	This specific code is for reporting purposes only.
G8506	PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY	This specific code is for reporting purposes only.
G8509	PN ASMT DOC STD TOOL POS F/U PLN NOT DOC NO RSN	This specific code is for reporting purposes only.
G8510	SCREENING DEPRESSION DOC NEG A F/U PLAN NOT RQR	This specific code is for reporting purposes only.
G8511	SCREEN DEPR DOC POS F/U PLN NOT DOC RSN NOT GVN	This specific code is for reporting purposes only.
G8535	EM SCR NOT DOC;DOC PT NOT ELIG EM SCR TIME ENC	This specific code is for reporting purposes only.
G8536	NO DOC ELDER MALTREATMNT SCREEN REASON NOT GIVEN	This specific code is for reporting purposes only.
G8539	FNC OUTCOME ASSESSMENT DOC POS CARE PLAN IS DOC	This specific code is for reporting purposes only.
G8540	FUNC O/C ASMT NOT DOC PRF DOC PT NOT ELIG TM ENC	This specific code is for reporting purposes only.
G8541	FCN OUTCOME ASMT STD TOOL NOT DOC RSN NOT GIVEN	This specific code is for reporting purposes only.
G8542	FCN OUTCOME ASMT DOC; NO DEFICT ID PLAN NOT RQR	This specific code is for reporting purposes only.
G8543	DOC POS FCN ASMT STD T;PLN NOT DOC RSN NOT GVN	This specific code is for reporting purposes only.
G8559	PATIENT REFERRED TO PHYSICIAN FOR OTOLOGIC EVAL	This specific code is for reporting purposes only.
G8560	PT HISTORY ACTIVE DRAINAGE FROM EAR PREV 90 DAYS	This specific code is for reporting purposes only.
G8561	PT NOT ELIG REF OTOLOGIC EVAL HX ACTV DRAIN MSR	This specific code is for reporting purposes only.
G8562	PT NO HISTORY ACTIVE DRAINAGE EAR PREV 90 DAYS	This specific code is for reporting purposes only.
G8563	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN	This specific code is for reporting purposes only.
G8564	PT REFERRED PHYS OTOLOGIC EVAL REASON NOT SPEC	This specific code is for reporting purposes only.
G8565	VERIFICATION & DOC SUDDEN/RAPIDLY PROG HEAR LOSS	This specific code is for reporting purposes only.
G8566	PT NOT ELIG REF OTO EVAL SUDDEN HEARING LOSS MSR	This specific code is for reporting purposes only.
G8567	PT NO VERIFICATION & DOC SUDDEN HEARING LOSS	This specific code is for reporting purposes only.
G8568	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN	This specific code is for reporting purposes only.
G8569	PROLONGED POSTOPERATIVE INTUBATION REQUIRED	This specific code is for reporting purposes only.
G8570	PROLONGED POSTOPERATIVE INTUBATION NOT REQUIRED	This specific code is for reporting purposes only.
G8571	DVLP DP STRNL WND INF/MEDIASTINIT W/I 30 DA P/O	This specific code is for reporting purposes only.
G8572	NO DEEP STERNAL WOUND INFECTION/MEDIASTINITIS	This specific code is for reporting purposes only.
G8573	STROKE FOLLOWING ISOLATED CABG SURGERY	This specific code is for reporting purposes only.
G8574	NO STROKE FOLLOWING ISOLATED CABG SURGERY	This specific code is for reporting purposes only.
G8575	DEVELOPED POSTOP RENAL FAILURE/REQ DIALYSIS	This specific code is for reporting purposes only.
G8576	NO POSTOP RENAL FAILURE/DIALYSIS NOT REQUIRED	This specific code is for reporting purposes only.
G8577	REOP MEDIAST BLEED GFT OCCL VALV DYSFUNC/OTH RSN	This specific code is for reporting purposes only.
G8578	REOP NOT REQ MEDIAST BLEED GFT OCCL/OTH REASN	This specific code is for reporting purposes only.

G8598	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED	This specific code is for reporting purposes only.
G8599	ASPIRIN/OTH ANTITHROMBOTIC NOT USED RSN NOT GVN	This specific code is for reporting purposes only.
G8600	IV T-PA INITIATED W/IN 3 HRS TIME LAST KNWN WELL	This specific code is for reporting purposes only.
G8601	IV T-PA NOT INIT IN 3 HRS LAST WELL RSN DOC CLIN	This specific code is for reporting purposes only.
G8602	IV TPA NOT INIT W/I 3 HRS TIME KNOWN RSN NOT GVN	This specific code is for reporting purposes only.
G8627	SURG PROC W/IN 30 DA FLW CATARACT SURG MAJ COMP	This specific code is for reporting purposes only.
G8628	SURG PROC NOT W/IN 30 DAY FLW CAT SURG MAJ COMP	This specific code is for reporting purposes only.
G8633	PHARMACOLOGIC THERAP FOR OSTEOPOROSIS PRESCRIBED	This specific code is for reporting purposes only.
G8635	PHARM TX OSTEOPOROSIS NOT PRSC REASON NOT GIVEN	This specific code is for reporting purposes only.
G8647	RISK-ADJ FUNCT STATUS KNEE SCORE EQUAL 0 OR GT 0	This specific code is for reporting purposes only.
G8648	RISK-ADJ FUNCT STATUS KNEE SCORE LESS THAN 0	This specific code is for reporting purposes only.
G8649	RISK-ADJ FUNCT STS CHG RESID SCS KNEE NOT APPROP	This specific code is for reporting purposes only.
G8650	RISK-ADJ FUNCT STATUS KNEE NOT MEAS RSN NOT GVN	This specific code is for reporting purposes only.
G8651	RISK-ADJ FUNCT STATUS HIP SCORE EQUAL 0 OR GT 0	This specific code is for reporting purposes only.
G8652	RISK-ADJ FUNCT STATUS HIP SCORE LESS THAN 0	This specific code is for reporting purposes only.
G8653	RISK-ADJ FNCT STS CHG RSD SCS HIP PT NOT APPROP	This specific code is for reporting purposes only.
G8654	RISK-ADJ FUNCT STATUS HIP NOT MEAS RSN NOT GIVEN	This specific code is for reporting purposes only.
G8656	RISK-ADJ FXN STAT CH RSD SCORE FT/ANK SCORE LT 0	This specific code is for reporting purposes only.
G8657	RSK-ADJ FXN STS CH RESD SC FOOT/ANKLE PT NOT APP	This specific code is for reporting purposes only.
G8658	RSK-A FXN STS CH RSD SC FT/ANK NO MSR RSN N GVN	This specific code is for reporting purposes only.
G8659	RISK-ADJ FXN STS CH RSD SC LUMB IMPAIRMNT SCEQU 0/GT	This specific code is for reporting purposes only.
G8660	RISK-ADJ FXN STS CH RSD SC LUMB IMPAIRMNT SC LT 0	This specific code is for reporting purposes only.
G8661	RISK-ADJ FXN STS CH RSD SC L IMPRMNT PT NOT APP	This specific code is for reporting purposes only.
G8662	RISK-ADJ FXN STS CH RSD SC L IMPRMNT RSN NOT GVN	This specific code is for reporting purposes only.
G8663	RISK-ADJ FUNCT STATUS SHOULDER SCORE EQUAL 0/ GT 0	This specific code is for reporting purposes only.
G8664	RISK-ADJ FUNCT STATUS SHOULDER SCORE LESS THAN 0	This specific code is for reporting purposes only.
G8665	RISK-ADJ FXN STS CHG RSD SCR SHOULDER PT NOT APP	This specific code is for reporting purposes only.
G8666	RISK-ADJ FCN STS SHOULDER NOT MSR RSN NOT GIVEN	This specific code is for reporting purposes only.
G8667	RISK-ADJ FUNCT STATUS ELB WRST HND SCORE EQU 0 / GT 0	This specific code is for reporting purposes only.
G8668	RISK-ADJ FUNCT STATUS ELBOW WRIST HAND SCORE LT 0	This specific code is for reporting purposes only.
G8669	RISK-ADJ FXN STS CHG RSD SC ELB WR/H PT NOT APP	This specific code is for reporting purposes only.
G8670	RISK-ADJ FCN STS ELB WRST HND NOT MSR RSN NOT GV	This specific code is for reporting purposes only.
G8671	RISK-ADJ F STS CHG RSD SC N CR M TS RIBS SCEQU 0/GT 0	This specific code is for reporting purposes only.
G8672	RISK-ADJ FXN STS CHG RSD SC N CR M TS RIBS SCLT 0	This specific code is for reporting purposes only.
G8673	RSK-ADJ F ST CH RSD SC N CR M TS RIBS PT NOT APP	This specific code is for reporting purposes only.
G8674	RSK-A FXN ST CHG RSD SC N CR M TS RIB RSN NO GVN	This specific code is for reporting purposes only.
G9001	COORDINATED CARE FEE INITIAL RATE	This specific code is not open for payment as there is another code that should be used.
G9002	COORDINATED CARE FEE MAINTENANCE RATE	This specific code is not open for payment as there is another code that should be used.
G9003	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL	This specific code is not open for payment as there is another code that should be used.
G9004	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL	This specific code is not open for payment as there is another code that should be used.
G9005	COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE	This specific code is not open for payment as there is another code that should be used.

G9006	COORDINATED CARE FEE HOME MONITORING	This specific code is not open for payment as there is another code that should be used.
G9007	COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE	This specific code is not open for payment as there is another code that should be used.
G9008	COORD CARE FEE PHYS COORD CARE OVERSIGHT SRVC	This specific code is not open for payment as there is another code that should be used.
G9009	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVEL 3	This specific code is not open for payment as there is another code that should be used.
G9010	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVEL4	This specific code is not open for payment as there is another code that should be used.
G9011	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5	This specific code is not open for payment as there is another code that should be used.
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	This specific code is not open for payment as there is another code that should be used.
G9016	SMOK CESSATN CNSL IND ABSNCE/ADD OTH E&M-SESS	This specific code is not open for payment as there is another code that should be used.
G9050	ONC; PRIM FOCUS VST; WRKUP EVAL/STAG TM DX/RECUR	This specific code is not open for payment as there is another code that should be used.
G9051	ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS	This specific code is not open for payment as there is another code that should be used.
G9052	ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE	This specific code is not open for payment as there is another code that should be used.
G9053	ONC; PRIM FOCUS; EXP MGMT EVIDENCE CA; TX FUTURE	This specific code is not open for payment as there is another code that should be used.
G9054	ONC; PRIM FOCUS; SUP PT TERM CA; PALLIATIVE TX	This specific code is not open for payment as there is another code that should be used.
G9055	ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST	This specific code is not open for payment as there is another code that should be used.
G9056	ONC; PRAC GUIDELINES; MGMT ADHERES TO GUIDELINES	This specific code is not open for payment as there is another code that should be used.
G9057	ONC; PRAC GUIDE; MGMT DIFFR PT ENROLL CLIN TRIAL	This specific code is not open for payment as there is another code that should be used.
G9058	ONC; PRAC GUIDE; MGMT DIFFER PHYS DISAGREE GUIDE	This specific code is not open for payment as there is another code that should be used.
G9059	ONC; PRAC GUIDELINES; MGMT DIFFERS PT OPT ALT TX	This specific code is not open for payment as there is another code that should be used.
G9060	ONC; PRAC GUIDELINE; MGMT DIFFER PT COMORBID ILL	This specific code is not open for payment as there is another code that should be used.
G9061	ONC; PRAC GUIDE; PTS COND NOT ADDRESSED GUIDE	This specific code is not open for payment as there is another code that should be used.
G9062	ONC; PRAC GUIDELINES; MGMT DIFFERS OTH REASON	This specific code is not open for payment as there is another code that should be used.
G9063	ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9064	ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION	This specific code is not open for payment as there is another code that should be used.

G9065	ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9066	ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9068	ONC; STATUS; SC& COMB SM/NONSM; LTD NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9069	ONC; STATUS; SCLC SM CELL&COMB SM/NONSM; EXT MET	This specific code is not open for payment as there is another code that should be used.
G9070	ONC; STATUS; SCLC SC&COMB SM/NONSM; EXTENT UNKN	This specific code is not open for payment as there is another code that should be used.
G9071	ONC; F BRST;ACA; ST I/II;ER&/PR POS;NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9072	ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9073	ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9074	ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9075	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9077	ONC;PROS CA;T1-T2C&GLESN 27&PSALT /EQU 20 NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9078	ONC; PROS CA; T2/T3A GLEASON 8-10/PSAGT 20 NO METS	This specific code is not open for payment as there is another code that should be used.
G9079	ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9080	ONC; STATUS; PROS CA; TX RISING PSA/FAIL DECLINE	This specific code is not open for payment as there is another code that should be used.
G9083	ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9084	ONC; STATUS; COLON CA; T1-3 N0 M0 NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9085	ONC; STATUS; COLON CA; T4 N0 M0 NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9086	ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9087	ONC; STATUS; COLON CA; M1 MET W/CURR EVIDENCE DZ	This specific code is not open for payment as there is another code that should be used.
G9088	ONC; STATUS; COLON CA;M1 MET NO CURR EVIDENCE DZ	This specific code is not open for payment as there is another code that should be used.
G9089	ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9090	ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.

G9091	ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9092	ONC; STATUS; RECTAL CA;T1-3 N1-2 M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9094	ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9095	ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9096	ONC; STATUS; ESOPH CA;T1-T3 N0-N1/NX NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9097	ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9098	ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9099	ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9100	ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9101	ONC; STATUS; GASTRC CA; R1/R2 RESECT NO PRGRESSN	This specific code is not open for payment as there is another code that should be used.
G9102	ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9103	ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9104	ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9105	ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9106	ONC; STATUS; PAN CA; R1/R2 RESECT NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9107	ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9109	ONC; STATUS; HEAD&NCK CA; T1-T2&N0 M0 NO PROGRSS	This specific code is not open for payment as there is another code that should be used.
G9110	ONC; STATUS; HEAD&NCK CA;T3-4&/N1-3 M0 NO PROGRS	This specific code is not open for payment as there is another code that should be used.
G9111	ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9112	ONC; STATUS; HEAD&NECK CA; EXTENT OF DZ UNKNOWN	This specific code is not open for payment as there is another code that should be used.
G9113	ONC DS STATUS OVARIAN CA ST IA-B NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9114	ONC;OV CA; ST IA-B GR 2-3;ST IC;ST II; NO PROGRS	This specific code is not open for payment as there is another code that should be used.

G9116	ONC; STATUS; OVARIAN CA; PROGRSSN&/PLATINM RSIST	This specific code is not open for payment as there is another code that should be used.
G9117	ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9123	ONC; CML; CHRON PHASE NOT HEMATOL CYT/MOL REMISS	This specific code is not open for payment as there is another code that should be used.
G9124	ONC; CML; ACCEL PHASE NOT HEMA CYT/MOL REMISS	This specific code is not open for payment as there is another code that should be used.
G9125	ONC; CML BP NOT HEMAT CYTOGENIC/MOLECULAR REMISS	This specific code is not open for payment as there is another code that should be used.
G9126	ONC; CML HEMATOLOGIC CYTOGENIC/MOLECULAR REMISS	This specific code is not open for payment as there is another code that should be used.
G9128	ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I	This specific code is not open for payment as there is another code that should be used.
G9129	ONC; LTD TO MX MYELOMA SYS DZ ST II/HIGHER	This specific code is not open for payment as there is another code that should be used.
G9130	ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL	This specific code is not open for payment as there is another code that should be used.
G9131	ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED	This specific code is for reporting purposes only.
G9132	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS	This specific code is for reporting purposes only.
G9133	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS/M1	This specific code is for reporting purposes only.
G9134	ONC;DZ STS;NHL;STAGE I II NOT RELPSD NOT RFRCTRY	This specific code is for reporting purposes only.
G9135	ONC;DIZ STS;NHL;STG III IV NOT RLPSD NOT RFRCTRY	This specific code is for reporting purposes only.
G9136	ONC;DZ STS;NHL TRNSFRM ORIG CELLR 2ND CELLR CLSS	This specific code is for reporting purposes only.
G9137	ONC; DZ STS; NHL; RELAPSED/REFRACTORY	This specific code is for reporting purposes only.
G9138	ONC;DZ STS;NHL;DIAG EVAL STAGE NOT DETERMINED	This specific code is for reporting purposes only.
G9139	ONC;DZ STS;CML; EXTENT DZ UNKN STAG NOT LISTED	This specific code is for reporting purposes only.
G9140	FRONTIER EXTENDED STAY CLIN DEMO; CMS DEMO PROJ	This specific code is for reporting purposes only.
G9147	OP IV INSULIN TX MEASURE: RQ; &/UUN; &/GLU; &/K+	This specific code is not open for payment as there is another code that should be used.
H0003	ALCOHL &/ RX SCR; LAB ANALY PRESENC ALCOHL &/ RX	This specific code is not open for payment as there is another code that should be used.
H0005	ALCOHOL &OR DRUG SERVICES; GROUP CNSL CLINICIAN	This specific code is not open for payment as there is another code that should be used.
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	This specific code is not open for payment as there is another code that should be used.
H0007	ALCOHOL &OR DRUG SERVICES; CRISIS INTERVENTION	This specific code is not open for payment as there is another code that should be used.
H0008	ALCOHOL &OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	This specific code is not open for payment as there is another code that should be used.
H0009	ALCOHOL &OR DRUG SERVICES; ACUTE DTOX HOSP IP	This specific code is not open for payment as there is another code that should be used.
H0010	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	This specific code is not open for payment as there is another code that should be used.
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	This specific code is not open for payment as there is another code that should be used.

H0012	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	This specific code is not open for payment as there is another code that should be used.
H0013	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP	This specific code is not open for payment as there is another code that should be used.
H0014	ALCOHOL &OR DRUG SERVICES; AMB DETOXIFICATION	This specific code is not open for payment as there is another code that should be used.
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC	This specific code is not open for payment as there is another code that should be used.
H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM	No authorization is required for ACC members >21
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM	No authorization is required for ACC members >21
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE	This specific code is not open for payment as there is another code that should be used.
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	This specific code is not open for payment as there is another code that should be used.
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE	This specific code is not open for payment as there is another code that should be used.
H0024	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE	This specific code is not open for payment as there is another code that should be used.
H0026	ALCOHL&/RX PREVENTION PROCESS SERVICE CMTY-BASED	This specific code is not open for payment as there is another code that should be used.
H0027	ALCOHOL &OR DRUG PREVENTION ENVIR SERVICE	This specific code is not open for payment as there is another code that should be used.
H0028	ALCOHL&/RX PREV PROB ID&REF SRVC NOT W/ASSESS	This specific code is not open for payment as there is another code that should be used.
H0029	ALCOHOL &OR DRUG PREVENTION ALTERNATIVES SERVICE	This specific code is not open for payment as there is another code that should be used.
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	This specific code is not open for payment as there is another code that should be used.
H0032	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	This specific code is not open for payment as there is another code that should be used.
H0033	ORAL MEDICATION ADMIN DIRECT OBSERVATION	This specific code is not open for payment as there is another code that should be used.
H0035	MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS	This specific code is not open for payment as there is another code that should be used.
H0039	ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN	This specific code is not open for payment as there is another code that should be used.
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH	This specific code is not open for payment as there is another code that should be used.

H0043	SUPPORTED HOUSING PER DIEM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
H0044	SUPPORTED HOUSING PER MONTH	This specific code is not open for payment as there is another code that should be used.
H0045	RESPIRE CARE SERVICES NOT IN THE HOME PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
H0048	ALC &/OTH RX TST: CLCT&HNDLING ONLY OTH THAN BLD	This specific code is not open for payment as there is another code that should be used.
H0049	ALCOHOL AND/OR DRUG SCREENING	This specific code is not open for payment as there is another code that should be used.
H0050	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN	This specific code is not open for payment as there is another code that should be used.
H1000	PRENATAL CARE AT-RISK ASSESSMENT	This specific code is not open for payment as there is another code that should be used.
H1001	PRENATAL CARE AT-RISK ENHNCD SRVC; ANTPRTM MGMT	This specific code is not open for payment as there is another code that should be used.
H1002	PRENATAL CARE AT-RISK ENHNCD SRVC;CARE COORD	This specific code is not open for payment as there is another code that should be used.
H1003	PRENATAL CARE AT-RISK ENHNCD SERVICE; EDUCATION	This specific code is not open for payment as there is another code that should be used.
H1004	PRENATAL CARE AT-RISK ENHNCD SRVC; F/U HOM VISIT	This specific code is not open for payment as there is another code that should be used.
H1005	PRENATAL CARE AT-RISK ENHANCED SERVICE PACKAGE	This specific code is not open for payment as there is another code that should be used.
H1010	NON-MEDICAL FAM PLANNING EDUCATION PER SESSION	This specific code is not open for payment as there is another code that should be used.
H1011	FAM ASSESS LIC BHVAL HLTH PROF STATE DEFINED	This specific code is not open for payment as there is another code that should be used.
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	This specific code is not open for payment as there is another code that should be used.
H2001	REHABILITATION PROGRAM PER 1/2 DAY	This specific code is not open for payment as there is another code that should be used.
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN	This specific code is not open for payment as there is another code that should be used.
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	This specific code is not open for payment as there is another code that should be used.

H2023 SUPPORTED EMPLOYMENT PER 15 MINUTES

H2024 SUPPORTED EMPLOYMENT PER DIEM

H2028 SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES

H2029 SEXUAL OFFENDER TREATMENT SERVICE PER DIEM

H2030 MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES

H2031 MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM

H2032 ACTIVITY THERAPY PER 15 MINUTES

H2034 ALCOHOL &OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM

H2035 ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER HOUR

H2036 ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM

H2037 DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN

J0270 INJECTION ALPROSTADIL 1.25 MCG

J0585 BOTULINUM TOXIN TYPE A PER UNIT

J0875 INJECTION DALBAVANCIN 5MG

J0878 INJECTION DAPTOMYCIN 1 MG

J1428 INJECTION ETEPLIRSEN 10 MG

J1459 INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG

J1556 INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG

J1557 INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG

J1559 INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG

J1561 INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG

J1562 INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG

J1566 INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG

J1568 INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG

J1569 INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG

J1572 INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG

J1575 INJ IMMUNE GLOBULIN/HYALURONIDASE 100 MG IG

J1595 INJECTION GLATIRAMER ACETATE 20 MG

J1599 INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG

J1745 INJECTION INFlixIMAB EXCLUDES BIOSIMILAR 10 MG

J2020 INJECTION LINEZOLID 200 MG

J2326 INJECTION NUSINERSEN 0.1 MG

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J2469 INJECTION PALONOSETRON HCL 25 MCG
 J3355 INJECTION UROFOLLITROPIN 75 IU

 J3490 UNCLASSIFIED DRUGS
 J3570 LAETRILE AMYGDALIN VITAMIN B17

 J3590 UNCLASSIFIED BIOLOGICS
 J7179 INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO
 J7180 INJECTION FACTOR XIII 1 I.U.
 J7181 INJECTION FACTOR XIII A-SUBUNIT PER IU
 J7182 INJECTION FACTOR VIII PER IU
 J7183 INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO
 J7187 INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU
 J7188 INJECTION FACTOR VIII PER I.U.
 J7190 FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU
 J7191 FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU
 J7192 FACTOR VIII PER IU NOT OTHERWISE SPECIFIED
 J7193 FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU
 J7200 INJECTION FACTOR IX RIXUBIS PER IU
 J7201 INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.
 J7202 INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.
 J7205 INJECTION FACTOR VIII FC FUSION PROTEIN PER IU
 J7207 INJECTION FACTOR VIII PEGYLATED 1 I.U.
 J7209 INJECTION FACTOR VIII 1 I.U.
 J7210 INJECTION FACTOR VIII AFSTYLA 1 I.U.
 J7211 INJECTION FACTOR VIII KOVALTRY 1 I.U.
 J7330 AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT

 J7640 FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG

 J7999 COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED
 J8515 CABERGOLINE ORAL 0.25 MG

 J8597 ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED

 J9202 GOSERELIN ACETATE IMPLANT PER 3.6 MG
 J9212 INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG
 J9213 INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U
 J9214 INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U
 J9215 INJECTION INTERFERON ALFA-N3 250,000 IU
 J9216 INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS
 J9225 HISTRELIN IMPLANT VANTAS 50 MG
 J9226 HISTRELIN IMPLANT SUPPRELIN LA 50 MG
 J9999 NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG
 K0008 CUSTOM MANUAL WHEELCHAIR/BASE

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K0013 CUSTOM MOTORIZED/POWER WHEELCHAIR BASE
 K0065 SPOKE PROTECTORS EACH
 K0073 CASTER PIN LOCK EACH
 K0098 DRIVE BELT FOR POWER WHEELCHAIR REPLACEMENT ONLY
 K0105 IV HANGER EACH

 K0108 OTHER ACCESSORIES
 K0455 INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED
 K0603 REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA
 K0606 AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE
 K0733 PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA
 K0743 SUCTION PUMP HOME MODEL PORTABLE FOR USE WOUNDS
 K0800 PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS
 K0801 PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS
 K0802 PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS
 K0806 PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS
 K0807 PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS
 K0808 PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS
 K0812 POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED
 K0813 PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS
 K0814 PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS
 K0815 PWR WC GRP 1 STD SLING SEAT PT UP TO & EQU 300 LBS
 K0816 PWR WC GRP 1 STD CAPTAINS CHAIR PT TO & EQU 300 LBS
 K0820 PWR WC GRP 2 STD PORT SLING SEAT PT TO & EQU 300 LBS
 K0821 PWR WC GRP 2 STD PORT CAPT CHAIR PT TO & EQU 300 LBS
 K0822 PWR WC GRP 2 STD SLING SEAT PT TO & EQU 300 LBS
 K0823 PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQU 300 LBS
 K0824 PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS
 K0825 PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS
 K0826 PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB
 K0827 PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS
 K0828 PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/GT
 K0829 PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/GT
 K0830 PWR WC GRP 2 STD SEAT ELEV SLING PT TO & EQU 300 LBS
 K0831 PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB
 K0835 PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS
 K0836 PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS
 K0837 PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS
 K0838 PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS
 K0839 PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS
 K0840 PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/GT
 K0841 PWR WC GRP 2 MX PWR SLING SEAT PT TO & EQU 300 LBS
 K0842 PWR WC GRP 2 STD MX PWR CAPT CHR PT TO & EQU 300 LBS
 K0843 PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS
 K0848 PWR WC GRP 3 STD SLING SEAT PT TO & EQU 300 LBS
 K0849 PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & EQU 300 LBS
 K0850 PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS

No authorization is required when billed with an RB modifier.

K0851 PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS
K0852 PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB
K0853 PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS
K0854 PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/GT
K0855 PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/GT
K0856 PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO & EQU 300 LB
K0857 PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO & EQU 300 LB
K0858 PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS
K0859 PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS
K0860 PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB
K0861 PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO & EQU 300 LB
K0862 PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS
K0863 PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB
K0864 PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/GT
K0868 PWR WC GRP 4 STD SLING SEAT PT TO & EQU 300 LBS
K0869 PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & EQU 300 LBS
K0870 PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS
K0871 PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB
K0877 PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO & EQU 300 LB
K0878 PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO & EQU 300 LB
K0879 PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS
K0880 PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB
K0884 PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO & EQU 300 LB
K0885 PWR WC GRP 4 STD MX PWR CAPT CHR PT TO & EQU 300 LBS
K0886 PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS
K0890 PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO & EQU 125 LB
K0891 PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO & EQU 125 LB
K0898 POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED
K0900 CUSTOMIZED DME OTHER THAN WHEELCHAIR

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

L8681 PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

L8682 IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

L8683 RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

L8685 IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE

L8686 IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

L8687 IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

L8688 IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

L8689 EXT RECHARG SYS BATTERY IMPL NEUROSTIM REPL ONLY
M0075 CELLULAR THERAPY

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

M0300 IV CHELATION THERAPY

This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

M0301 FABRIC WRAPPING OF ABDOMINAL ANEURYSM

This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

P2031 HAIR ANALYSIS

This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

P9603 TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE

P9615 CATHETERIZATION FOR COLLECTION OF SPECIMEN

This specific code is covered for Medicare only. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

Q3014 TELEHEALTH ORIGINATING SITE FACILITY FEE

This specific code is not open for payment as there is another code that should be used.

Q5001 HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE

Q5002 HOSPICE/HOME HEALTH CARE IN ASSISTED LIVING FACL

Q5003 HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF

Q5004 HOSPICE CARE PROVIDED SKILLED NURSING FACILITY

Q5005 HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL

Q5006 HOSPICE CARE PROV INPATIENT HOSPICE FACILITY

Q5007 HOSPICE CARE PROV LONG TERM CARE FACILITY

Q5008 HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY

S0078 INJECTION FOSPHENYTOIN SODIUM 750 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0080 INJECTION PENTAMIDINE ISETHIONATE 300 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0081 INJECTION PIPERACILLIN SODIUM 500 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0088 IMATINIB 100 MG	This specific code is not open for payment as there is another code that should be used.
S0090 SILDENAFIL CITRATE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0091 GRANISETRON HYDROCHLORIDE 1 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0104 ZIDOVUDINE ORAL 100 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0106 BUPROPION HCI SUSTAINED RLSE TAB 150 MG 60 TABS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0108 MERCAPTOPYRINE ORAL 50 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0109 METHADONE ORAL 5MG	This specific code is not open for payment as there is another code that should be used.
S0117 TRETINOIN TOPICAL 5 GRAMS	This specific code is not open for payment as there is another code that should be used.
S0122 INJECTION MENOTROPINS 75 IU	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0126 INJECTION FOLLITROPIN ALFA 75 IU	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0128	INJECTION FOLLITROPIN BETA 75 IU	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0132	INJECTION GANIRELIX ACETATE 250 MCG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0136	CLOZAPINE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0137	DIDANOSINE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0138	FINASTERIDE 5 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0139	MINOXIDIL 10 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0140	SAQUINAVIR 200 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0142	COLISTHINATE SODIUM INHAL SOL CONC FORM-PER MG	This specific code is not open for payment as there is another code that should be used.
S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	This specific code is not open for payment as there is another code that should be used.
S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	This specific code is not open for payment as there is another code that should be used.
S0156	EXEMESTANE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	This specific code is not open for payment as there is another code that should be used.
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	This specific code is not open for payment as there is another code that should be used.

S0166 INJECTION OLANZAPINE 2.5 MG

This specific code is not open for payment as there is another code that should be used.

S0169 CALCITROL 0.25 MICROGRAM

This specific code is not open for payment as there is another code that should be used.

S0170 ANASTROZOLE ORAL 1 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0172 CHLORAMBUCIL ORAL 2 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0174 DOLASETRON MESYLATE ORAL 50 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0175 FLUTAMIDE ORAL 125 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0176 HYDROXYUREA ORAL 500 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0177 LEVAMISOLE HYDROCHLORIDE ORAL 50 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0178 LOMUSTINE ORAL 10 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0179 MEGESTROL ACETATE ORAL 20 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0182 PROCARBAZINE HYDROCHLORIDE ORAL 50 MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0183 PROCHLORPERAZINE MALEATE ORAL 5MG

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0187 TAMOXIFEN CITRATE ORAL 10 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0189 TESTOSTERONE PELLETT 75 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0194 DIALYSIS/STRESS VITAMIN SUPL ORAL 100 CAPSULES	This specific code is not open for payment as there is another code that should be used.
S0197 PRENATAL VITAMINS 30-DAY SUPPLY	This specific code is not open for payment as there is another code that should be used.
S0201 PARTIAL HOSITALIZATION SERVICES LT 24 HR PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0207 PARAMEDIC INTERCEPT NON-HOS-BASED ALS SRVC NON-T	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0208 PARAMEDIC INTERCPT HOS-BASE ALS SRVC NON-TRNSPRT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0220 MED CONF PHYS W/TEAM HLTH PROF PT CARE; 30 MIN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0221 MED CONF PHYS W/TEAM HLTH PROF PT CARE; 60 MIN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0250 COMP GERIATRIC ASSESS&TX PLAN PRFRM ASSESS TEAM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0255 BY NURSE SOCIAL WORKER OR OTHER DESIGNATED STAFF	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0260 HISTORY AND PHYSICAL RELATED TO SURGICAL PROC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0265 GENETIC COUNSELING PHYS SUPERVISION EA 15 MINS	This specific code is not open for payment as there is another code that should be used.

S0273	PHYS VST MEMBER HOME OUTSIDE CAPITATION ARRNGMNT	This specific code is not open for payment as there is another code that should be used.
S0274	NP VST MEMBER HOME OUTSIDE CAPITATION ARRANGMENT	This specific code is not open for payment as there is another code that should be used.
S0280	MEDICAL HOME PROG COMP CARE COORD INITIAL PLAN	This specific code is not open for payment as there is another code that should be used.
S0281	MEDICAL HOME PROGRAM COMP CARE COORD MAINT PLAN	This specific code is not open for payment as there is another code that should be used.
S0302	CMPL EARLY PERIODIC SCREENING DX&TX SERVICE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0310	HOSPITALIST SERVICES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM	This specific code is not open for payment as there is another code that should be used.
S0320	TEL CALLS RN TO DZ MGMT PROGM MEMB MONITOR; MO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0340	LIFESTYL MOD PROG MGMT COR ART DZ; LIFESTYL MOD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0341	LIFESTYL MOD PROG MGMT COR ART DZ; 2ND/3RD QTR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0342	LIFESTYL MOD PROG MGMT COR ART DZ; 4TH QTR/STAGE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0390	ROUTINE FOOT CARE; PER VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0395	IMPRESSION CASTING FOOT PERFORMED PRACTITIONER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0400	GLOBAL FEE XTRACORP SHOCK WAVE LITH KIDNEY STONE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0500 DISPOSABLE CONTACT LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0504 SINGLE VISION PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0506 BIFOCAL VISION PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0508 TRIFOCAL VISION PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0510 NON-PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0512 DAILY WEAR SPECIALTY CONTACT LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0514 COLOR CONTACT LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0515 SCLERAL LENS LIQUID BANDAGE DEVICE PER LENS	This specific code is not open for payment as there is another code that should be used.
S0516 SAFETY EYEGLASS FRAMES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0518 SUNGLASSES FRAMES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0580 POLYCARBONATE LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0581 NONSTANDARD LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0590 INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0592 COMPREHENSIVE CONTACT LENS EVALUATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0595 DISPNSING NEW SPECTACLE LENSES PT SUPPLIED FRAME	This specific code is not open for payment as there is another code that should be used.
S0601 SCREENING PROCTOSCOPY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0610 ANNUAL GYNECOLOGICAL EXAMINATION NEW PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0612 ANNUAL GYNECOLOGICAL EXAMINATION EST PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0613 ANNUAL GYN EXAM CLIN BREAST EXAM W/O PELV EVAL	This specific code is not open for payment as there is another code that should be used.
S0618 AUDIOMETRY FOR HEARING AID EVALUATION	This specific code is not open for payment as there is another code that should be used.
S0620 ROUTINE OPHTH EXAM INCL REFRACTION; NEW PT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0621 ROUTINE OPHTH EXAM INCL REFRACTION; EST PT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0622 PHYSICAL EXAM COLLEGE NEW OR ESTABLISHED PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0630 RMV SUTURES; PHYS NOT PHYS WHO ORIGLY CLOS WND	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0800 LASER IN SITU KERATOMILEUSIS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0810	PHOTOREFRACTIVE KERATECTOMY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0812	PHOTOTHERAPEUTIC KERATECTOMY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1001	DELUXE ITEM PATIENT AWARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1002	CUSTOMIZED ITEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1015	IV TUBING EXTENSION SET	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1016	NON-PVC IV ADMN SET W/RX THAT ARE NOT STABL PVC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1030	CONT NONINVASIVE GLU MONITORING DEVICE PURCHASE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1031	CONT NONINVAS GLU MON DEVC RENTAL SENSOR REPL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2053	TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2060 LOBAR LUNG TRANSPLANTATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2061 DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2065 SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2066 BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI	This specific code is not open for payment as there is another code that should be used.
S2067 BRST RECON 1 BRST DIEP FLAP(S)&/GAP FLAP(S) UNI	This specific code is not open for payment as there is another code that should be used.
S2068 BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2070 CYSTO W/URETERSOPY&/PYELSCPY;LASR TX URETRL CALC	This specific code is not open for payment as there is another code that should be used.
S2079 LAP ESOPHAGOMYOTOMY HELLER TYPE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2080 LASER-ASSISTED UVULOPALATOPLASTY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2095 TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	This specific code is not open for payment as there is another code that should be used.
S2102 ISLET CELL TISS TRANSPLANT FROM PANC; ALLOGENEIC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2103 ADRENAL TISSUE TRANSPLANT TO BRAIN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2107 ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2112 ARTHROSCOPY KNEE SURGICAL HARVESTING CARTILAGE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2115 OSTEOTOMY PERIACETABULAR WITH INTERNAL FIXATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2117 ARTHROEREISIS SUBTALAR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2118 METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT	This specific code is not open for payment as there is another code that should be used.
S2120 LDL APHERES HEPARN-INDUCD XTRACORP LDL PRECIP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2140 CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2142 CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2150 BN MARROW/BLD DERIVD STEM CELLS HARV TPLNT&COMP;	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2152 SOLID ORGAN; TRANSPLANTATION & RELATED COMP	This specific code is not open for payment as there is another code that should be used.
S2202 ECHOSCLEROTHERAPY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2205 MIN INVASV DIR CAB SURG; ART GFT 1 COR ART GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2206 MIN INVASV DIR CAB SURG; ART GFT 2 COR ART GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2207 MIN INVAS DIR CAB; VEN GFT ONLY 1 COR VEN GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2208 MIN INVAS DIR CAB SURG; 1 ART&VEN GFT 1 VEN GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2209 MIN INVASV DIR CAB SURG; 2 ART GFT&1 VENUS GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2225 MYRINGOTOMY LASER-ASSISTED	This specific code is not open for payment as there is another code that should be used.
S2230 IMPL MAGNET CMPNT SEMI-IMPL HEARING DEVC MID EAR	This specific code is not open for payment as there is another code that should be used.
S2235 IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	This specific code is not open for payment as there is another code that should be used.
S2260 INDUCED ABORTION 17 TO 24 WEEKS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2265 INDUCED ABORTION 25 TO 28 WEEKS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2266 INDUCED ABORTION 29 TO 31 WEEKS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2267 INDUCED ABORTION 32 WEEKS OR GREATER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2300 ARTHROSCOPE SHLDR SURG; W/THERML-INDUCD CPSLORR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2325 HIP CORE DECOMPRESSION	This specific code is not open for payment as there is another code that should be used.
S2340 CHEMODENERVATION ABDUCTOR MUSCLE VOCAL CORD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2411 FETOSCOPIC LASER THERAPY FOR TREATMENT-TTTS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2900 SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	This specific code is not open for payment as there is another code that should be used.
S3000 DIABETIC INDICATOR; RETINAL EYE EXAM DILATED BIL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3005 PERFORMANCE MSR EVAL PT SELF ASSESS DEPRESSION	This specific code is not open for payment as there is another code that should be used.
S3600 STAT LABORATORY REQUEST	This specific code is not open for payment as there is another code that should be used.
S3601 EMERG STAT LAB CHARGE PT HOMBOUND/RESID NRS FACL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3630 EOSINOPHIL COUNT BLOOD DIRECT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3645 HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3650 SALIVA TEST HORMONE LEVEL; DURING MENOPAUSE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3652 SALIVA TST HORMONE LEVL; ASSESS PRTERM LABR RISK	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3655 ANTISPERM ANTIBODIES TEST	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3708 GASTROINTESTINAL FAT ABSORPTION STUDY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3840 DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE	This specific code is not open for payment as there is another code that should be used.
S3841 GENETIC TESTING FOR RETINOBLASTOMA	This specific code is not open for payment as there is another code that should be used.

S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	This specific code is not open for payment as there is another code that should be used.
S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS	This specific code is not open for payment as there is another code that should be used.
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	This specific code is not open for payment as there is another code that should be used.
S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA	This specific code is not open for payment as there is another code that should be used.
S3849	GENETIC TESTING FOR NIEMANN-PICK DISEASES	This specific code is not open for payment as there is another code that should be used.
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	This specific code is not open for payment as there is another code that should be used.
S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	This specific code is not open for payment as there is another code that should be used.
S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY	This specific code is not open for payment as there is another code that should be used.
S3861	GENETIC TESTING SCN5A & VARIANTS FOR SUSPECTED BS	This specific code is not open for payment as there is another code that should be used.
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	This specific code is not open for payment as there is another code that should be used.
S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	This specific code is not open for payment as there is another code that should be used.
S3870	CGH MICROARRAY TEST DD ASD &/OR INTELL DISABILTY	This specific code is not open for payment as there is another code that should be used.
S3900	SURFACE ELECTROMYOGRAPHY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3902	BALLISTOCARDIOGRAM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3904	MASTERS TWO STEP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4005	INTERIM LABOR FACILITY GLOBAL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4011	IN VITRO FERTILIZATION;	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4026 PROCUREMENT OF DONOR SPERM FROM SPERM BANK

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4027 STORAGE OF PREVIOUSLY FROZEN EMBRYOS

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4028 MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4030 SPERM PROCUREMENT&CRYOPRES SERVICES; INIT VISIT

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4031 SPERM PROCUREMENT&CRYOPRES SRVC; SUBSQT VISIT

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4035 STIM INTRAUTERINE INSEMINATION CASE RATE

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4037 CRYOPRESERVED EMBRYO TRANSFER CASE RATE

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4040 MON & STORAGE CRYOPRESERVED EMBRYOS PER 30 DAYS

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4042 MANAGEMENT OF OVULATION INDUCTION PER CYCLE

This specific code is not open for payment as there is another code that should be used.

S4981 INSRTION LEVONORGESTREL-RELEASING INTRAUTERN SYS

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4990 NICOTINE PATCHES LEGEND

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4991 NICOTINE PATCHES NON-LEGEND

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4993 CONTRACEPTIVE PILLS FOR BIRTH CONTROL

S4995 SMOKING CESSATION GUM

S5000 PRESCRIPTION DRUG GENERIC

S5010 5PCT DEXTROSE AND 0.45PCT NORMAL SALINE 1000 ML

S5012 5PCT DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML

S5013 5PCT DXTROS/0.45PCT NL SALINE KCL&MGSO4 1000 ML

S5014 5PCT DEXTROSE/0.45PCT NL SALINE W/KCL&MGSO4 1500 ML

S5105 DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE

S5109 HOME CARE TRAINING HOME CARE CLIENT PER SESSION

S5111 HOME CARE TRAINING FAMILY; PER SESSION

S5116 HOME CARE TRAINING NON-FAMILY; PER SESSION

S5120 CHORE SERVICES; PER 15 MINUTES

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

No authorization is required for ACC members >21
 This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S5121	CHORE SERVICES; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5126	ATTENDANT CARE SERVICES; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5140	FOSTER CARE ADULT; PER DIEM	No authorization is required for ACC members >21
S5141	FOSTER CARE ADULT; PER MONTH	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5145	FOSTER CARE THERAPEUTIC CHILD; PER DIEM	This specific code is not open for payment as there is another code that should be used.
S5146	FOSTER CARE THERAPEUTIC CHILD; PER MONTH	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.
S5165	HOME MODIFICATIONS; PER SERVICE	For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.
S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	
S5175	LAUNDRY SERVICE EXTERNAL PROFESSIONAL; PER ORDER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5185	MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5190	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5497	HOME INFUS TX CATH CARE/MAINT NOC; PER DIEM	
S5498	HOME INFUS TX CATH CARE/MAINT SIMPLE PER DIEM	

S5550	INSULIN RAPID ONSET; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5551	INSULIN MOST RAPID ONSET; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5552	INSULIN INTERMEDIATE ACTING; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5553	INSULIN LONG ACTING; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5560	INSULIN DELIVERY DEVICE REUSABLE PEN; 1.5 ML SZ	This specific code is not open for payment as there is another code that should be used.
S5561	INSULIN DELIVERY DEVICE REUSABLE PEN; 3 ML SIZE	This specific code is not open for payment as there is another code that should be used.
S5565	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 150 U	This specific code is not open for payment as there is another code that should be used.
S5566	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 300 U	This specific code is not open for payment as there is another code that should be used.
S5570	INSULIN DELIV DEVICE DISPOSABLE PEN; 1.5 ML SIZE	This specific code is not open for payment as there is another code that should be used.
S5571	INSULIN DELIV DEVICE DISPOSABLE PEN; 3 ML SIZE	This specific code is not open for payment as there is another code that should be used.
S8030	SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8035	MAGNETIC SOURCE IMAGING	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8040	TOPOGRAPHIC BRAIN MAPPING	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8055	ULTRASOUND GUID MULTIFETAL PG RDUC TECH CMPNT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8080 SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8085 F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS

S8092 ELECTRON BEAM COMPUTED TOMOGRAPHY

S8096 PORTABLE PEAK FLOW METER

Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com, phone 888-693-3211 or fax 844-822-3862.

S8097 ASTHMA KIT

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8100 HOLDING CHAMB/SPACR W/INHAL/NEBULIZR; W/O MASK

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8101 HOLDING CHAMB/SPACR W/AN INHAL/NEBULIZR; W/MASK

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8110 PEAK EXPIRATORY FLOW RATE

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8120 O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT

This specific code is not open for payment as there is another code that should be used.

S8121 OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND

This specific code is not open for payment as there is another code that should be used.

S8185 FLUTTER DEVICE

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8186 SWIVEL ADAPTOR

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8189 TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8210 MUCUS TRAP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8301 INFECTION CONTROL SUPPLIES NOS	This specific code is not open for payment as there is another code that should be used.
S8415 SUPPLIES FOR HOME DELIVERY OF INFANT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8420 GRADIENT PRESSURE AID SLEEVE&GLOVE CUSTOM MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8421 GRADIENT PRESSURE AID SLEEVE&GLOVE READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8422 GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8423 GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8424 GRADIENT PRESSURE AID SLEEVE READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8425 GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8426 GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8427 GRADIENT PRESSURE AID GLOVE READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8428	GRADIENT PRESSURE AID GAUNTLET READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8429	GRADIENT PRESSURE EXTERIOR WRAP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8430	PADDING FOR COMPRESSION BANDAGE ROLL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8431	COMPRESSION BANDAGE ROLL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8450	SPLINT PREFABRICATED DIGIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8452	SPLINT PREFABRICATED ELBOW	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8460	CAMISOLE POST-MASTECTOMY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8490	INSULIN SYRINGES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	This specific code is not open for payment as there is another code that should be used.
S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M	This specific code is not open for payment as there is another code that should be used.
S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8990	PHYSICAL/MANIP TX MAINT RATHER THAN RESTORATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8999	RESUSCITATION BAG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9007	ULTRAFILTRATION MONITOR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9024	PARANASAL SINUS ULTRASOUND	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY GALL STONES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9055	PROCUREN/OTH GROWTH FCT PREP PROMOTE WND HEALING	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9056	COMA STIMULATION PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9061	HOME ADMIN AEROSOLIZED DRUG THERAPY PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9083	GLOBAL FEE URGENT CARE CENTERS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9090	VERTEBRAL AXIAL DECOMPRESSION PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9097	HOME VISIT FOR WOUND CARE	This specific code is not open for payment as there is another code that should be used.
S9098	HOME VISIT PHOTOTHERAPY SERVICES PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9117	BACK SCHOOL PER VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM;-HR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9125	RESPITE CARE IN THE HOME PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9126	HOSPICE CARE IN THE HOME PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9127	SOCIAL WORK VISIT IN THE HOME PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9140	DIABETIC MGMT PROGM F/U VISIT NON-MD PROVIDER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9141	DIABETIC MANAGEMENT PROGM F/U VISIT MD PROVIDER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9145 INSULIN PUMP INITIATION INSTRUCTION USE OF PUMP

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. This specific code is not open for payment as there is another code that should be used.

S9150 EVALUATION BY OCCULARIST

S9152 SPEECH THERAPY RE-EVALUATION

S9325 HIT PAIN MANAGEMENT INFUSION; PER DIEM

S9326 HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM

S9327 HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM

S9328 HIT IMPLANTED PUMP PAIN MGMT INFUS; PER DIEM

S9329 HOME INFUSION TX CHEMOTHERAPY INFUSION; PER DIEM

S9330 HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM

S9331 HIT INTERMIT CHEMOTHAPY INFUS; CARE COORD-DIEM

S9335 HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM

S9336 HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM

S9338 HIT IMMUTHAPY; CARE COORDINATION PER DIEM

S9339 HOME THERAPY; PERITONEAL DIALYSIS PER DIEM

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9340 HOME THERAPY; ENTERAL NUTRITION; PER DIEM

S9341 HOME TX; ENTERAL NUTRITION VIA GRAVITY; PER DIEM

S9342 HOME TX; ENTERAL NUTRITION VIA PUMP; PER DIEM

S9343 HOME TX; ENTERAL NUTRITION VIA BOLUS; PER DIEM

S9345 HOME INFUSION TX ANTI-HEMOPHILIC AGENT; PER DIEM

S9346 HOME INFUS TX ALPHA-1-PROTEINASE INHIBITOR; DIEM

S9347 HIT UNINTRPED LNG-TERM CNTRL RATE IV/SUBQ;-DIEM

S9348 HIT SYMPATHOMIMETIC/INOTROPIC AGENT PER DIEM

S9349 HOME INFUSION THERAPY TOCOLYTIC; PER DIEM

S9351 HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM

S9353 HOME INFUSION THERAPY CONT INSULIN; PER DIEM

S9355 HOME INFUSION THERAPY CHELATION; PER DIEM

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S9357 HOME INFUSION TX ENZYME REPL IV TX; PER DIEM

S9359 HIT ANTI-TUMOR NECROS FACTOR IV TX; PER DIEM

S9361 HOME INFUSION THERAPY DIURETIC IV TX; PER DIEM

S9363 HIT ANTI-SPASMOTIC TX; CARE SPL&EQP PER DIEM

S9364 HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9465 DIABETIC MANAGEMENT PROGRAM DIETITIAN VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9472 CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9473 PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9474 ENTRSTML TX REGISTERED NRS CERT ENTRSTML TX-DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9475 AMB SET SUBSTANCE ABS TX/DTOXFICATION SRVC-DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9476 VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM	This specific code is not open for payment as there is another code that should be used.
S9482 FAMILY STABILIZATION SERVICES PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
S9529 HOME OR SKILLED NURSING FACILITY PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9537 HOME TX HEMATOPOIETIC HORMONE INJ TX;PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9538 HOME TRANSFUSION OF BLOOD PRODUCT; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9558 HIT GROWTH HORMONE W/CARE COORDINATION PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9559 HIT INTERFERON W/CARE COORDINATION PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9560 HOME INJECTABLE THERAPY; HORMONAL THERAPY DIEM

S9562 HOM INJ TX PALIVIZUMAB W/ADMN PHRM CARE-PER DIEM

S9590 HOM TX IRRIG TX; W/ADMN PHRM SRVC CARE-PER DIEM

S9810 HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR

S9900 SRVC JOURNAL-LISTED CS PRACT HEALING PER DIEM

S9970 HEALTH CLUB MEMBERSHIP ANNUAL

S9981 MEDICAL RECORDS COPYING FEE ADMINISTRATIVE

S9982 MEDICAL RECORDS COPYING FEE PER PAGE

S9986 NOT MEDICALLY NECESSARY SERVICE

S9988 SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL

S9989 SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA

S9990 SERVICES PROVIDED AS PART PHASE II CLIN TRIAL

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S9991 SERVICES PROVIDED AS PART PHASE III CLIN TRIAL

S9992 TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER

S9994 LODGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR

S9996 MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION

T1000 PRIV DUTY/INDEPND NRS SERVICE LIC UP 15 MIN

T1001 NURSING ASSESSMENT/EVALUATION

T1004 SERVICES QUALIFIED NURSING AIDE UP TO 15 MINUTES

T1005 RESPITE CARE SERVICES UP TO 15 MINUTES

T1006 ALCOHOL &OR SUBSTANCE ABS SRVC FAM/COUPLE CNSL

T1007 ALCOHOL&/SUBSTNC ABS SRVC TX PLAN DVLP&/MOD

T1009 CHILD SIT-CHILD IND REC ALCOHL&/SUBSTNC ABS SRVC

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T1010 MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC

T1012 ALCOHOL&/SUBSTANCE ABS SERVICES SKILLS DVLP

T1014 TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP

T1017 TARGETED CASE MANAGEMENT EACH 15 MINS

T1018 SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED

T1019 PERSONAL CARE SERVICES PER 15 MINUTES

T1020 PERSONAL CARE SERVICES PER DIEM

T1021 HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT

T1022 CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY

T1024 EVAL&TX TEAM PROV CARE MX/SEV HANDICAP CHLD PER

T1025 INTEN MXDISCIPLIN SRVC CHILD W/CMPLX IMPAIR DIEM

T1026 INTEN MXDISCIPLIN SRVC CHILD W/CMPLX IMPAIR HR

T1027 FAMILY TRAIN & COUNSEL CHILD DEVELOPMENT 15 MINS

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T1028	ASSESSMENT HOME PHYSICAL & FAMILY ENVIRONMENT	This specific code is not open for payment as there is another code that should be used.
T1029	COMP ENVIR LEAD INVESTIGAT NOT W/LAB ANALY-DWELL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1502	ADMIN ORL IM&/SUBQ MED HLTH CARE AGCY/PROF-VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2001	NON-EMERG TRANSPORTATION; PT ATTENDANT/ESCORT	This specific code is not open for payment as there is another code that should be used.
T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2004	NON-EMERG TRNSPRT; COMMERCIAL CARRIER MULTI-PASS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2010	PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2011	PASRR LEVEL II EVALUATION PER EVALUATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2012	HABILITATION EDUCATIONAL WAIVER; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2013	HABILITATION EDUCATIONAL WAIVER; PER HOUR	This specific code is not open for payment as there is another code that should be used.
T2014	HABILITATION PREVOCATIONAL WAIVER; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2015	HABILITATION PREVOCATIONAL WAIVER; PER HOUR	This specific code is not open for payment as there is another code that should be used.
T2016	HABILITATION RESIDENTIAL WAIVER; PER DIEM	No authorization is required for ACC members >21

T2022	CASE MANAGEMENT; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2023	TARGETED CASE MANAGEMENT; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2024	SERVICE ASSESSMENT/PLAN CARE DEVELOPMENT WAIVER	This specific code is not open for payment as there is another code that should be used.
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	This specific code is not open for payment as there is another code that should be used.
T2027	SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
T2028	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER	This specific code is not open for payment as there is another code that should be used.
T2029	SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER	This specific code is not open for payment as there is another code that should be used.
T2030	ASSISTED LIVING WAIVER; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2031	ASSISTED LIVING WAIVER; PER DIEM	No authorization is required for ACC members >21
T2032	RESIDENTIAL CARE NOS WAIVER; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2033	RESIDENTIAL CARE NOS WAIVER; PER DIEM	No authorization is required for ACC members >21
T2034	CRISIS INTERVENTION WAIVER; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2035	UTIL SRVC SUPP MED EQP&ASSTIV TECH/DEVC WAIVER	This specific code is not open for payment as there is another code that should be used.
T2036	THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION	This specific code is not open for payment as there is another code that should be used.
T2037	THERAPEUTIC CAMPING DAY WAIVER; EACH SESSION	This specific code is not open for payment as there is another code that should be used.
T2039	VEHICLE MODIFICATIONS WAIVER; PER SERVICE	This specific code is not open for payment as there is another code that should be used.
T2041	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; 15 MIN	This specific code is not open for payment as there is another code that should be used.
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR	This specific code is not open for payment as there is another code that should be used.
T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2046	HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM&BD-DIEM	This specific code is not open for payment as there is another code that should be used.

T2101 HUMAN BREAST MILK PROCESSING STORAGE&DSTRB ONLY

T4535 DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA

T4539 INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA

T4540 INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA

T4541 INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA

T4542 INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA

T4543 ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA

T4544 ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA

T5001 POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED

V2025 DELUXE FRAME

V2199 NOT OTHERWISE CLASSIFIED SINGLE VISION LENS

V2299 SPECIALTY BIFOCAL

V2399 SPECIALTY TRIFOCAL

V2499 VARIABLE SPHERICITY LENS OTHER TYPE

V2702 DELUXE LENS FEATURE

V2756 EYE GLASS CASE

V2761 MIRROR COAT TYPE SOLID GRADENT/EQU LENS MATL-LENS

V2786 SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS

This specific code is not open for payment as there is another code that should be used.

This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.

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Up to 240 allowed per month for children 3-20, auth required for 21 and over and more than 240 per month

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V2788 PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS
V2797 VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE
V5095 SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS
V5267 HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC
V5268 ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE
V5269 ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE
V5270 ASSTIVE LISTENING DEVICE TELEVISN AMPLIFIER TYPE
V5271 ASSTIVE LISTENING DEVC TELEVISN CAPTION DECODER
V5272 ASSISTIVE LISTENING DEVICE TDD
V5273 ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT
V5298 HEARING AID NOT OTHERWISE CLASSIFIED
V5336 REPAIR/MOD AUGMENTATIV COMMUNICAT SYSTEM/DEVICE

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