

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.

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.

This grid contains all codes that require authorization.

Code	Description	Variance Detail
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	
0004U	NFCT DS DNA 27 RESIST GENES BCT CUL PR ISOL	
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	
0008M	ONCOLOGY BREAST MRNA 58 ALGORITHM RISK SCORE	
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	
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW	
0015U	RX METAB ADVRS RX RXN DNA 22 GENES BLD/BUCCAL	
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	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
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.
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.

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.
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.
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.
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.
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.

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.
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.
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	
33945	HEART TRANSPLANT W/VO RECIPIENT CARDIECTOMY	
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	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	
50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	

50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	
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	
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	
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	
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	
58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	
58670	LAPAROSCOPY FULGURATION OVIDUCTS	
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	
59840	INDUCED ABORTION DILATION AND CURETTAGE	
59841	INDUCED ABORTION DILATION & EVACUATION	
59850	INDUCED ABORTION 1/GT AMNIOTIC INJX W/D&C/EVACJ	
59851	INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS D&C	
59852	INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS HYSTOTM	

59855	INDUCED ABORT 1/GT VAG SUPPOSITORIES DLVR FETUS	
59856	INDUCED ABORT 1/GT VAG SUPP DLVR FETUS D&C &/EVAC	
59857	INDUCED ABORT 1/GT VAG SUPPOS DLVR FETUS HYSTOT	
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 PARAVERTBRL 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	
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/VO 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.
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	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
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.
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	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.

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.
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.
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	MYOCDR 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.
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.
78816	PET IMAGING FOR CT ATTENUATION 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.
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 ANLYS 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 COMMON 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	SLCO1B1 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 MICRODELTJ 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	
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	
86794	ZIKA VIRUS IGM ANTIBODY	
87035	ASPERGILLUS	
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	
89250	CUL OOCYTE/EMBRYO LT 4 DAYS	
89251	CUL OOCYTE/EMBRYO LT 4 D CO-CULT OOCYTE/EMBRY	
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	
89254	OOCYTE ID FROM FOLLICULAR FLU	
89255	PREPJ EMBRYO TR	
89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	
89258	CRYOPRSRV EMBRYO	
89259	CRYOPRSRV SPRM	

89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	
89268	INSEMINATION OOCYTES	
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	
89280	ASSTD FERTILIZATION MICROTQ LT /EQUAL 10 OOCYTES	
89281	ASSTD FERTILIZATION MICROTQ GT 10 OOCYTES	
89290	BX OOCYTE MICROTQ LT /EQU 5 EMBRY	
89291	BX OOCYTE MICROTQ GT 5 EMBRY	
89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	
89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	
89325	SPERM ANTIBODIES	
89329	SPERM EVALUATION HAMSTER PENETRATION TEST	
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	
89337	CRYOPRESERVATION MATURE OOCYTE(S)	
89342	STORAGE PER YEAR EMBRYO	
89343	STORAGE PER YEAR SPERM/SEMEN	
89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	
89346	STORAGE PER YEAR OOCYTE	
89352	THAWING CRYOPRESERVED EMBRYO	
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	
99601	HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR	
99602	HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR EA HR	
A0101	Stroke with Motor GT 51.05.,without comorbidities	
A0102	Stroke with Motor GT 44.45 & Motor LT 51.05 & Cognitiv	
A0103	Stroke with Motor GT 44.45 & Motor LT 51.05 & Cognitiv	
A0104	Stroke with Motor GT 38.85 & Motor LT 44.45.,without c	
A0105	Stroke with Motor GT 34.25 & Motor LT 38.85.,without c	
A0106	Stroke with Motor GT 30.05 & Motor LT 34.25.,without c	
A0107	Stroke with Motor GT 26.15 & Motor LT 30.05.,without c	
A0108	Stroke with Motor LT 26.15 & Age GT 84.5, without como	
A0109	Stroke with Motor GT 22.35 & Motor LT 26.15 & Age LT 84.	
A0201	Traumatic brain injury with Motor GT 53.35 & Cogniti	
A0202	Traumatic brain injury with Motor GT 44.25 & Motor LT	
A0203	Traumatic brain injury with Motor GT 44.25 & Cogniti	
A0204	Traumatic brain injury with Motor GT 40.65 & Motor LT	
A0205	Traumatic brain injury with Motor GT 28.75 & Motor LT	
A0206	Traumatic brain injury with Motor GT 22.05 & Motor LT	
A0207	Traumatic brain injury with Motor LT 22.05.,without	
A0301	Non-traumatic brain injury with Motor GT 41.05.,with	

A0302	Ambulance service, BLS, emergency transport, all inclusive (
A0303	Non-traumatic brain injury with Motor GT 26.15 & Mot	
A0304	Ambulance service, advanced life support (ALS), nonemergency	
A0401	Traumatic spinal cord injury with Motor GT 48.45.,wi	
A0402	Traumatic spinal cord injury with Motor GT 30.35 & M	
A0403	Traumatic spinal cord injury with Motor GT 16.05 & M	
A0404	Traumatic spinal cord injury with Motor LT 16.05 & A	
A0405	Traumatic spinal cord injury with Motor LT 16.05 & A	
A0421	COLISTIMETHATE SODIUM,INHALATION SOLUTION ADMIN. THROUGH DME	
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	
A0501	Non-traumatic spinal cord injury with Motor GT 51.35	
A0502	Non-traumatic spinal cord injury with Motor GT 40.15	
A0503	Non-traumatic spinal cord injury with Motor GT 31.25	
A0504	Non-traumatic spinal cord injury with Motor GT 29.25	
A0505	Non-traumatic spinal cord injury with Motor GT 23.75	
A0506	Non-traumatic spinal cord injury with Motor LT 23.75	
A0601	Neurological with Motor GT 47.75.,without comorbidit	
A0602	Neurological with Motor GT 37.35 & Motor LT 47.75.,wit	
A0603	Neurological with Motor GT 25.85 & Motor LT 37.35.,wit	
A0604	Neurological with Motor LT 25.85.,without comorbidit	
A0701	Fracture of lower extremity with Motor GT 42.15.,wit	
A0702	Fracture of lower extremity with Motor GT 34.15 & Mo	
A0703	Fracture of lower extremity with Motor GT 28.15 & Mo	
A0704	Fracture of lower extremity with Motor LT 28.15.,wit	
A0801	Replacement of lower extremity joint with Motor GT 4	
A0802	Replacement of lower extremity joint with Motor GT 3	
A0803	Replacement of lower extremity joint with Motor GT 2	
A0804	Replacement of lower extremity joint with Motor GT 2	
A0805	Replacement of lower extremity joint with Motor GT 2	
A0806	Replacement of lower extremity joint with Motor LT 2	
A0901	Other orthopedic with Motor GT 44.75.,without comorb	
A0902	Other orthopedic with Motor GT 34.35 & Motor LT 44.75.	
A0903	Other orthopedic with Motor GT 24.15 & Motor LT 34.35.	
A0904	Other orthopedic with Motor LT 24.15.,without comorb	
A1001	Amputation, lower extremity with Motor GT 47.65.,wit	
A1002	Amputation, lower extremity with Motor GT 36.25 & Mo	
A1003	Amputation, lower extremity with Motor LT 36.25.,wit	
A1101	Amputation, other extremity with Motor GT 36.35.,wit	
A1102	Amputation, other extremity with Motor LT 36.35.,wit	
A1201	Osteoarthritis with Motor GT 37.65.,without comorbid	
A1202	Osteoarthritis with Motor GT 30.75 & Motor LT 37.65.,w	
A1203	Osteoarthritis with Motor LT 30.75.,without comorbid	
A1301	Rheumatoid, other arthritis with Motor GT 36.35.,wit	
A1302	Rheumatoid, other arthritis with Motor GT 26.15 & Mo	

A1303	Rheumatoid, other arthritis with Motor LT 26.15.,wit	
A1401	Cardiac with Motor GT 48.85.,without comorbidities	
A1402	Cardiac with Motor GT 38.55 & Motor LT 48.85.,without	
A1403	Cardiac with Motor GT 31.15 & Motor LT 38.55.,without	
A1404	Cardiac with Motor LT 31.15.,without comorbidities	
A1501	Pulmonary with Motor GT 49.25.,without comorbidities	
A1502	Pulmonary with Motor GT 39.05 & Motor LT 49.25.,withou	
A1503	Pulmonary with Motor GT 29.15 & Motor LT 39.05.,withou	
A1504	Pulmonary with Motor LT 29.15.,without comorbidities	
A1601	Pain syndrome with Motor GT 37.15.,without comorbidi	
A1602	Pain syndrome with Motor GT 26.75 & Motor LT 37.15.,wi	
A1603	Pain syndrome with Motor LT 26.75.,without comorbidi	
A1701	Major multiple trauma without brain or spinal cord injury wi	
A1702	Major multiple trauma without brain or spinal cord injury wi	
A1703	Major multiple trauma without brain or spinal cord injury wi	
A1704	Major multiple trauma without brain or spinal cord injury wi	
A1801	Major multiple trauma with brain or spinal cord injury with	
A1802	Major multiple trauma with brain or spinal cord injury with	
A1803	Major multiple trauma with brain or spinal cord injury with	
A1901	Guillian Barre with Motor GT 35.95.,without comorbid	
A1902	Guillian Barre with Motor GT 18.05 & Motor LT 35.95.,w	
A1903	Guillian Barre with Motor LT 18.05.,without comorbid	
A2001	Miscellaneous with Motor GT 49.15.,without comorbidi	
A2002	Miscellaneous with Motor GT 38.75 & Motor LT 49.15.,wi	
A2003	Miscellaneous with Motor GT 27.85 & Motor LT 38.75.,wi	
A2004	Miscellaneous with Motor LT 27.85, without comorbidi	
A2070	STERILE H2O OR NSS W LGV NEB	
A2101	Burns with Motor GT 0.,without comorbidities	
A4534	YOUTH-SIZED INCONTINENCE PRODUCT, BRIEF, EACH (Not covered b	
A5001	Short-stay cases, length of stay is 3 days or fewer.	
A5101	Expired, orthopedic, length of stay is 13 days or fewer.	
A5103	Expired, not orthopedic, length of stay is 15 days or fewer.	
A5104	Expired, not orthopedic, length of stay is 16 days or more.	
A5500	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT	
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	
A9285	Inversion/eversion correction device	
A9286	HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA	
A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI	
A9599	RADIOPHRM DX BETA-AMYLOID PET IMAG PR S DOSE NOS	
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.

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	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
C9468	INJECTION FACTOR IX GLYCOPEGYLATED REBINYN 1 IU	
E0194	AIR FLUIDIZED BED	
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	
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACCSORIES	
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	
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 ACCESS 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 MINSLT /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	
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	
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	
G0161	SERVICE SLP HH EST/DEL SPCH-LANG PATH MP EA 15 M	

		Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
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	
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	
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	
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	
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	
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.	
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	
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	
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	
K0065	SPOKE PROTECTORS EACH	
K0073	CASTER PIN LOCK EACH	
K0098	DRIVE BELT FOR POWER WHEELCHAIR REPLACEMNT ONLY	
K0105	IV HANGER EACH	
K0108	OTHER ACCESSORIES	No authorization is required when billed with an RB modifier.
K0455	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED	
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	
K0733	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA	
K0734	SKIN PROTCT WC SEAT CUSH ADJ WIDTH LSS THN 2 IN	
K0735	SKIN PROTCT WC SEAT CUSH ADJ WIDTH 22 IN OR OVR	
K0736	SKIN PROTCT/PSTN WC CUSHN ADJ WDTN LSS THN 22 IN DEPTH	
K0737	SKIN PROTECT& PSTN WC CUSHN ADJ WIDTH 22 IN OR OVR	
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	
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	
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH	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	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
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	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	
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	

S9335	HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM	
S9336	HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM	
S9338	HIT IMMUNOTHERAPY; CARE COORDINATION PER DIEM	
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	
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	
S9365	HOM INFUS TX TPN; 1 LITER-DAY DIEM	
S9366	HIT TPN; GT 1 LITER BUT NOT GT 2 LITERS-DA-DIEM	
S9367	HIT TPN; GT 2 LITERS BUT NOT GT 3 LITERS-DA -DIEM	
S9368	HIT TOTAL PARENTERAL NUTRIT; GT 3 LITERS-DA -DIEM	
S9370	HOME THERAPY INTERMITTENT ANTI-EMETIC INJ TX;	
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJ TX;	
S9373	HOME INFUSION THERAPY HYDRATION TX; PER DIEM	
S9374	HOME INFUSION THERAPY HYDRATION TX; 1 LITER DAY	
S9375	HIT HYDRATION TX; GT 1 LITER NOGT 2 LITERS DAY	
S9376	HIT HYDRATION TX; GT 2 LITERS NOGT 3 LITERS DAY	
S9377	HOME INFUS THERAPY HYDRATION TX; GT 3 LITERS DAY	
S9379	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	