

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](http://www.MercyCareAZ.org) > For Providers.

Code	Description	Variance Detail
0005F	OSTEOARTHRITIS COMPOSITE	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	
0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT	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	
0014F	COMP PREOP ASSESS CATARACT SURG W/IOL PLACEMNT	This specific code is for reporting purposes only.
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	
0500F	INITIAL PREGNATAL CARE VISIT	This specific code is for reporting purposes only.
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW	
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 UCENTRFUGTN	
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 ANT B SERUM QUAN	
0059U	ONC MERKEL CELL CARC DETCJ ANT B SERUM REPRTD +/-	
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	
0061U	TC MEAS 5 BIOMARKERS W/SFDI MULTI-SPECTRAL ALYS	
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.
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	This specific code is not open for payment as there is another code that should be used.
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.
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.
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.
0205T	IV CATH CORONARY VESSEL/GRAFT SPECTROSCPY 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.
0214T	NJX DX/THER PARAVER FCT JT W/US CER/THOR 2ND LVL	
0215T	NJX PARAVERTBRL FACET JT W/US CER/THOR 3RD&GT LVL	
0216T	NJX DX/THER PARAVER FCT JT W/US LUMB/SAC 1 LVL	
0217T	NJX DX/THER PARAVER FCT JT W/US LUMB/SAC LVL 2	
0218T	NJX PARAVERTBRL FCT JT W/US LUMB/SAC 3RD&GT LVL	
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	This specific code is not open for payment as there is another code that should be used.
0229T	NJX ANES/STERD TFRML EDRL W/US CER/THOR EA ADDL	This specific code is not open for payment as there is another code that should be used.
0230T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL	This specific code is not open for payment as there is another code that should be used.

0231T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL	This specific code is not open for payment as there is another code that should be used.
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARED	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 ACQUISI J&R 1ST LES	This specific code is not open for payment as there is another code that should be used.
0471T	OCT SKN IMG ACQUISI J&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 & REPRT	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	
0501F	PREGNATAL FLOW SHEET	This specific code is for reporting purposes only.
0502F	SUBSEQUENT PREGNATAL CARE VISIT	This specific code is for reporting purposes only.
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	
0503F	POSTPARTUM CARE VISIT	This specific code is for reporting purposes only.
0502T	COR FFR DERIVED CTA DATA PREP & TRANSMIS	
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED	This specific code is for reporting purposes only.
0503T	COR FFR CTA DATA ALYS & GNRJ ESTIMATED FFR MODEL	
0504T	COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT	
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.
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.
0535F	DYSPNEA MANAGEMENT PLAN DOCUMENTED	This specific code is for reporting purposes only.
0540F	GLUCOCORTICOID 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.
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.
1007F	ANTI-INFLAMMATORY/ANALGESIC SYMPTOM RELIEF ASSESSED	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.
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.

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.
1101F	PT FALLS ASSESS DOCD W/O FALL/INJURY PAST YEAR	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.
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.
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.
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 PRCTIIONR 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.
1200F	SEIZURE TYPE FREQUENCY DOCUMENTED	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.
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.
2000F	BLOOD PRESSURE MEASURED	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.
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.
3006F	CHEST X-RAY RESULTS DOCUMENTED & REVIEWED	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	
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	
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.
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.

3022F	LEFT VENTRICULAR EJECTION FRACTION GT /EQUAL 40PCT	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.
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 PRESGT /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.
3293F	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED	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	
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.
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.
3496F	CD4+ CELL COUNT EQU GT 500 CELLS/MM	This specific code is for reporting purposes only.
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	
3498F	CD4+ CELL PERCENTAGE GT EQU 15PCT HIV	This specific code is for reporting purposes only.
3650F	ELECTROENCEPHALOGRAM ORDERED RVWD OR REQ	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.
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 WRTTN/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-VENOUS (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 RECV'D BY HOSP DAY 2	This specific code is for reporting purposes only.
4073F	ORAL ANTIPLATELET THERAPY PRESCRIBED 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 RECV'D 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 ERYTHROPOIETIN 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 RECV'D	This specific code is for reporting purposes only.
4149F	HEPATITIS B VACCINE ADMIN OR PREVIOUSLY RECV'D	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 RECV'D	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 RCV'D 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 THXRPY 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 INSPECTN 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.
4400F	REHAB THERAPY OPTIONS DISCUSSED W/PATIENT	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.
5005F	COUNSEL NEW/CHANGING MOLES SELF-EXAMINATION	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	
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	
48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	
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.
5200F	CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS	This specific code is for reporting purposes only.
50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	
6005F	RATIONALE FOR LEVEL OF CARE DOCUMENTED	This specific code is for reporting purposes only.
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.

		Prior authorization for this service/procedure is managed by Aetna Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	
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	
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	
58270	VAGINAL HYSTERECTOMY 250 GM/LT W/RPR ENTEROCELE	
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	
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	This specific code is not open for payment as there is another code that should be used.
58323	SPERM WASHING ARTIFICIAL INSEMINATION	
58340	CATH & SALINE/CONTRAST SONOHYSSTER/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	
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 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 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 FALOPIAN TUBE CESAREAN DEL/ABDML SURG	Prior authorization for this service/procedure is managed by Aetna 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 (800) 573-4165 or call (602) 798-2745.
58670	LAPAROSCOPY FULGURATION 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 (800) 573-4165 or call (602) 798-2745.
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 (800) 573-4165 or call (602) 798-2745.
58672	LAPAROSCOPY FIMBRIPLASTY	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 (800) 573-4165 or call (602) 798-2745.
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 (800) 573-4165 or call (602) 798-2745.
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 (800) 573-4165 or call (602) 798-2745.
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 (800) 573-4165 or call (602) 798-2745.
59852	INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS HYSTOM	
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 (800) 573-4165 or call (602) 798-2745.
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 (800) 573-4165 or call (602) 798-2745.

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 (800) 573-4165 or call (602) 798-2745.
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.
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.
7010F	PT INFORMATION ENTERED INTO RECALL SYSTEM	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	
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	

62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/GT LEVELS LUMBAR	
62292	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	
62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	
62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	
62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	
62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	
62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	
63650	PRQ IMPLTJ NSTM ELECTRODE ARRAY EPIDURAL	
63655	LAM IMPLTJ NSTM ELTRDS PLATE/PADDLE EDRL	
63663	REVJ INCL RPLCMT NSTM ELTRD PRQ RA INCL FLUOR	
63664	REVJ INCL RPLCMT NSTM ELTRD PLT/PDLE INCL FLUOR	
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	
64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	
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.
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.
G8135	Patient not documented to have received antibiotic prophylax	This specific code is for reporting purposes only.
70336	MRI TEMPOROMANDIBULAR JOINT	
70540	MRI ORBIT FACE &/NECK W/O CONTRAST	
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	
70544	MRA HEAD W/O CONTRST MATERIAL	
70545	MRA HEAD W/CONTRAST MATERIAL	
70546	MRA HEAD W/O & W/CONTRAST MATERIAL	
70547	MRA NECK W/O CONTRST MATERIAL	
70548	MRA NECK W/CONTRAST MATERIAL	
70549	MRA NECK W/O &W/CONTRAST MATERIAL	
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	
71550	MRI CHEST W/O CONTRAST MATERIAL	
71551	MRI CHEST W/CONTRAST MATERIAL	
71552	MRI CHEST W/O & W/CONTRAST MATERIAL	
71555	MRA CHEST W/O & W/CONTRAST MATERIAL	
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	
72195	MRI PELVIS W/O CONTRAST MATERIAL	
72196	MRI PELVIS W/CONTRAST MATERIAL	
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	
72198	MRA PELVIS W/WO CONTRAST MATERIAL	

73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	
74182	MRI ABDOMEN W/CONTRAST MATERIAL	
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	
74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	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	
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	
76948	US GUIDANCE ASPIRATION OVA IMG S&I	
77021	MR GUIDANCE NEEDLE PLACEMENT	
77022	MR GUIDANCE &MONITORING TISSUE ABLATION	
77058	MRI BREAST UNILATERAL	
77059	MRI BREAST BILATERAL	
77084	BONE MARROW BLOOD SUPPLY	
78608	BRAIN IMAGING PET METABOLIC EVALUATION	
78609	BRAIN IMAGING PET PERFUSION EVALUATION	
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	
78812	PET IMAGING SKULL BASE TO MID-THIGH	
78813	PET IMAGING WHOLE BODY	
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	
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 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 TARGETTED 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/HEMTOLYMPHOID 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	
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	
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 OCYTE/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 REPRDTVE 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	CCIV3 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.
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	This specific code is not open for payment as there is another code that should be used.
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	This specific code is not open for payment as there is another code that should be used.
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	This specific code is not open for payment as there is another code that should be used.
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	This specific code is not open for payment as there is another code that should be used.
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	This specific code is not open for payment as there is another code that should be used.
96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	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.
97010	APPLICATION MODALITY 1/GT AREAS HOT/COLD PACKS	This specific code is not open for payment as there is another code that should be used.

97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	
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.
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.
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.

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.

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	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.
99507	HOME VISIT CARE&MAINT CATH	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.
99509	HOME VISIT ASSISTANCE DAILY LIV&PRSONAL 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.

99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	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.
99511	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	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.
99512	HOME VISIT HEMODIALYSIS	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.
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	This specific code is not open for payment as there is another code that should be used.
99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	This specific code is not open for payment as there is another code that should be used.
99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	This specific code is not open for payment as there is another code that should be used.
A0021	AMB SERVICE OUTSIDE STATE PER MILE TRANSPORT	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.
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: ANCILLARY: LODGNG-ESCORT	
A0210	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT	
A0430	AMB SERVICE CONVNCTION AIR SRVC TRANSPORT 1 WAY	
A0431	AMB SERVICE CONVNCTION AIR SRVC TRANSPORT 1 WAY	
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	

A0888	NONCOVERED AMBULANCE MILEAGE PER MILE	
A4264	PERM IMPL CONTRACEPTIVE TUBAL OCCL DEV & DEL SYS	This specific code is not open for payment as there is another code that should be used.
A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH	This specific code is not open for payment as there is another code that should be used.
A4520	INCONTINENCE GARMENT ANY TYPE EACH	
A5500	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT	
A6000	NON-CNTC WND WARMING WND COVR W/DEVC&CARD	This specific code is not open for payment as there is another code that should be used.
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	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.
A9180	PEDICULOSIS TX TOPICAL ADMIN PATIENT/CARETAKER	This specific code is not open for payment as there is another code that should be used.
A9270	NONCOVERED ITEM OR 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.
A9272	WND SUCT DISPBL DSG ALL ACC & CMPNT ANY TYP EA	
A9275	HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS	This specific code is not open for payment as there is another code that should be used.
A9279	MONITOR FEATURE/DEVC STAND-ALONE/INTEGRATED NOC	This specific code is not open for payment as there is another code that should be used.
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA	
A9282	WIG ANY TYPE EACH	This specific code is not open for payment as there is another code that should be used.
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 NUTRITIONALLY 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	
C1778	LEAD NEUROSTIMULATOR	
C1787	PATIENT PROGPATIENT PROGRAMMER NEUROSTIMULATOR	
C1816	RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR	
C1820	GEN NEUROSTIM W/RECHRG BATTERY & CHARGING SYSTEM	
C1883	ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD	
C9250	HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SD 2ML	This specific code is not open for payment as there is another code that should be used.
C9354	ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM	This specific code is not open for payment as there is another code that should be used.
C9355	COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH	This specific code is not open for payment as there is another code that should be used.
C9356	TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM	This specific code is not open for payment as there is another code that should be used.
C9358	DERM SUBST NAT NONDNTR COL FET BOV PER 0.5 SQ CM	This specific code is not open for payment as there is another code that should be used.
C9360	DERM SUBST NAT NONDNTRD COL NEO BOV ORIG 0.5 CM	This specific code is not open for payment as there is another code that should be used.
C9361	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH	This specific code is not open for payment as there is another code that should be used.

C9362	POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC	This specific code is not open for payment as there is another code that should be used.
C9363	SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM	This specific code is not open for payment as there is another code that should be used.
C9364	PORCINE IMPLANT PERMACOL PER SQUARE CM	This specific code is not open for payment as there is another code that should be used.
C9468	INJECTION FACTOR IX GLYCOPEGYLATED REBINYN 1 IU	
C9727	INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL	This specific code is not open for payment as there is another code that should be used.
D0351	3D PHOTOGRAPHIC IMAGE	
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	
D0394	DIGTL SUBTRACTION 2/GT IMAGES/IMAG VOL SAME MODAL	
D0395	FUSION 2/MORE 3D IMAGES VOLUME 1/MORE MODALITIES	
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	
D0422	COLLECTION & PREPARATION OF GENETIC SAMPLE MATL	
D0423	GENETIC TEST SUSCEPTIBILITY DISEASES-SPEC ANALY	
D0600	NON-IONIZING DX PROC CPBL QUANTIFYING MON & REC	
D1575	DISTAL SHOE SPACE MAINTAINER-FIXED-UNILATERAL	
D1999	UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	
D2949	RESTORATIVE FOUNDATION AN INDIRECT RESTORATION	
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	
D3428	BONE GRAFT W/PERIRADICULAR SURG PER TOOTH 1 SITE	
D3429	BONE GRAFT PERIRADICULR SURG EA ADD CONTIG TOOTH	
D3431	BIOL MATL SOFT OSS TISS REGEN PERIRADICULAR SURG	
D3432	GUIDED TISS REGEN RESORB BARR PERIRADICULAR SURG	
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	
D4346	SCALING PRESENCE GEN MOD/SEV GINGIVAL INFLAMM	
D4921	GINGIVAL IRRIGATION - PER QUADRANT	
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE	
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE	
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE-CAST METL FW	
D5224	IMMEDIATE MANDIBULAR PART DENTURE-CAST METL FW	
D5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	
D5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	
D5611	REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	
D5612	REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	
D5621	REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR	
D5622	REPAIR CAST PARTIAL FRAMEWORK MAXILLARY	
D5863	OVERDENTURE - COMPLETE MAXILLARY	
D5864	OVERDENTURE - PARTIAL MAXILLARY	
D5865	OVERDENTURE - COMPLETE MANDIBULAR	
D5866	OVERDENTURE - PARTIAL MANDIBULAR	

D5994	PERIODONTAL MED CARR PERIPH SEAL LAB PROCESSED	
D6011	SECOND STAGE IMPLANT SURGERY	
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	
D6081	SCAL&DEBR PRES INF/MUCOSIT 1 IMPL NO F ENT&CLOS	
D6085	PROVISIONAL IMPLANT CROWN	
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	
D6110	IMPL/ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MAX	
D6111	IMPL/ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MND	
D6112	IMPL/ABUT SUPP REMV DENTURE PART EDENT ARCH-MAX	
D6113	IMPL/ABUT SUPP REMV DENTURE PART EDENT ARCH-MAND	
D6114	IMPL/ABUT SUPP FIXED DENTURE EDENTULOUS ARCH-MAX	
D6115	IMPL/ABUT SUPP FIXD DENTURE EDENTULOUS ARCH-MAND	
D6116	IMPL/ABUT SUPP FIXED DENTURE PART EDENT ARCH-MAX	
D6117	IMPL/ABUT SUPP FIXD DENTURE PART EDENT ARCH-MAND	
D6118	IMPL/ABUT SPTD INTRM FIX DENTUR EDENT ARCH-MAND	
D6119	IMPL/ABUT SPTD INT FIX DENTUR EDENT ARCH-MAX	
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	This specific code is not open for payment as there is another code that should be used.
D6549	RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	
D7296	CORTICOTOMY-ONE TO THREE TEETH/TOOTH SP PER QUAD	
D7297	CORTICOTOMY-FOUR OR MORE TEETH/TOOTH SP PER QUAD	
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	
D7979	NON - SURGICAL SIALOLITHOTOMY	
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	
D8694	REPAIR OF FIXED RETAINERS INCLUDES REATTACHMENT	
D8695	REMV FIX ORTHODONT APPLINC RSN OTH THAN CMPL TX	
D9219	EVALUATION FOR DEEP SEDATION/GENERAL ANESTHESIA	
D9222	DEEP SEDATION/GENERAL ANESTHESIA-1ST 15 MINUTES	
D9223	DEEP SEDAT/GEN ANESTHESIA-EA SUBSQT 15 MIN INCR	
D9239	INTRAVENOUS MODERATE SEDAT/ANALGESIA-1ST 15 MINS	
D9243	INTRAVENOUS MOD SED/ANAL-EA SUBSQT 15 MIN INCR	
D9932	CLEANING & INSPECTION REMV CMPL DENTUR MAXILLARY	
D9933	CLEANING & INSPECTION REMV CMPL DENTUR MANDIBULR	
D9934	CLEANING & INSPECTION REMV PART DENTUR MAXILLARY	
D9935	CLEANING & INSPECTION REMV PART DENTUR MANDIBULR	
D9943	OCCLUSAL GUARD ADJUSTMENT	
D9991	DENTAL CASE MGMT - ADDRESSING APPT CA BARRIERS	
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTV	
D9994	DENTAL CASE MGMT - PT ED IMP ORAL HEALTH LITRACY	
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	
D9996	TELEDENTISTRY-ASYNC; INFO STD&FWD DENT SUBSQ REV	
E0118	CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA	This specific code is not open for payment as there is another code that should be used.

E0194	AIR FLUIDIZED BED	
E0203	THERAPEUTIC LGHTBOX MINI 10000 LUX TABL TOP MDL	This specific code is not open for payment as there is another code that should be used.
E0231	NON-CNTC WND WARMING DEV C W/WARMING CARD&COVR	This specific code is not open for payment as there is another code that should be used.
E0232	WOUND WARMING WOUND COVER	This specific code is not open for payment as there is another code that should be used.
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	
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 NEBULIZR	
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 ACSSORIES	This specific code is not open for payment as there is another code that should be used.
E0483	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA	
E0485	ORL DEV C/APPL RDUC UP ARWAY COLLAPSIBILITY PRFAB	
E0486	ORL DEV C/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 DEV	This specific code is not open for payment as there is another code that should be used.
E0762	TRANSCUT ELEC JOINT STIM DEV C SYS INCL ALL ACCSS	This specific code is not open for payment as there is another code that should be used.
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	This specific code is not open for payment as there is another code that should be used.
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	
E0769	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEV C 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	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.
E0936	CONT PASSIVE MOTION EXERCISE DEV C 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 BATTRY 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 BATTRY 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	
G0128	DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5	This specific code is not open for payment as there is another code that should be used.
G0129	OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION	This specific code is not open for payment as there is another code that should be used.
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	This specific code is not open for payment as there is another code that should be used.
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	This specific code is not open for payment as there is another code that should be used.
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	
G0162	SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS	
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION	
G0176	ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS	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.
G0177	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS	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.
G0252	PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR	This specific code is not open for payment as there is another code that should be used.
G0255	CURRNT PERCEPT THRESHOLD/SNCT PER LIMB ANY NERVE	This specific code is not open for payment as there is another code that should be used.
G0282	E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281	This specific code is not open for payment as there is another code that should be used.
G0288	RECON CT ANGIO AORTA SURG PLANNING VASC SURG	This specific code is not open for payment as there is another code that should be used.

G0295	ELECMAGNET TX 1/GT AREA WND CARE NOT G0329/OTH USE	This specific code is not open for payment as there is another code that should be used.
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	This specific code is not open for payment as there is another code that should be used.
G0342	LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS	This specific code is not open for payment as there is another code that should be used.
G0343	LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS	This specific code is not open for payment as there is another code that should be used.
G0428	COLL MENISCUS IMPL PROC FILLING MENISCAL DEFECTS	This specific code is not open for payment as there is another code that should be used.
G0429	DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME	This specific code is not open for payment as there is another code that should be used.
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	
G8395	LVEF GT EQU 40PCT OR DOC NORMAL/MILD DEPRESSED LVS FUNC	This specific code is for reporting purposes only.
G8396	LEFT VENTRICULAR EJECT FRACTION NOT PERFORM/DOC	This specific code is for reporting purposes only.
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED	This specific code is for reporting purposes only.
G8398	DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED	This specific code is for reporting purposes only.
G8399	PATIENT W/DOC RESULTS CENTRL DXA EVER BEING PERF	This specific code is for reporting purposes only.
G8400	PATIENT W/CENTRAL DXA RESULTS NOT DOCUMENTED	This specific code is for reporting purposes only.
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED&DOC	This specific code is for reporting purposes only.
G8405	LOWER EXTREM NEUROLOGICAL EXAM NOT PERFORMED	This specific code is for reporting purposes only.
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	This specific code is for reporting purposes only.
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	This specific code is for reporting purposes only.

G8416	CLIN DOC PT NOT ELIG FOOTWEAR EVALUATION MEASURE	This specific code is for reporting purposes only.
G8417	BMI DOC ABOVE NORMAL PARAM & F/U PLAN DOCUMENTED	This specific code is for reporting purposes only.
G8418	BMI DOC BLW NML PARAM & A F/U PLAN IS DOCUMENTED	This specific code is for reporting purposes only.
G8419	BMI DOC OUT NML PARAM NO F/U PLN DOC NO RSN GVN	This specific code is for reporting purposes only.
G8420	BMI DOC W/I NORMAL PARAM & NO F/U PLAN REQUIRED	This specific code is for reporting purposes only.
G8421	BMI NOT DOCUMENTED AND NO REASON IS GIVEN	This specific code is for reporting purposes only.
G8422	BMI NOT DOC DOC PT NOT ELIGIBLE BMI CALCULATION	This specific code is for reporting purposes only.
G8427	ELIG CLIN ATTSTS DOC M REC OBTD UPD/REV PT MEDS	This specific code is for reporting purposes only.
G8428	CUR MEDS NO DOC OBDT UPD/REV ELIG CLIN RSN N GVN	This specific code is for reporting purposes only.
G8430	ELIG CLIN DOC MR PT NOT ELIG CUR MEDS UPDATE/REV	This specific code is for reporting purposes only.
G8431	SCR CLIN DEPR DOC POS & F/U PLAN IS DOCUMENTED	This specific code is for reporting purposes only.
G8432	DEPRESSION SCR NOT DOCUMENTED REASON NOT GIVEN	This specific code is for reporting purposes only.
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.
G9131	ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED	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 LEVL 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 LEVL4	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.
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.
0001F	HRT FAILURE ASSESSED	<b>Variance Detail</b>
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	ALCOHOL &/ RX SCR; LAB ANALY PRESENC ALCOHOL &/ 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	
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM	
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 DVLPMNT 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.
H0044	SUPPORTED HOUSING PER MONTH	This specific code is not open for payment as there is another code that should be used.
H0045	RESPITE 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	This specific code is not open for payment as there is another code that should be used.
H2024	SUPPORTED EMPLOYMENT PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2028	SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
H2029	SEXUAL OFFENDER TREATMENT SERVICE PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2030	MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
H2031	MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2032	ACTIVITY THERAPY PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
H2034	ALCOHOL & OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2035	ALCOHOL & OR OTH DRUG TREATMENT PROGRAM PER HOUR	This specific code is not open for payment as there is another code that should be used.
H2036	ALCOHOL & OR OTH DRUG TREATMENT PROGRAM PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2037	DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN	This specific code is not open for payment as there is another code that should be used.
J0270	INJECTION ALPROSTADIL 1.25 MCG	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.
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	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.

J0585	BOTULINUM TOXIN TYPE A PER UNIT	
J0706	INJECTION CAFFEINE CITRATE 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.
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 LYOPHILIZED 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	This specific code is not open for payment as there is another code that should be used.
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	
J1745	INJECTION INFILIXIMAB EXCLUDES BIOSIMILAR 10 MG	
J2020	INJECTION LINEZOLID 200 MG	
J2326	INJECTION NUSINERSEN 0.1 MG	
J3355	INJECTION UROFOLLITROPIN 75 IU	This specific code is not open for payment as there is another code that should be used.
J3490	UNCLASSIFIED DRUGS	
J3570	LAETRILE AMYGDALIN VITAMIN B17	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.
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 CMPLX 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.	
J7306	LEVONORGESTREL CNTRACPTV IMPL SYS INCL IMPL&SPL	This specific code is not open for payment as there is another code that should be used.
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	This specific code is not open for payment as there is another code that should be used.
J7640	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG	This specific code is not open for payment as there is another code that should be used.
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	
J8498	ANTIEMETIC DRUG RECTAL/SUPPOSITORY NOS	This specific code is not open for payment as there is another code that should be used.
J8515	CABERGOLINE ORAL 0.25 MG	This specific code is not open for payment as there is another code that should be used.
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	This specific code is not open for payment as there is another code that should be used.
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	
J9212	INJECTION INTERFERON ALFA-CON-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	This specific code is not open for payment as there is another code that should be used.
K0105	IV HANGER EACH	
K0108	OTHER ACCESSORIES	No authorization is required when billed with an RB modifier.
K0455	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED	

K0603	REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA	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.
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	
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	
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	This specific code is not open for payment as there is another code that should be used.
L7900	MALE VACUUM ERECTION SYSTEM	This specific code is not open for payment as there is another code that should be used.
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER	
L8683	RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV	
L8685	IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE	
L8686	IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE	
L8687	IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE	
L8688	IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE	
M0075	CELLULAR 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.
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.

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	
Q2026	INJECTION RADIESSE 0.1ML	This specific code is not open for payment as there is another code that should be used.
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	
Q9995	INJECTION EMICIZUMAB-KXWH 0.5 MG	
S0012	BUTORPHANOL TARTRATE NASAL SPRAY 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.
S0014	TACRINE HYDROCHLORIDE 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.
S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS	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.
S0021	INJECTION CEFOPERAZONE SODIUM 1 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.
S0030	INJECTION METRONIDAZOLE 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.
S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS	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.

S0034	INJECTION OFLOXACIN 400 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.
S0039	INJECTION SULFAMETHOXAZOLE&TRIMETHOPRIM 10 ML	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.
S0040	INJ TICARCILLIN DISODIUM&CLAVULANATE K+ 3.1 GMS	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.
S0073	INJECTION AZTREONAM 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.
S0074	INJECTION CEFOTETAN DISODIUM 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.
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.
S0092	INJECTION HYDROMORPHONE HYDROCHLORIDE 250 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.
S0093	INJECTION MORPHINE SULFATE 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.
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 HCl 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	MERCAPTOPURINE 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	COLISTMTHATE 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.
S0155	STERILE DILUTANT FOR EPOPROSTENOL 50 ML	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.
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.
S0171	INJECTION BUMETANIDE 0.5 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.
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	FLUTAMIIDE 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 PELLET 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	SUNGASSES 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 DEV C 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/URETERSCPY&/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 DEVIC 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.
S2341	CHEMODENERVATION ADDUCTOR 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.
S2342	NASAL ENDOSCOPIC POSNASAL ENDOSCOPIC POSTOP DEBR	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.
S2348	DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB	This specific code is not open for payment as there is another code that should be used.
S2350	DISKECT ANT W/OSTEOPHYTECT; LUMBAR 1 INTERSPACE	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.
S2351	DISKECT ANT W/OSTEOPHYTECT; LUMB EA ADD INTRSP	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.
S2400	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO	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.
S2401	REPAIR URINARY TRACT OBSTRUCTION FETUS IN UTERO	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.
S2402	REPAIR CCAM IN THE FETUS PROCEDURE IN UTERO	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.

S2403	REPAIR EPS IN FETUS PROCEDURE PERFORMED IN UTERO	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.
S2404	REPAIR MYELOMENINGOCELE FETUS PROC PRFRM UTERO	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.
S2405	REPR SACROCOC TERATOMA FETUS IN UTERO	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.
S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC	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 DISABILITY	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.
S4013	CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF 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.
S4014	CMPL CYCLE ZYGOTE INTRAFALLOPIAN TRNSF 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.
S4015	CMPL IN VITRO FERTILIZATION CYCLE CASE RATE NOS	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.
S4016	FROZEN IN VITRO FERTILIZATION CYCLE 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.
S4017	INCPL CYCLE TX CANCELED PRIOR TO STIM 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.
S4018	FRZN EMB TRANS PROC CANCEL BEFR TRANS 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.
S4020	IVF PROC CANCELLED BEFORE ASPIRATION 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.
S4021	IVF PROC CANCELLED AFTER ASPIRATION 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.

S4022	ASSISTED OOCYTE FERTILIZATION 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.
S4023	DONOR EGG CYCLE INCOMPLETE 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.
S4025	DONOR SERVICES IN VITRO FERTILIZATION 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.
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	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.
S4995	SMOKING CESSATION GUM	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.
S5000	PRESCRIPTION DRUG GENERIC	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.

S5010	5PCT DEXTROSE AND 0.45PCT NORMAL SALINE 1000 ML	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.
S5012	5PCT DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML	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.
S5013	5PCT DXTROS/0.45PCT NL SALINE KCL&MGSO4 1000 ML	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.
S5014	5PCT DEXTROSE/0.45PCT NL SALINE W/KCL&MGSO4 1500 ML	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.
S5105	DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE	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.
S5109	HOME CARE TRAINING HOME CARE CLIENT PER SESSION	
S5111	HOME CARE TRAINING FAMILY; 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.
S5116	HOME CARE TRAINING NON-FAMILY; 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.
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.
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.
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.
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.
S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT 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.
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	
S8096	PORTABLE PEAK FLOW METER	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.
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.
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 EQUALS 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.
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	
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	

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.
S9150	EVALUATION BY OCCULARIST	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.
S9152	SPEECH THERAPY RE-EVALUATION	This specific code is not open for payment as there is another code that should be used.
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 IMMUOTHAPY; 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	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.
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-SPASMODIC 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.
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	
S9381	DEL/SRVC HI RISK REQ ESCORT/EXTRA PROTECT 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.
S9401	ANTICOAGULAT CLIN INCL ALL SERV NO LAB PER SESS	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.
S9430	PHARMACY COMPOUNDING AND DISPENSING 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.

S9436	CHILDBIRTH PREP/LAMAZE CLASS NON-MD PER SESS	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.
S9437	CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS	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.
S9438	CESAREAN BIRTH CLASSES NON-PHYSICIAN 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.
S9439	VBAC CLASSES NON-PHYSICIAN 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.
S9441	ASTHMA ED NON-PHYSICIAN PROVIDER 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.
S9442	BIRTHING CLASSES NON-PHYSICIAN PROVIDER-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.
S9443	LACTATION CLASSES NON-PHYSICIAN PROVIDER-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.
S9444	PARENTING CLASSES NON-PHYSICIAN PER SESS	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.
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	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.

S9446	PT ED NOC NON-PHYSICIAN PROVIDER GROUP 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.
S9447	INFANT SAFETY CLASSES NON-PHYSICIAN 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.
S9449	WEIGHT MANAGEMENT CLASSES NON-PHYS 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.
S9452	NUTRITION CLASSES NON-PHYSICIAN 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.
S9453	SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS	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.
S9454	STRESS MGMT CLASSES NON-PHYSICIAN 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.
S9455	DIABETIC MANAGEMENT PROGRAM GROUP 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.
S9460	DIABETIC MANAGEMENT PROGRAM NURSE 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.
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/DTOXIFICATION 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	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.
S9562	HOM INJ TX PALIVIZUMAB W/ADMN PHRM CARE-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.
S9590	HOM TX IRRIG TX; W/ADMN PHRM SRVC CARE-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.
S9810	HOME THERAPY; NOT OTHERWISE CLASSIFIED 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.
S9900	SRVC JOURNAL-LISTED CS PRACT HEALING 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.
S9970	HEALTH CLUB MEMBERSHIP ANNUAL	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.
S9981	MEDICAL RECORDS COPYING FEE ADMINISTRATIVE	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.
S9982	MEDICAL RECORDS COPYING FEE PER PAGE	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.

S9986	NOT MEDICALLY NECESSARY SERVICE	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.
S9988	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL	This specific code is not open for payment as there is another code that should be used.
S9989	SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA	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.
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL	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.
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL	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.
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER	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.
S9994	LODGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR	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.
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION	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.
T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 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.
T1001	NURSING ASSESSMENT/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.

T1004	SERVICES QUALIFIED NURSING AIDE UP TO 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.
T1005	RESPITE CARE SERVICES UP TO 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.
T1006	ALCOHOL & OR SUBSTANCE ABS SRVC FAM/COUPLE CNSL	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.
T1007	ALCOHOL&/SUBSTNC ABS SRVC TX PLAN DVLP&/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.
T1009	CHILD SIT-CHILD IND REC ALCOHOL&/SUBSTNC ABS SRVC	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.
T1010	MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC	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.
T1012	ALCOHOL&/SUBSTANCE ABS SERVICES SKILLS DVLP	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.
T1014	TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL 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.
T1017	TARGETED CASE MANAGEMENT EACH 15 MINS	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.

T1018	SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED	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.
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	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.
T1024	EVAL&TX TEAM PROV CARE MX/SEV HANDICAP CHLD PER	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.
T1025	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR 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.
T1026	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR 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.
T1027	FAMILY TRAIN & COUNSEL CHILD DEVELOPMENT 15 MINS	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.
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 LEVL 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	
T2019	HABILITATION SUPP EMPLOYMENT WAIVER; PER 15 MIN	

T2020	DAY HABILITATION WAIVER; PER DIEM	
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.
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	
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	This specific code is not open for payment as there is another code that should be used.
T4535	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	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.
T4539	INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA	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.
T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	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.
T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	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.
T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	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.
T4543	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	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.

T4544	ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	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.
T5001	POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED	This specific code is not open for payment as there is another code that should be used.
V2025	DELUXE FRAME	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.
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	
V2299	SPECIALTY BIFOCAL	
V2399	SPECIALTY TRIFOCAL	
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	
V2702	DELUXE LENS FEATURE	This specific code is not open for payment as there is another code that should be used.
V2745	ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC	This specific code is not open for payment as there is another code that should be used.
V2756	EYE GLASS CASE	This specific code is not open for payment as there is another code that should be used.
V2761	MIRROR COAT TYPE SOLID GRADENT/EQU LENS MATL-LENS	This specific code is not open for payment as there is another code that should be used.
V2762	POLARIZATION ANY LENS MATERIAL PER LENS	This specific code is not open for payment as there is another code that should be used.
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS	This specific code is not open for payment as there is another code that should be used.
V2788	PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS	This specific code is not open for payment as there is another code that should be used.
V2797	VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE	This specific code is not open for payment as there is another code that should be used.
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	
V5267	HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC	
V5273	ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT	This specific code is not open for payment as there is another code that should be used.
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	
V5336	REPAIR/MOD AUGMENTATIV COMMUNICAT SYSTEM/DEVICE	