

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

Specialists that Require Authorization for Consult
Cardiology
Dermatologic Surgery
Dermatology
Endocrinology
Gastroenterology
Home Health
Naturopath
Neurological Surgery
Neurology
Pain Management
Pain Medicine
Physical Medicine and Rehabilitation
Plastic Surgery
Plastic Surgery within Head and Neck
Podiatry
Rheumatology
Vascular Medicine
Vascular Surgery

Specialists that Require Authorization for Follow Up Visits
Cardiology
Dermatologic Surgery
Dermatology
Gastroenterology
Pain Management
Pain Medicine

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CPT Code	CPT Description	Authorization Status
0005U	Oncology (Prostate) Gene Expression Profile By Real-Time Rt-	COVERED
0008U	Helicobacter Pylori Detection And Antibiotic Resistance, Dna	NON-COVERED
00170	Anesth Procedure On Mouth	COVERED
0024U	Glyca Nuc Mr Spectrsc Quan	COVERED
0025U	Tenofovir Liq Chrom Ur Quan	COVERED
0026U	Onc Thyr Dna&Mrna 112 Genes	COVERED
0027U	Jak2 Gene Trgt Seq Alys	COVERED
0028U	Cyp2d6 Gene Cpy Nmr Cmn Vrn	COVERED
0029U	Rx Metab Advrs Trgt Seq Alys	COVERED
0030U	Rx Metab Warf Trgt Seq Alys	COVERED
0031U	Cyp1a2 Gene	COVERED
0032U	Comt Gene	COVERED
0033U	Htr2a Htr2c Genes	COVERED
0034U	Tpmt Nudt15 Genes	COVERED
0042T	Ct Perfusion W/Contrast Cbf	COVERED
0060U	Twin Zygoty, Genomic Targeted Sequence Analysis Of Chromos	COVERED
0080U	Oncology (Lung), Mass Spectrometric Analysis Of Galectin-3-	COVERED
0084U	Red Blood Cell Antigen Typing, Dna, Genotyping Of 10 Blood G	NON-COVERED
0085U	Cytolethal Distending Toxin B (Cdtb) And Vinculin Igg Antibo	NON-COVERED
0086U	Infectious Disease (Bacterial And Fungal), Organism Identifi	NON-COVERED
0087U	Cardiology (Heart Transplant), Mrna Gene Expression Profilin	NON-COVERED
0088U	Transplantation Medicine (Kidney Allograft Rejection), Micro	NON-COVERED
0089U	Oncology (Melanoma), Gene Expression Profiling By Rtqpcr, <1	NON-COVERED
0090U	Oncology (Cutaneous Melanoma), Mrna Gene Expression Profilin	NON-COVERED
0091U	Oncology (Colorectal) Screening, Cell Enumeration Of Circula	NON-COVERED
0092U	Oncology (Lung), Three Protein Biomarkers, Immunoassay Using	NON-COVERED

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0093U	Prescription Drug Monitoring, Evaluation Of 65 Common Drugs	NON-COVERED
0094U	Genome (Eg, Unexplained Constitutional Or Heritable Disorder	NON-COVERED
0095T	Rmvl Artific Disc Addl Crvcl	COVERED
0095U	Inflammation (Eosinophilic Esophagitis), Elisa Analysis Of E	NON-COVERED
0096U	Human Papillomavirus (Hpv), High-Risk Types (1e, 16, 18, 31,	NON-COVERED
0097U	Gastrointestinal Pathogen, Multiplex Reverse Transcription A	NON-COVERED
0098U	Respiratory Pathogen, Multiplex Reverse Transcription And Mu	NON-COVERED
0099U	Respiratory Pathogen, Multiplex Reverse Transcription And Mu	NON-COVERED
0100U	Respiratory Pathogen, Multiplex Reverse Transcription And Mu	NON-COVERED
0101U	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, <I>Pt	NON-COVERED
0102U	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary B	NON-COVERED
0103U	Hereditary Ovarian Cancer (Eg, Hereditary Ovarian Cancer, He	NON-COVERED
0104U	Hereditary Pan Cancer (Eg, Hereditary Breast And Ovarian Can	NON-COVERED
0105U	Neph Ckd Mult Eclia Tum Nec	COVERED
0106U	Gstr Emptg 7 Timed Brth Spec	COVERED
0107U	C Diff Tox Ag Detcj Ia Stool	COVERED
0108U	Gi Barrett Esoph 9 Prtn Bmrk	COVERED
0109U	Id Aspergillus Dna 4 Species	COVERED
0110U	Rx Mntr 1+Oral Onc Rx&Sbsts	COVERED
0111U	Onc Colon Ca Kras&Nras Alys	COVERED
0112U	Iadi 16S&18S Rrna Genes	COVERED
0113U	Onc Prst8 Pca3&Tmprss2-Erg	COVERED
0114U	Gi Barretts Esoph Vim&Ccna1	COVERED
0115U	Respir Iadna 18 Viral&2 Bact	COVERED
0116U	Rx Mntr Nzm Ia 35+Oral Flu	COVERED
0117U	Pain Mgmt 11 Endogenous Anal	COVERED
0118U	Trnsplj Don-Drv Cll-Fr Dna	COVERED

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CPT Code	CPT Description	Authorization Status
0119U	Crd Ceramides Liq Chrom Plsm	COVERED
0120U	Onc B Cll Lymphm Mrna 58 Gen	COVERED
0121U	Sc Dis Vcam-1 Whole Blood	COVERED
0122U	Sc Dis P-Selectin Whl Blood	COVERED
0123T	Scleral Fistulization	COVERED
0123U	Mchnl Fragility Rbc Prflg	COVERED
0129U	Hered Brst Ca Rltd Do Panel	COVERED
0130U	Hered Colon Ca Do Mrna Pnl	COVERED
0131U	Hered Brst Ca Rltd Do Pnl 13	COVERED
0132U	Hered Ova Ca Rltd Do Pnl 17	COVERED
0133U	Hered Prst8 Ca Rltd Do 11	COVERED
0134U	Hered Pan Ca Mrna Pnl 18 Gen	COVERED
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	COVERED
0136U	Atm Mrna Seq Alys	COVERED
0137U	Palb2 Mrna Seq Alys	COVERED
0138U	Brca1 Brca2 Mrna Seq Alys	COVERED
0159T	Cad Breast Mri	COVERED
0165T	Revise Lumb Artif Disc Addl	COVERED
0171T	Lumbar Spine Proces Distract	COVERED
0172T	Lumbar Spine Process Addl	COVERED
0198T	Ocular Blood Flow Measure	COVERED
01999	Unlisted Anesth Procedure	COVERED
0254T	Evasc Rpr Iliac Art Bifur	COVERED
0293T	Ins Lt Atrl Press Monitor	COVERED
0294T	Ins Lt Atrl Mont Pres Lead	COVERED
0295T	Ext Ecg Complete	COVERED
0296T	Ext Ecg Recording	COVERED
0297T	Ext Ecg Scan W/Report	COVERED
0298T	Ext Ecg Review And Interp	COVERED
0302T	Icar Ischm Mntrng Sys Compl	COVERED
0303T	Icar Ischm Mntrng Sys Eltrd	COVERED
0304T	Icar Ischm Mntrng Sys Device	COVERED
0305T	Icar Ischm Mntrng Prgm Eval	COVERED
0306T	Icar Ischm Mntr Interr Eval	COVERED
0307T	Rmvl Icar Ischm Mntrng Dvce	COVERED

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CPT Code	CPT Description	Authorization Status
0308T	Insj Ocular Telescope Prosth	COVERED
0309T	Prescrl Fuse W/ Instr L4/L5	COVERED
0310T	Motor Function Mapping Ntms	COVERED
0311T	Cal & Alys Cntrl Artl Press	COVERED
0312T	Laps Impltj Nstim Vagus	COVERED
0313T	Laps Rmvl Nstim Array Vagus	COVERED
0314T	Laps Rmvl Vgl Arry & Pls Gen	COVERED
0315T	Rmvl Vagus Nerve Pls Gen	COVERED
0316T	Replc Vagus Nerve Pls Gen	COVERED
0317T	Elec Alys Vagus Nrv Pls Gen	COVERED
0331T	Heart Symp Image Plnr	COVERED
0332T	Heart Symp Image Plnr Spect	COVERED
0357T	Cryopreservation Oocyte(S)	COVERED
0375T	Total Disc Arthrp Ant Appr	COVERED
0376T	Insert Ant Segment Drain Int	COVERED
0377T	Anoscpy Inj Agent For Incont	COVERED
0378T	Visual Field Assmnt Rev/Rprt	COVERED
0379T	Vis Field Assmnt Tech Suppt	COVERED
0380T	Comp Animat Ret Imag Series	COVERED
0381T	Ext H Rate Epi Sz 14 Days	COVERED
0382T	Ext H Rate Sz 14 Day Ri Only	COVERED
0383T	Ext H Rate Sz Up To 30 Days	COVERED
0384T	Ex H Rate Sz 30 Day Ri Only	COVERED
0385T	Ex H Rate For Sz Ovr 30 Day	COVERED
0386T	Ex H Rate Sz 30+ Day Ri Only	COVERED
0387T	Leadless C Pm Ins/Rpl Ventr	COVERED
0388T	Leadless C Pm Remove Ventr	COVERED
0389T	Prog Eval Inper Leadls Pm	COVERED
0390T	Periproc Eval Inper Ledls Pm	COVERED
0391T	Intergt Eval Inper Leadls Pm	COVERED
0392T	Lap Es Sph Augment Dev Place	COVERED
0393T	Es Sph Augmnt Device Removal	COVERED
0394T	Hdr Elctrnc Skn Surf BrchytX	COVERED
0395T	Hdr Elctr Ntrst/Ntrcv Brchtx	COVERED
0396T	Intraop Kinetic Balnce Sensr	COVERED

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0397T	Ercp W/Optical Endomicroscopy	COVERED
0398T	Mrgfus Strtctc Les Abltj	COVERED
0399T	Myocardial Strain Imaging	COVERED
0400T	Mltispectrl Digital Les Alys	COVERED
0401T	Mltispectrl Digital Les Alys	COVERED
0402T	Collagen Crosslinking Cornea	COVERED
0403T	Diabetes Prev Standard Curr	COVERED
0404T	Trnscriv Uterin Fibroid Abltj	COVERED
0405T	Ovrsght Xtrcorp Liv Asst Pat	COVERED
0406T	Sin Ndsc Plmt Drg Elut Mplnt	COVERED
0407T	Sin Ndsc Plmt Drg Elut Mplnt	COVERED
0408T	Insj/Rplc Cardiac Modulj Sys	COVERED
0409T	Insj/Rplc Cardiac Modulj Pls Gn	COVERED
0410T	Insj/Rplc Car Modulj Atr Elt	COVERED
0411T	Insj/Rplc Car Modulj Vnt Elt	COVERED
0412T	Rmvl Cardiac Modulj Pls Gen	COVERED
0413T	Rmvl Car Modulj Tranvns Elt	COVERED
0414T	Rmvl & Rpl Car Modulj Pls Gn	COVERED
0415T	Repos Car Modulj Tranvns Elt	COVERED
0416T	Reloc Skin Pocket Pls Gen	COVERED
0417T	Pgrmg Eval Cardiac Modulj	COVERED
0418T	Interro Eval Cardiac Modulj	COVERED
0419T	Dstrj Neurofibromata Xtnsv	COVERED
0420T	Dstrj Neurofibromata Xtnsv	COVERED
0421T	Waterjet Prostate Abltj Cmpl	COVERED
0422T	Tactile Breast Img Uni/Bi	COVERED
0423T	Assay Secretory Type Ii Pla2`	COVERED
0424T	Insj/Rplc Nstim Apnea Cmpl	COVERED
0425T	Insj/Rplc Nstim Apnea Sen Ld	COVERED
0426T	Insj/Rplc Nstim Apnea Stm Ld	COVERED
0427T	Insj/Rplc Nstim Apnea Pls Gn	COVERED
0428T	Rmvl Nstim Apnea Pls Gen	COVERED
0429T	Rmvl Nstim Apnea Sen Ld	COVERED
0430T	Rmvl Nstim Apnea Stimj Ld	COVERED
0431T	Rmvl/Rplc Nstim Apnea Pls Gn	COVERED

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0432T	Repos Nstim Apnea Stimj Ld	COVERED
0433T	Repos Nstim Apnea Sensing Ld	COVERED
0434T	Interro Eval Npgs Sleep Apnea	COVERED
0435T	Prgrmg Eval Npgs Apnea 1 Ses	COVERED
0436T	Prgrmg Eval Npgs Apnea Study	COVERED
0437T	Impltj Synth Rnfcmt Abdl Wal	COVERED
0441T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guida	COVERED
0442T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guida	COVERED
0443T	R-T Spctrl Alys Prst8 Tiss	COVERED
0446T	Creation Of Subcutaneous	COVERED
0447T	Removal Of Implantable	COVERED
0448T	Removal Of Implantable	COVERED
0449T	Insertion Of Aqueous	COVERED
0450T	Each Additional Device	COVERED
0451T	Insj/Rplcmt Aortic Ventr Sys	COVERED
0452T	Insj/Rplcmt Dev Vasc Seal	COVERED
0453T	Insj/Rplcmt Mech-Elec Ntrfce	COVERED
0454T	Insj/Rplcmt Subq Electrode	COVERED
0455T	Remvl Aortic Ventr Cmpl Sys	COVERED
0456T	Remvl Aortic Dev Vasc Seal	COVERED
0457T	Remvl Mech-Elec Skin Ntrfce	COVERED
0458T	Remvl Subq Electrode	COVERED
0459T	Relocaj Rplcmt Aortic Ventr	COVERED
0460T	Repos Aortic Ventr Dev Eltrd	COVERED
0461T	Repos Aortic Contrpulsj Dev	COVERED
0462T	Prgrmg Eval Aortic Ventr Sys	COVERED
0463T	Interrog Aortic Ventr Sys	COVERED
0465T	Suprachoroidal Injection Of A Pharmacologic Agent (Does Not	COVERED
0479T	Fxjl Abl Lsr 1St 100 Sq Cm	COVERED
0480T	Fxjl Abl Lsr Ea Addl 100Sqcm	COVERED
0481T	Njx Autol Wbc Concentrate	COVERED
0482T	Absl Quan Myocrd Bld Flo Pet	COVERED
0483T	Tmvi Percutaneous Approach	COVERED

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0484T	Tmvi Transthoracic Exposure	COVERED
0485T	Oct Mid Ear I&R Unilateral	COVERED
0486T	Oct Mid Ear I&R Bilateral	COVERED
0487T	Trvg Biomchn Mapg W/Reprt	COVERED
0488T	Diabetes Prev Online/Elec	COVERED
0489T	Regn Cell Tx Scldr Hands	COVERED
0490T	Regn Cell Tx Scldr H Mlt Inj	COVERED
0491T	Abl Lsr Opn Wnd 1St 20 Sqcm	COVERED
0492T	Abl Lsr Opn Wnd Addl 20 Sqcm	COVERED
0493T	Near Ifr Spectrsc Of Wounds	COVERED
0494T	Prep & Cannulj Cdvr Don Lung	COVERED
0495T	Mntr Cdvr Don Lng 1St 2 Hrs	COVERED
0496T	Mntr Cdvr Don Lng Ea Addl Hr	COVERED
0497T	Xtrnl Pt Act Ecg In-Off Conn	COVERED
0498T	Xtrnl Pt Act Ecg R&I Pr 30 D	COVERED
0499T	Cysto F/Urtl Strix/Stenosis	COVERED
0500T	Hpv 5+ Hi Risk Hpv Types	COVERED
0501T	Cor Ffr Derived Cor Cta Data	COVERED
0502T	Cor Ffr Data Prep & Transmis	COVERED
0503T	Cor Ffr Alys Gnrj Ffr Mdl	COVERED
0504T	Cor Ffr Data Review I&R	COVERED
0548T	Transperineal Periurethral Balloon Continence Device; Bilate	COVERED
0549T	Unilateral Placement, Including Cystoscopy And Fluoroscopy	COVERED
0550T	Removal, Each Balloon	COVERED
0555F	Symptom Mgmnt Plan Care Docd	COVERED
0558T	Computed Tomography Scan Taken For The Purpose Of Biomechani	COVERED
10040	Acne Surgery	COVERED
1052F	Type Location Activityassess	COVERED
11042	Deb Subq Tissue 20 Sq Cm/<	COVERED
11043	Deb Musc/Fascia 20 Sq Cm/<	COVERED
11200	Removal Of Skin Tags Less W/15	COVERED
1150F	Doc Pt Rsk Death W/In 1Yr	COVERED
1151F	Doc No Pt Rsk Death W/In 1Yr	COVERED

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CPT Code	CPT Description	Authorization Status
1152F	Doc Advncd Dis Comfort 1St	COVERED
1153F	Doc Advncd Dis Cmfrt Not 1St	COVERED
1157F	Advnc Care Plan In Rcrd	COVERED
1158F	Advnc Care Plan Tlk Docd	COVERED
1159F	Med List Docd In Rcrd	COVERED
1160F	Rvw Meds By Rx/Dr In Rcrd	COVERED
1170F	FxnI Status Assessed	COVERED
11719	Trim Nail(S) Any Number	NON-COVERED
11721	Debride Nail 6 Or More	COVERED
11755	Biopsy Nail Unit	COVERED
11920	Correct Skin Color 6.0 Cm/<	NON-COVERED
11921	Correct Skn Color 6.1-20.0Cm	NON-COVERED
11922	Correct Skin Color Ea 20.0Cm	NON-COVERED
11950	Tx Contour Defects 1 Cc/<	NON-COVERED
11951	Tx Contour Defects 1.1-5.0Cc	NON-COVERED
11952	Tx Contour Defects 5.1-10Cc	NON-COVERED
11954	Tx Contour Defects >10.0 Cc	NON-COVERED
11960	Insert Tissue Expander(S)	COVERED
11970	Replace Tissue Expander	COVERED
11971	Remove Tissue Expander(S)	COVERED
1220F	Pt Screened For Depression	COVERED
15002	Wound Prep Trk/Arm/Leg	COVERED
15004	Wound Prep F/N/Hf/G	COVERED
15275	Skin Sub Graft Face/Nk/Hf/G	COVERED
15730	Mdfc Flap W/Prsrv Vasc Pedcl	COVERED
15733	Musc Myoq/Fscq Flp H&N Pedcl	COVERED
15769	Grafting Of Autologous Soft Tissue, Other, Harvested By Dire	COVERED
15771	Grafting Of Autologous Fat Harvested By Liposuction Techniqu	COVERED
15772	Grafting Of Autologous Fat Harvested By Liposuction Techniqu	COVERED
15773	Grafting Of Autologous Fat Harvested By Liposuction Techniqu	COVERED
15774	Grafting Of Autologous Fat Harvested By Liposuction Techniqu	COVERED
15775	Hair Trnspl 1-15 Punch Grfts	NON-COVERED

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CPT Code	CPT Description	Authorization Status
15776	Hair Trnspl >15 Punch Grafts	NON-COVERED
15777	Acellular Derm Matrix Implt	COVERED
15786	Abrasion Lesion Single	COVERED
15787	Abrasion Lesions Add-On	COVERED
15819	Plastic Surgery Neck	NON-COVERED
15820	Revision Of Lower Eyelid	COVERED
15821	Revision Of Lower Eyelid	COVERED
15822	Revision Of Upper Eyelid	COVERED
15823	Revision Of Upper Eyelid	COVERED
15824	Removal Of Forehead Wrinkles	NON-COVERED
15825	Removal Of Neck Wrinkles	NON-COVERED
15826	Removal Of Brow Wrinkles	NON-COVERED
15828	Removal Of Face Wrinkles	NON-COVERED
15829	Removal Of Skin Wrinkles	NON-COVERED
15830	Exc Skin Abd	COVERED
15832	Excise Excessive Skin Thigh	NON-COVERED
15833	Excise Excessive Skin Leg	NON-COVERED
15834	Excise Excessive Skin Hip	NON-COVERED
15835	Excise Excessive Skin Buttck	NON-COVERED
15836	Excise Excessive Skin Arm	NON-COVERED
15837	Excise Excess Skin Arm/Hand	NON-COVERED
15838	Excise Excess Skin Fat Pad	NON-COVERED
15839	Excise Excess Skin & Tissue	NON-COVERED
15847	Exc Skin Abd Add-On	COVERED
15850	Remove Sutures Same Surgeon	NON-COVERED
15852	Dressing Change Not For Burn	NON-COVERED
15876	Suction Lipectomy Head&Neck	NON-COVERED
15877	Suction Lipectomy Trunk	NON-COVERED
15878	Suction Lipectomy Upr Extrem	NON-COVERED
15879	Suction Lipectomy Lwr Extrem	NON-COVERED
15999	Removal Of Pressure Sore	COVERED
17106	Destruction Of Skin Lesions	COVERED
17107	Destruction Of Skin Lesions	COVERED
17311	Mohs 1 Stage H/N/Hf/G	COVERED
17312	Mohs Addl Stage	COVERED

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CPT Code	CPT Description	Authorization Status
17313	Mohs 1 Stage T/A/L	COVERED
17314	Mohs Addl Stage T/A/L	COVERED
17315	Mohs Surg Addl Block	COVERED
17340	Cryotherapy Of Skin	COVERED
17380	Hair Removal By Electrolysis	NON-COVERED
17999	Skin Tissue Procedure	COVERED
19105	Cryosurg Ablate Fa Each	NON-COVERED
19110	Nipple Exploration	COVERED
19300	Removal Of Breast Tissue	COVERED
19316	Suspension Of Breast	COVERED
19318	Reduction Of Large Breast	COVERED
19325	Enlarge Breast With Implant	COVERED
19328	Removal Of Breast Implant	COVERED
19330	Removal Of Implant Material	COVERED
19340	Immediate Breast Prosthesis	COVERED
19342	Delayed Breast Prosthesis	COVERED
19350	Breast Reconstruction	COVERED
19355	Correct Inverted Nipple(S)	COVERED
19357	Breast Reconstruction	COVERED
19361	Breast Reconstr W/Lat Flap	COVERED
19364	Breast Reconstruction	COVERED
19367	Breast Reconstruction	COVERED
19368	Breast Reconstruction	COVERED
19369	Breast Reconstruction	COVERED
19380	Revise Breast Reconstruction	COVERED
19396	Design Custom Breast Implant	COVERED
19499	Breast Surgery Procedure	COVERED
2000F	Blood Pressure Measure	COVERED
2001F	Weight Record	COVERED
2002F	Clin Sign Vol OvrlD Assess	COVERED
2004F	Initial Exam Involved Joints	COVERED
20100	Explore Wound Neck	COVERED
20101	Explore Wound Chest	COVERED
2010F	Vital Signs Recorded	COVERED
2014F	Mental Status Assess	COVERED

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2015F	Asthma Impairment Assessed	COVERED
2016F	Asthma Risk Assessed	COVERED
2018F	Hydration Status Assess	COVERED
2019F	Dilated Macul Exam Done	COVERED
20200	Muscle Biopsy	COVERED
2020F	Dilated Fundus Eval Done	COVERED
2021F	Dilat Macular Exam Done	COVERED
20225	Bone Biopsy Trocar/Needle	COVERED
2022F	Dil Retina Exam Interp Rev	COVERED
2023F	Dilat Rta Xm W/O Rtnophthy	COVERED
20245	Bone Biopsy Excisional	COVERED
2024F	7 Field Photo Interp Doc Rev	COVERED
2025F	7 Fld Rta Photo W/O Rtnophthy	COVERED
2026F	Eye Image Valid To Dx Rev	COVERED
2027F	Optic Nerve Head Eval Done	COVERED
2028F	Foot Exam Performed	COVERED
2029F	Complete Phys Skin Exam Done	COVERED
2030F	H2o Stat Docd Normal	COVERED
2031F	H2o Stat Docd Dehydrated	COVERED
2033F	Eye Img Valid W/O Rtnophthy	COVERED
2035F	Tymp Memb Motion Examd	COVERED
2040F	Bk Pn Xm On Init Visit Date	COVERED
2044F	Doc Mntl Tst B/4 Bk Trxmnt	COVERED
2050F	Wound Char Size Etc Docd	COVERED
20527	Inj Dupuytren Cord W/Enzyme	COVERED
2060F	Pt Talk Eval Hlthwkr Re Mdd	COVERED
20690	Apply Bone Fixation Device	COVERED
20692	Apply Bone Fixation Device	COVERED
20694	Remove Bone Fixation Device	COVERED
20697	Comp Ext Fixate Strut Change	COVERED
20900	Removal Of Bone For Graft	COVERED
20902	Removal Of Bone For Graft	COVERED
20910	Remove Cartilage For Graft	COVERED
20930	Sp Bone Algrft Morsel Add-On	COVERED
20931	Sp Bone Algrft Struct Add-On	COVERED

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20932	Allograft, Includes Templating, Cutting, Placement And Inter	COVERED
20933	Allograft, Includes Templating, Cutting, Placement And Inter	COVERED
20934	Allograft, Includes Templating, Cutting, Placement And Inter	COVERED
20937	Sp Bone Agrft Morsel Add-On	COVERED
20938	Sp Bone Agrft Struct Add-On	COVERED
20955	Fibula Bone Graft Microvasc	COVERED
20979	Us Bone Stimulation	COVERED
20983	Ablate Bone Tumor(S) Perq	COVERED
20985	Cptr-Asst Dir Ms Px	COVERED
21011	Exc Face Les Sc < 2 Cm	COVERED
21012	Exc Face Les Sbj 2 Cm/>	COVERED
21025	Excision Of Bone Lower Jaw	COVERED
21026	Excision Of Facial Bone(S)	COVERED
21029	Contour Of Face Bone Lesion	COVERED
21030	Excise Max/Zygoma B9 Tumor	COVERED
21031	Remove Exostosis Mandible	COVERED
21076	Prepare Face/Oral Prosthesis	NON-COVERED
21077	Prepare Face/Oral Prosthesis	NON-COVERED
21079	Prepare Face/Oral Prosthesis	NON-COVERED
21080	Prepare Face/Oral Prosthesis	NON-COVERED
21081	Prepare Face/Oral Prosthesis	NON-COVERED
21082	Prepare Face/Oral Prosthesis	NON-COVERED
21083	Prepare Face/Oral Prosthesis	NON-COVERED
21084	Prepare Face/Oral Prosthesis	NON-COVERED
21085	Prepare Face/Oral Prosthesis	NON-COVERED
21086	Prepare Face/Oral Prosthesis	NON-COVERED
21087	Prepare Face/Oral Prosthesis	NON-COVERED
21088	Prepare Face/Oral Prosthesis	NON-COVERED
21089	Prepare Face/Oral Prosthesis	NON-COVERED
21100	Maxillofacial Fixation	COVERED
21110	Interdental Fixation	COVERED
21125	Augmentation Lower Jaw Bone	NON-COVERED
21141	Lefort I-1 Piece W/O Graft	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
21142	Lefort I-2 Piece W/O Graft	COVERED
21143	Lefort I-3/> Piece W/O Graft	COVERED
21145	Lefort I-1 Piece W/ Graft	COVERED
21146	Lefort I-2 Piece W/ Graft	COVERED
21147	Lefort I-3/> Piece W/ Graft	COVERED
21150	Lefort Ii Anterior Intrusion	COVERED
21151	Lefort Ii W/Bone Grafts	COVERED
21154	Lefort Iii W/O Lefort I	COVERED
21155	Lefort Iii W/ Lefort I	COVERED
21159	Lefort Iii W/Fhdw/O Lefort I	COVERED
21160	Lefort Iii W/Fhd W/ Lefort I	COVERED
21172	Reconstruct Orbit/Forehead	COVERED
21175	Reconstruct Orbit/Forehead	COVERED
21179	Reconstruct Entire Forehead	COVERED
21180	Reconstruct Entire Forehead	COVERED
21181	Contour Cranial Bone Lesion	COVERED
21182	Reconstruct Cranial Bone	COVERED
21183	Reconstruct Cranial Bone	COVERED
21184	Reconstruct Cranial Bone	COVERED
21188	Reconstruction Of Midface	COVERED
21193	Reconst Lwr Jaw W/O Graft	COVERED
21194	Reconst Lwr Jaw W/Graft	COVERED
21195	Reconst Lwr Jaw W/O Fixation	COVERED
21196	Reconst Lwr Jaw W/Fixation	COVERED
21198	Reconstr Lwr Jaw Segment	COVERED
21199	Reconstr Lwr Jaw W/Advance	COVERED
21206	Reconstruct Upper Jaw Bone	COVERED
21208	Augmentation Of Facial Bones	COVERED
21209	Reduction Of Facial Bones	COVERED
21210	Face Bone Graft	COVERED
21215	Lower Jaw Bone Graft	COVERED
21230	Rib Cartilage Graft	COVERED
21235	Ear Cartilage Graft	COVERED
21244	Reconstruction Of Lower Jaw	COVERED
21245	Reconstruction Of Jaw	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
21246	Reconstruction Of Jaw	COVERED
21247	Reconstruct Lower Jaw Bone	COVERED
21248	Reconstruction Of Jaw	COVERED
21249	Reconstruction Of Jaw	COVERED
21255	Reconstruct Lower Jaw Bone	COVERED
21256	Reconstruction Of Orbit	COVERED
21260	Revise Eye Sockets	COVERED
21261	Revise Eye Sockets	COVERED
21263	Revise Eye Sockets	COVERED
21267	Revise Eye Sockets	COVERED
21268	Revise Eye Sockets	COVERED
21270	Augmentation Cheek Bone	COVERED
21275	Revision Orbitofacial Bones	COVERED
21280	Revision Of Eyelid	COVERED
21282	Revision Of Eyelid	COVERED
21295	Revision Of Jaw Muscle/Bone	COVERED
21296	Revision Of Jaw Muscle/Bone	COVERED
21299	Cranio/Maxillofacial Surgery	COVERED
21320	Closed Tx Nose Fx W/ Stablj	COVERED
21390	Opn Tx Orbit Periorbtl Implt	COVERED
21401	Closed Tx Orbit W/ Manipulj	COVERED
21497	Interdental Wiring	COVERED
21552	Exc Neck Les Sc 3 Cm/>	COVERED
21554	Exc Neck Tum Deep 5 Cm/>	COVERED
21555	Exc Neck Les Sc < 3 Cm	COVERED
21620	Partial Removal Of Sternum	COVERED
21740	Reconstruction Of Sternum	COVERED
21743	Repair Sternum/Nuss W/Scope	COVERED
21920	Biopsy Soft Tissue Of Back	COVERED
21930	Exc Back Les Sc < 3 Cm	COVERED
21931	Exc Back Les Sc 3 Cm/>	COVERED
21935	Resect Back Tum < 5 Cm	COVERED
22505	Manipulation Of Spine	COVERED
22510	Perq Cervicothoracic Inject	COVERED
22511	Perq Lumbosacral Injection	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
22512	Vertebroplasty Addl Inject	COVERED
22513	Perq Vertebral Augmentation	COVERED
22514	Perq Vertebral Augmentation	COVERED
22515	Perq Vertebral Augmentation	COVERED
22520	Percutaneous Vertebroplasty Thoracic W/Wo Bone Bx	COVERED
22523	Percutaneous Vertebral Augmentation Thoracic	NON-COVERED
22525	Perq Vertebral Augmentation Ea Addl Thrc/Lmbr	COVERED
22526	Idet Single Level	NON-COVERED
22527	Idet 1 Or More Levels	NON-COVERED
22533	Lat Lumbar Spine Fusion	COVERED
22534	Lat Thor/Lumb Addl Seg	COVERED
22548	Neck Spine Fusion	COVERED
22551	Neck Spine Fuse&Remov Bel C2	COVERED
22552	Addl Neck Spine Fusion	COVERED
22554	Neck Spine Fusion	COVERED
22556	Thorax Spine Fusion	COVERED
22558	Lumbar Spine Fusion	COVERED
22585	Additional Spinal Fusion	COVERED
22590	Spine & Skull Spinal Fusion	COVERED
22595	Neck Spinal Fusion	COVERED
22600	Neck Spine Fusion	COVERED
22610	Thorax Spine Fusion	COVERED
22612	Lumbar Spine Fusion	COVERED
22614	Spine Fusion Extra Segment	COVERED
22630	Lumbar Spine Fusion	COVERED
22632	Spine Fusion Extra Segment	COVERED
22633	Lumbar Spine Fusion Combined	COVERED
22634	Spine Fusion Extra Segment	COVERED
22800	Post Fusion </6 Vert Seg	COVERED
22802	Post Fusion 7-12 Vert Seg	COVERED
22804	Post Fusion 13/> Vert Seg	COVERED
22808	Ant Fusion 2-3 Vert Seg	COVERED
22810	Ant Fusion 4-7 Vert Seg	COVERED
22812	Ant Fusion 8/> Vert Seg	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
22818	Kyphectomy 1-2 Segments	COVERED
22819	Kyphectomy 3 Or More	COVERED
22830	Exploration Of Spinal Fusion	COVERED
22840	Insert Spine Fixation Device	COVERED
22842	Insert Spine Fixation Device	COVERED
22845	Insert Spine Fixation Device	COVERED
22850	Remove Spine Fixation Device	COVERED
22852	Remove Spine Fixation Device	COVERED
22853	Insj Biomechanical Device	COVERED
22854	Insj Biomechanical Device	COVERED
22855	Remove Spine Fixation Device	COVERED
22856	Cerv Artific Diskectomy	COVERED
22857	Lumbar Artif Diskectomy	COVERED
22858	Second Level Cer Diskectomy	COVERED
22859	Insj Biomechanical Device	COVERED
22861	Revise Cerv Artific Disc	COVERED
22862	Revise Lumbar Artif Disc	COVERED
22864	Remove Cerv Artif Disc	COVERED
22865	Remove Lumb Artif Disc	COVERED
22867	Insertion Of Interlaminar/Interspinous Process	COVERED
22868	Insj Stablj Dev W/Dcmprn	COVERED
22869	Insertion Of Intervertebral Biomechanical	COVERED
22870	Insj Stablj Dev W/O Dcmprn	COVERED
22899	Spine Surgery Procedure	COVERED
22902	Exc Abd Les Sc < 3 Cm	COVERED
22903	Exc Abd Les Sc 3 Cm/>	COVERED
23000	Removal Of Calcium Deposits	COVERED
23071	Exc Shoulder Les Sc 3 Cm/>	COVERED
23075	Exc Shoulder Les Sc < 3 Cm	COVERED
23078	Resect Shoulder Tumor 5 Cm/>	COVERED
23330	Remove Shoulder Foreign Body	COVERED
23405	Incision Of Tendon & Muscle	COVERED
23410	Repair Rotator Cuff Acute	COVERED
23455	Repair Shoulder Capsule	COVERED
23470	Reconstruct Shoulder Joint	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
23472	Reconstruct Shoulder Joint	COVERED
23900	Amputation Of Arm & Girdle	COVERED
24071	Exc Arm/Elbow Les Sc 3 Cm/>	COVERED
24075	Exc Arm/Elbow Les Sc < 3 Cm	COVERED
24130	Removal Of Head Of Radius	COVERED
24220	Injection For Elbow X-Ray	COVERED
24346	Reconstruct Elbow Med Ligmnt	COVERED
24615	Treat Elbow Dislocation	COVERED
25040	Explore/Treat Wrist Joint	COVERED
25065	Biopsy Forearm Soft Tissues	COVERED
25066	Biopsy Forearm Soft Tissues	COVERED
25071	Exc Forearm Les Sc 3 Cm/>	COVERED
25075	Exc Forearm Les Sc < 3 Cm	COVERED
25076	Exc Forearm Tum Deep < 3 Cm	COVERED
25101	Explore/Treat Wrist Joint	COVERED
25170	Resect Radius/Ulnar Tumor	COVERED
25215	Removal Of Wrist Bones	COVERED
25240	Partial Removal Of Ulna	COVERED
25248	Remove Forearm Foreign Body	COVERED
25310	Transplant Forearm Tendon	COVERED
25315	Revise Palsy Hand Tendon(S)	COVERED
25360	Revision Of Ulna	COVERED
25400	Repair Radius Or Ulna	COVERED
25405	Repair/Graft Radius Or Ulna	COVERED
25440	Repair/Graft Wrist Bone	COVERED
25447	Repair Wrist Joints	COVERED
25490	Reinforce Radius	COVERED
25800	Fusion Of Wrist Joint	COVERED
25810	Fusion/Graft Of Wrist Joint	COVERED
25999	Forearm Or Wrist Surgery	COVERED
26010	Drainage Of Finger Abscess	COVERED
26111	Exc Hand Les Sc 1.5 Cm/>	COVERED
26115	Exc Hand Les Sc < 1.5 Cm	COVERED
26116	Exc Hand Tum Deep < 1.5 Cm	COVERED
26121	Release Palm Contracture	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
26140	Revise Finger Joint Each	COVERED
26145	Tendon Excision Palm/Finger	COVERED
26210	Removal Of Finger Lesion	COVERED
26341	Manipulat Palm Cord Post Inj	COVERED
26440	Release Palm/Finger Tendon	COVERED
26485	Transplant Palm Tendon	COVERED
26508	Release Thumb Contracture	COVERED
26841	Fusion Of Thumb	COVERED
27040	Biopsy Of Soft Tissues	COVERED
27041	Biopsy Of Soft Tissues	COVERED
27043	Exc Hip Pelvis Les Sc 3 Cm/>	COVERED
27047	Exc Hip/Pelvis Les Sc < 3 Cm	COVERED
27048	Exc Hip/Pelv Tum Deep < 5 Cm	COVERED
27071	Part Removal Hip Bone Deep	COVERED
27076	Resect Hip Tum Incl Acetabul	COVERED
27093	Injection For Hip X-Ray	COVERED
27122	Reconstruction Of Hip Socket	COVERED
27130	Total Hip Arthroplasty	COVERED
27134	Revise Hip Joint Replacement	COVERED
27156	Revision Of Hip Bones	COVERED
27179	Revise Head/Neck Of Femur	COVERED
27197	Closed Treatment Of Posterior Pelvic Ring	COVERED
27198	Closed Treatment Of Posterior Pelvic Ring	COVERED
27279	Arthrodesis Sacroiliac Joint	COVERED
27299	Pelvis/Hip Joint Surgery	COVERED
27301	Drain Thigh/Knee Lesion	COVERED
27327	Exc Thigh/Knee Les Sc < 3 Cm	COVERED
27328	Exc Thigh/Knee Tum Deep <5Cm	COVERED
27331	Explore/Treat Knee Joint	COVERED
27337	Exc Thigh/Knee Les Sc 3 Cm/>	COVERED
27339	Exc Thigh/Knee Tum Dep 5Cm/>	COVERED
27340	Removal Of Kneecap Bursa	COVERED
27355	Remove Femur Lesion	COVERED
27357	Remove Femur Lesion/Graft	COVERED
27381	Repair/Graft Kneecap Tendon	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
27386	Repair/Graft Of Thigh Muscle	COVERED
27409	Repair Of Knee Ligaments	COVERED
27412	Autochondrocyte Implant Knee	COVERED
27418	Repair Degenerated Kneecap	COVERED
27420	Revision Of Unstable Kneecap	COVERED
27427	Reconstruction Knee	COVERED
27428	Reconstruction Knee	COVERED
27429	Reconstruction Knee	COVERED
27606	Incision Of Achilles Tendon	COVERED
27612	Exploration Of Ankle Joint	COVERED
27613	Biopsy Lower Leg Soft Tissue	COVERED
27620	Explore/Treat Ankle Joint	COVERED
27626	Remove Ankle Joint Lining	COVERED
27632	Exc Leg/Ankle Les Sc 3 Cm/>	COVERED
27640	Partial Removal Of Tibia	COVERED
27641	Partial Removal Of Fibula	COVERED
27707	Incision Of Fibula	COVERED
27870	Fusion Of Ankle Joint Open	COVERED
28008	Incision Of Foot Fascia	COVERED
28011	Incision Of Toe Tendons	COVERED
28022	Exploration Of Foot Joint	COVERED
28041	Exc Foot/Toe Tum Dep 1.5Cm/>	COVERED
28043	Exc Foot/Toe Tum Sc < 1.5 Cm	COVERED
28045	Exc Foot/Toe Tum Deep <1.5Cm	COVERED
28046	Resect Foot/Toe Tumor < 3 Cm	COVERED
28047	Resect Foot/Toe Tumor 3 Cm/>	COVERED
28060	Partial Removal Foot Fascia	COVERED
28062	Removal Of Foot Fascia	COVERED
28080	Removal Of Foot Lesion	COVERED
28090	Removal Of Foot Lesion	COVERED
28092	Removal Of Toe Lesions	COVERED
28110	Part Removal Of Metatarsal	COVERED
28112	Part Removal Of Metatarsal	COVERED
28114	Removal Of Metatarsal Heads	COVERED
28119	Removal Of Heel Spur	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
28120	Part Removal Of Ankle/Heel	COVERED
28122	Partial Removal Of Foot Bone	COVERED
28124	Partial Removal Of Toe	COVERED
28150	Removal Of Toe	COVERED
28160	Partial Removal Of Toe	COVERED
28260	Release Of Midfoot Joint	COVERED
28270	Release Of Foot Contracture	COVERED
28280	Fusion Of Toes	COVERED
28285	Repair Of Hammertoe	COVERED
28286	Repair Of Hammertoe	COVERED
28288	Partial Removal Of Foot Bone	COVERED
28289	Repair Hallux Rigidus	COVERED
28291	Hallux Rigidus Correction With Cheilectomy,	COVERED
28292	Correction Of Bunion	COVERED
28295	Correction, Hallux Valgus (Bunionectomy), With	COVERED
28296	Correction Of Bunion	COVERED
28297	Correction Of Bunion	COVERED
28298	Correction Of Bunion	COVERED
28300	Incision Of Heel Bone	COVERED
28304	Incision Of Midfoot Bones	COVERED
28305	Incise/Graft Midfoot Bones	COVERED
28306	Incision Of Metatarsal	COVERED
28308	Incision Of Metatarsal	COVERED
28309	Incision Of Metatarsals	COVERED
28310	Revision Of Big Toe	COVERED
28315	Removal Of Sesamoid Bone	COVERED
28322	Repair Of Metatarsals	COVERED
28345	Repair Webbed Toe(S)	COVERED
28715	Fusion Of Foot Bones	COVERED
28725	Fusion Of Foot Bones	COVERED
28730	Fusion Of Foot Bones	COVERED
28740	Fusion Of Foot Bones	COVERED
28750	Fusion Of Big Toe Joint	COVERED
28755	Fusion Of Big Toe Joint	COVERED
28760	Fusion Of Big Toe Joint	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
28825	Partial Amputation Of Toe	COVERED
28899	Foot/Toes Surgery Procedure	COVERED
29799	Casting/Strapping Procedure	COVERED
29806	Shoulder Arthroscopy/Surgery	COVERED
29807	Shoulder Arthroscopy/Surgery	COVERED
29825	Shoulder Arthroscopy/Surgery	COVERED
29879	Knee Arthroscopy/Surgery	COVERED
29999	Arthroscopy Of Joint	COVERED
30400	Reconstruction Of Nose	COVERED
30410	Reconstruction Of Nose	COVERED
30420	Reconstruction Of Nose	COVERED
30430	Revision Of Nose	COVERED
30435	Revision Of Nose	COVERED
30450	Revision Of Nose	COVERED
30465	Repair Nasal Stenosis	COVERED
3051F	Hg A1c>Equal 7.0%<8.0%	COVERED
3052F	Hg A1c>Equal 8.0%<Equal 9.0%	COVERED
30620	Intranasal Reconstruction	COVERED
30999	Nasal Surgery Procedure	COVERED
31299	Sinus Surgery Procedure	COVERED
31551	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31552	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31553	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31554	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31591	Laryngoplasty, Medialization, Unilateral	COVERED
31592	Cricotracheal Resection	COVERED
31599	Larynx Surgery Procedure	COVERED
31899	Airways Surgical Procedure	COVERED
32850	Donor Pneumonectomy	NON-COVERED
32856	Prepare Donor Lung Double	NON-COVERED
32997	Total Lung Lavage	NON-COVERED
32999	Chest Surgery Procedure	COVERED
33140	Heart Revascularize (Tmr)	NON-COVERED
33141	Heart Tmr W/Other Procedure	NON-COVERED
33215	Reposition Pacing-Defib Lead	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
33227	Remove&Replace Pm Gen Singl	COVERED
33249	Insj/Rplcmt Defib W/Lead(S)	COVERED
33262	Rmvl& Replc Pulse Gen 1 Lead	COVERED
33271	Insj Subq Impltbl Dfb Elctrd	COVERED
33272	Rmvl Of Subq Defibrillator	COVERED
33273	Repos Prev Impltbl Subq Dfb	COVERED
33274	Transcatheter Insertion Or Replacement Of Permanent Leadless	COVERED
33275	Transcatheter Removal Of Permanent Leadless Pacemaker, Right	COVERED
33285	Insertion, Subcutaneous Cardiac Rhythm Monitor, Including Pr	COVERED
33286	Removal, Subcutaneous Cardiac Rhythm Monitor	COVERED
33289	Transcatheter Implantation Of Wireless Pulmonary Artery Pres	COVERED
33340	Perq Clsr Tcat L Atr Apndge	COVERED
33390	Valvuloplasty Aortic Valve	COVERED
33391	Valvuloplasty Aortic Valve	COVERED
33418	Repair Tcat Mitral Valve	COVERED
33419	Repair Tcat Mitral Valve	COVERED
33440	Replacement, Aortic Valve; By Translocation Of Autologous Pu	COVERED
33866	Aortic Hemiarch Graft Including Isolation And Control Of The	COVERED
33871	Transverse Aortic Arch Graft, With Cardiopulmonary Bypass, W	COVERED
33927	Impltj Tot Rplcmt Hrt Sys	NON-COVERED
33928	Rmvl & Rplcmt Tot Hrt Sys	NON-COVERED
33929	Rmvl Rplcmt Hrt Sys F/Trnspl	NON-COVERED
33930	Removal Of Donor Heart/Lung	NON-COVERED
33940	Removal Of Donor Heart	NON-COVERED
33945	Transplantation Of Heart	COVERED
33946	Ecmo/Ecls Initiation Venous	COVERED
33947	Ecmo/Ecls Initiation Artery	COVERED
33948	Ecmo/Ecls Daily Mgmt-Venous	COVERED
33949	Ecmo/Ecls Daily Mgmt Artery	COVERED
33951	Ecmo/Ecls Insj Prph Cannula	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
33952	Ecmo/Ecls Insj Prph Cannula	COVERED
33953	Ecmo/Ecls Insj Prph Cannula	COVERED
33954	Ecmo/Ecls Insj Prph Cannula	COVERED
33955	Ecmo/Ecls Insj Ctr Cannula	COVERED
33956	Ecmo/Ecls Insj Ctr Cannula	COVERED
33957	Ecmo/Ecls Repos Perph Cnula	COVERED
33958	Ecmo/Ecls Repos Perph Cnula	COVERED
33959	Ecmo/Ecls Repos Perph Cnula	COVERED
33960	Prolonged Extracorporeal Circulation Init Day	NON-COVERED
33961	Prolonged Extracorporeal Circulation Ea Addl Day	NON-COVERED
33962	Ecmo/Ecls Repos Perph Cnula	COVERED
33963	Ecmo/Ecls Repos Perph Cnula	COVERED
33964	Ecmo/Ecls Repos Perph Cnula	COVERED
33965	Ecmo/Ecls Rmvl Perph Cannula	COVERED
33966	Ecmo/Ecls Rmvl Prph Cannula	COVERED
33969	Ecmo/Ecls Rmvl Perph Cannula	COVERED
33984	Ecmo/Ecls Rmvl Prph Cannula	COVERED
33985	Ecmo/Ecls Rmvl Ctr Cannula	COVERED
33986	Ecmo/Ecls Rmvl Ctr Cannula	COVERED
33987	Artery Expos/Graft Artery	COVERED
33988	Insertion Of Left Heart Vent	COVERED
33989	Removal Of Left Heart Vent	COVERED
33990	Insert Vad Artery Access	COVERED
33999	Cardiac Surgery Procedure	COVERED
34839	Plnning Pt Spec Fenest Graft	COVERED
3517F	Hbv Assess&Results Intrap 1Yr	COVERED
3520F	Cdifficile Testing Performed	COVERED
36222	Place Cath Carotid/Inom Art	COVERED
36225	Place Cath Subclavian Art	COVERED
36227	Place Cath Xtrnl Carotid	COVERED
36228	Place Cath Intracranial Art	COVERED
36299	Vessel Injection Procedure	COVERED
36415	Routine Venipuncture	NON-COVERED
36416	Capillary Blood Draw	NON-COVERED
36430	Blood Transfusion Service	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
36456	Prtl Exchange Transfuse Nb	COVERED
36465	Njx Noncmpnd Sclsru 1 Vein	COVERED
36466	Njx Noncmpnd Sclsru Mlt Vn	COVERED
36468	Injection(S) Spider Veins	NON-COVERED
36469	1/Mlt Njxs Sclsru Slns Spider Veins Face	NON-COVERED
36470	Injection Therapy Of Vein	COVERED
36471	Injection Therapy Of Veins	COVERED
36473	Endovenous Ablation Therapy Of Incompetent Vein, Extremity,	COVERED
36474	Endovenous Mchnchem Add-On	COVERED
36475	Endovenous Rf 1St Vein	COVERED
36476	Endovenous Rf Vein Add-On	COVERED
36478	Endovenous Laser 1St Vein	COVERED
36479	Endovenous Laser Vein Addon	COVERED
36482	Endoven Ther Chem Adhes 1St	COVERED
36483	Endoven Ther Chem Adhes Sbsq	COVERED
36516	Apheresis Selective	COVERED
36591	Draw Blood Off Venous Device	NON-COVERED
36592	Collect Blood From Picc	NON-COVERED
36593	Declot Vascular Device	COVERED
36904	Percutaneous Transluminal Mechanical Thrombectomy	COVERED
36905	Percutaneous Transluminal Mechanical Thrombectomy	COVERED
36906	Percutaneous Transluminal Mechanical Thrombectomy	COVERED
3700F	Psych Disorders Assessed	COVERED
37212	Thrombolytic Venous Therapy	COVERED
37218	Stent Placemt Ante Carotid	COVERED
37222	Iliac Revasc Add-On	COVERED
37223	Iliac Revasc W/Stent Add-On	COVERED
37224	Fem/Popl Revas W/Tla	COVERED
37225	Fem/Popl Revas W/Ather	COVERED
37226	Fem/Popl Revasc W/Stent	COVERED
37227	Fem/Popl Revasc Stnt & Ather	COVERED
37229	Tib/Per Revasc W/Ather	COVERED
37230	Tib/Per Revasc W/Stent	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
37235	Tib/Per Revasc Stnt & Ather	COVERED
37246	Transluminal Balloon Angioplasty (Except Lower Extremity)	COVERED
37247	Trluml Balo Angiop Addl Art	COVERED
37248	Trluml Balo Angiop 1St Vein	COVERED
37249	Trluml Balo Angiop Addl Vein	COVERED
37501	Vascular Endoscopy Procedure	COVERED
3750F	Ptnotrcvngsteroid>/=10Mg/Day	COVERED
37700	Revise Leg Vein	COVERED
37718	Ligate/Strip Short Leg Vein	COVERED
37722	Ligate/Strip Long Leg Vein	COVERED
37735	Removal Of Leg Veins/Lesion	COVERED
3775F	Adenoma Detected Screening	COVERED
37760	Ligate Leg Veins Radical	COVERED
37761	Ligate Leg Veins Open	COVERED
37765	Stab Phleb Veins Xtr 10-20	COVERED
37766	Phleb Veins - Extrem 20+	COVERED
3776F	Adenoma Not Detect Screening	COVERED
37780	Revision Of Leg Vein	COVERED
37785	Ligate/Divide/Excise Vein	COVERED
37788	Revascularization Penis	NON-COVERED
37790	Penile Venous Occlusion	NON-COVERED
37799	Vascular Surgery Procedure	COVERED
38129	Laparoscope Proc Spleen	COVERED
38240	Transplt Allo Hct/Donor	COVERED
38573	Laps Pelvic Lymphadec	COVERED
38589	Laparoscope Proc Lymphatic	COVERED
38999	Blood/Lymph System Procedure	COVERED
39499	Chest Procedure	COVERED
39599	Diaphragm Surgery Procedure	COVERED
4069F	Vte Prophylaxis Rcvd	COVERED
40720	Repair Cleft Lip/Nasal	COVERED
40799	Lip Surgery Procedure	COVERED
40806	Incision Of Lip Fold	NON-COVERED
40810	Excision Of Mouth Lesion	NON-COVERED
40899	Mouth Surgery Procedure	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
41115	Excision Of Tongue Fold	NON-COVERED
4142F	Corticoster Sparng Thrpy Rxd	COVERED
41599	Tongue And Mouth Surgery	COVERED
4171F	Pt Rcvng Esa Thxpy	COVERED
41899	Dental Surgery Procedure	COVERED
42145	Repair Palate Pharynx/Uvula	COVERED
42299	Palate/Uvula Surgery	COVERED
42699	Salivary Surgery Procedure	COVERED
42999	Throat Surgery Procedure	COVERED
43238	Egd Us Fine Needle Bx/Aspir	NON-COVERED
43265	Ercp Lithotripsy Calculi	NON-COVERED
43284	Laparoscopy, Surgical, Esophageal Sphincter	COVERED
43285	Removal Of Esophageal Sphincter Augmentation Device	COVERED
43286	Esphg Tot W/Laps Moblj	COVERED
43287	Esphg Dstl 2/3 W/Laps Moblj	COVERED
43288	Esphg Thrsc Moblj	COVERED
43289	Laparoscope Proc Esoph	COVERED
43499	Esophagus Surgery Procedure	COVERED
43644	Lap Gastric Bypass/Roux-En-Y	COVERED
43645	Lap Gastr Bypass Incl Sml I	COVERED
43659	Laparoscope Proc Stom	COVERED
43770	Lap Place Gastr Adj Device	COVERED
43771	Lap Revise Gastr Adj Device	COVERED
43772	Lap Rmvl Gastr Adj Device	COVERED
43773	Lap Replace Gastr Adj Device	COVERED
43774	Lap Rmvl Gastr Adj All Parts	COVERED
43775	Lap Sleeve Gastrectomy	COVERED
43842	V-Band Gastroplasty	COVERED
43843	Gastroplasty W/O V-Band	COVERED
43845	Gastroplasty Duodenal Switch	COVERED
43846	Gastric Bypass For Obesity	COVERED
43847	Gastric Bypass Incl Small I	COVERED
43848	Revision Gastroplasty	COVERED
43881	Impl/Redo Electrdr Antrum	NON-COVERED
43882	Revise/Remove Electrdr Antrum	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
43886	Revise Gastric Port Open	COVERED
43999	Stomach Surgery Procedure	COVERED
4400F	Rehab Thxpy Options W/Pt	COVERED
44132	Enterectomy Cadaver Donor	NON-COVERED
44133	Enterectomy Live Donor	NON-COVERED
44136	Intestine Transplant Live	NON-COVERED
44137	Remove Intestinal Allograft	NON-COVERED
44238	Laparoscope Proc Intestine	COVERED
44320	Colostomy	COVERED
44373	Small Bowel Endoscopy	COVERED
44382	Small Bowel Endoscopy	COVERED
44384	Small Bowel Endoscopy	COVERED
44715	Prepare Donor Intestine	NON-COVERED
44720	Prep Donor Intestine/Venous	NON-COVERED
44721	Prep Donor Intestine/Artery	NON-COVERED
44799	Unlisted Px Small Intestine	COVERED
44899	Bowel Surgery Procedure	COVERED
44979	Laparoscope Proc App	COVERED
45399	Unlisted Procedure Colon	COVERED
45499	Laparoscope Proc Rectum	COVERED
45999	Rectum Surgery Procedure	COVERED
46999	Anus Surgery Procedure	COVERED
47133	Removal Of Donor Liver	NON-COVERED
47135	Transplantation Of Liver	COVERED
47136	Transplantation Of Liver	NON-COVERED
47143	Prep Donor Liver Whole	NON-COVERED
47144	Prep Donor Liver 3-Segment	NON-COVERED
47145	Prep Donor Liver Lobe Split	NON-COVERED
47146	Prep Donor Liver/Venous	NON-COVERED
47379	Laparoscope Procedure Liver	COVERED
47383	Perq Abltj Lvr Cryoablation	COVERED
47399	Liver Surgery Procedure	COVERED
47579	Laparoscope Proc Biliary	COVERED
47999	Bile Tract Surgery Procedure	COVERED
48160	Pancreas Removal/Transplant	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
48551	Prep Donor Pancreas	NON-COVERED
48552	Prep Donor Pancreas/Venous	NON-COVERED
48999	Pancreas Surgery Procedure	COVERED
49002	Reopening Of Abdomen	NON-COVERED
49250	Excision Of Umbilicus	NON-COVERED
49329	Laparo Proc Abdm/Per/Oment	COVERED
49659	Laparo Proc Hernia Repair	COVERED
49999	Abdomen Surgery Procedure	COVERED
50300	Remove Cadaver Donor Kidney	NON-COVERED
50323	Prep Cadaver Renal Allograft	NON-COVERED
50325	Prep Donor Renal Graft	NON-COVERED
50327	Prep Renal Graft/Venous	NON-COVERED
50328	Prep Renal Graft/Arterial	NON-COVERED
50329	Prep Renal Graft/Ureteral	NON-COVERED
50360	Transplantation Of Kidney	COVERED
50436	Dilation Of Existing Tract, Percutaneous, For An Endourologi	COVERED
50437	Dilation Of Existing Tract, Percutaneous, For An Endourologi	COVERED
50549	Laparoscope Proc Renal	COVERED
50949	Laparoscope Proc Ureter	COVERED
51999	Laparoscope Proc Bla	COVERED
52441	Cystourethro W/Implant	COVERED
52442	Cystourethro W/Addl Implant	COVERED
53854	Transurethral Destruction Of Prostate Tissue; By Radiofreque	COVERED
53899	Urology Surgery Procedure	COVERED
54125	Removal Of Penis	COVERED
54150	Circumcision W/Regionl Block	NON-COVERED
54160	Circumcision Neonate	NON-COVERED
54161	Circum 28 Days Or Older	COVERED
54163	Repair Of Circumcision	COVERED
54231	Dynamic Cavernosometry	NON-COVERED
54235	Penile Injection	NON-COVERED
54300	Revision Of Penis	COVERED
54328	Revise Penis/Urethra	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
54360	Penis Plastic Surgery	COVERED
54400	Insert Semi-Rigid Prosthesis	COVERED
54401	Insert Self-Contd Prosthesis	NON-COVERED
54405	Insert Multi-Comp Penis Pros	NON-COVERED
54406	Remove Muti-Comp Penis Pros	COVERED
54408	Repair Multi-Comp Penis Pros	COVERED
54410	Remove/Replace Penis Prosth	COVERED
54411	Remov/Replc Penis Pros Comp	COVERED
54415	Remove Self-Contd Penis Pros	COVERED
54416	Remv/Repl Penis Contain Pros	COVERED
54417	Remv/Replc Penis Pros Compl	COVERED
54450	Preputial Stretching	COVERED
54660	Revision Of Testis	NON-COVERED
54699	Laparoscope Proc Testis	COVERED
54900	Fusion Of Spermatic Ducts	NON-COVERED
54901	Fusion Of Spermatic Ducts	NON-COVERED
55400	Repair Of Sperm Duct	NON-COVERED
55559	Laparo Proc Spermatic Cord	COVERED
55870	Electroejaculation	NON-COVERED
55873	Cryoablate Prostate	NON-COVERED
55874	Tprnl Plmt Biodegrdabl Matr	COVERED
55899	Genital Surgery Procedure	COVERED
55970	Sex Transformation M To F	NON-COVERED
55980	Sex Transformation F To M	NON-COVERED
56440	Surgery For Vulva Lesion	COVERED
56441	Lysis Of Labial Lesion(S)	COVERED
56515	Destroy Vulva Lesion/S Compl	COVERED
56605	Biopsy Of Vulva/Perineum	COVERED
56606	Biopsy Of Vulva/Perineum	COVERED
56640	Extensive Vulva Surgery	COVERED
56740	Remove Vagina Gland Lesion	COVERED
57022	I & D Vaginal Hematoma Pp	NON-COVERED
57023	I & D Vag Hematoma Non-Ob	NON-COVERED
57065	Destroy Vag Lesions Complex	COVERED
57110	Remove Vagina Wall Complete	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
57135	Remove Vagina Lesion	COVERED
57155	Insert Uteri Tandem/Ovoids	COVERED
57156	Ins Vag Brachytx Device	COVERED
57200	Repair Of Vagina	COVERED
57220	Revision Of Urethra	COVERED
57267	Insert Mesh/Pelvic Flr Addon	COVERED
57284	Repair Paravag Defect Open	COVERED
57288	Repair Bladder Defect	COVERED
57305	Repair Rectum-Vagina Fistula	COVERED
57307	Fistula Repair & Colostomy	COVERED
57400	Dilation Of Vagina	COVERED
57420	Exam Of Vagina W/Scope	COVERED
57421	Exam/Biopsy Of Vag W/Scope	COVERED
57425	Laparoscopy Surg Colpopexy	COVERED
57531	Removal Of Cervix Radical	COVERED
58140	Myomectomy Abdom Method	COVERED
58146	Myomectomy Abdom Complex	COVERED
58321	Artificial Insemination	NON-COVERED
58322	Artificial Insemination	NON-COVERED
58323	Sperm Washing	NON-COVERED
58340	Catheter For HysteroGRAPHY	COVERED
58345	Reopen Fallopian Tube	NON-COVERED
58350	Reopen Fallopian Tube	COVERED
58353	Endometr Ablate Thermal	COVERED
58356	Endometrial Cryoablation	COVERED
58400	Suspension Of Uterus	NON-COVERED
58410	Suspension Of Uterus	NON-COVERED
58540	Revision Of Uterus	NON-COVERED
58545	Laparoscopic Myomectomy	COVERED
58555	Hysteroscopy Dx Sep Proc	COVERED
58559	Hysteroscopy Lysis	COVERED
58561	Hysteroscopy Remove Myoma	COVERED
58563	Hysteroscopy Ablation	COVERED
58578	Laparo Proc Uterus	COVERED
58579	Hysteroscope Procedure	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
58672	Laparoscopy Fimbrioplasty	NON-COVERED
58673	Laparoscopy Salpingostomy	NON-COVERED
58674	Laps Abltj Uterine Fibroids	COVERED
58679	Laparo Proc Oviduct-Ovary	COVERED
58750	Repair Oviduct	NON-COVERED
58752	Revise Ovarian Tube(S)	NON-COVERED
58760	Fimbrioplasty	NON-COVERED
58770	Create New Tubal Opening	NON-COVERED
58800	Drainage Of Ovarian Cyst(S)	COVERED
58825	Transposition Ovary(S)	NON-COVERED
58920	Partial Removal Of Ovary(S)	COVERED
58943	Removal Of Ovary(S)	COVERED
58952	Resect Ovarian Malignancy	COVERED
58957	Resect Recurrent Gyn Mal	COVERED
58970	Retrieval Of Oocyte	NON-COVERED
58974	Transfer Of Embryo	NON-COVERED
58976	Transfer Of Embryo	NON-COVERED
58999	Genital Surgery Procedure	COVERED
59200	Insert Cervical Dilator	NON-COVERED
59410	Obstetrical Care	NON-COVERED
59412	Antepartum Manipulation	NON-COVERED
59425	Antepartum Care Only	NON-COVERED
59426	Antepartum Care Only	NON-COVERED
59430	Care After Delivery	NON-COVERED
59515	Cesarean Delivery	NON-COVERED
59614	Vbac Care After Delivery	NON-COVERED
59622	Attempted Vbac After Care	NON-COVERED
59866	Abortion (Mpr)	NON-COVERED
59897	Fetal Invas Px W/Us	COVERED
59898	Laparo Proc Ob Care/Deliver	COVERED
59899	Maternity Care Procedure	COVERED
60659	Laparo Proc Endocrine	COVERED
60699	Endocrine Surgery Procedure	COVERED
6110F	Counsel Prov Driving Risks	COVERED
61850	Implant Neuroelectrodes	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
61860	Implant Neuroelectrodes	NON-COVERED
61863	Implant Neuroelectrode	NON-COVERED
61864	Implant Neuroelectrde Addl	NON-COVERED
61885	Insrt/Redo Neurostim 1 Array	COVERED
62267	Interdiscal Perq Aspir Dx	COVERED
62273	Inject Epidural Patch	COVERED
62287	Percutaneous Diskectomy	COVERED
62302	Myelography Lumbar Injection	COVERED
62303	Myelography Lumbar Injection	COVERED
62304	Myelography Lumbar Injection	COVERED
62305	Myelography Lumbar Injection	COVERED
62320	Injection(S), Of Diagnostic Or Therapeutic	COVERED
62321	Injection(S), Of Diagnostic Or Therapeutic	COVERED
62322	Injection(S), Of Diagnostic Or Therapeutic	COVERED
62323	Injection(S), Of Diagnostic Or Therapeutic	COVERED
62324	Njx Interlaminar Crv/Thrc	COVERED
62325	Injection(S), Including Indwelling Catheter Placement,	COVERED
62326	Injection(S), Including Indwelling Catheter Placement,	COVERED
62327	Injection(S), Including Indwelling Catheter Placement,	COVERED
62328	Spinal Puncture, Lumbar, Diagnostic; With Fluoroscopic Or Ct	COVERED
62329	Spinal Puncture, Therapeutic, For Drainage Of Cerebrospinal	COVERED
62360	Insert Spine Infusion Device	COVERED
62365	Remove Spine Infusion Device	COVERED
62367	Analyze Spine Infus Pump	COVERED
62380	Endoscopic Decompression Of Spinal Cord, Nerve	COVERED
63020	Neck Spine Disk Surgery	COVERED
63030	Low Back Disk Surgery	COVERED
63035	Spinal Disk Surgery Add-On	COVERED
63047	Remove Spine Lamina 1 Lmbr	COVERED
63048	Remove Spinal Lamina Add-On	COVERED
63076	Neck Spine Disk Surgery	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
63650	Implant Neuroelectrodes	COVERED
63655	Implant Neuroelectrodes	COVERED
63661	Remove Spine Eltrd Perq Aray	COVERED
63662	Remove Spine Eltrd Plate	COVERED
63663	Revise Spine Eltrd Perq Aray	COVERED
63664	Revise Spine Eltrd Plate	COVERED
63685	Insrt/Redo Spine N Generator	COVERED
63688	Revise/Remove Neuroreceiver	COVERED
64400	N Block Inj Trigeminal	COVERED
64405	N Block Inj Occipital	COVERED
64408	N Block Inj Vagus	COVERED
64412	N Block Inj Spinal Accessor	NON-COVERED
64415	N Block Inj Brachial Plexus	COVERED
64416	N Block Cont Infuse B Plex	COVERED
64417	N Block Inj Axillary	COVERED
64418	N Block Inj Suprascapular	COVERED
64420	N Block Inj Intercost Sng	COVERED
64421	N Block Inj Intercost Mlt	COVERED
64425	N Block Inj Ilio-Ing/Hypogi	COVERED
64430	N Block Inj Pudendal	COVERED
64435	N Block Inj Paracervical	COVERED
64445	N Block Inj Sciatic Sng	COVERED
64446	N Blk Inj Sciatic Cont Inf	COVERED
64447	N Block Inj Fem Single	COVERED
64448	N Block Inj Fem Cont Inf	COVERED
64449	N Block Inj Lumbar Plexus	COVERED
64450	N Block Other Peripheral	COVERED
64451	Injection(S), Anesthetic Agent(S) And/Or Steroid; Nerves Inn	COVERED
64454	Injection(S), Anesthetic Agent(S) And/Or Steroid; Genicular	COVERED
64455	N Block Inj Plantar Digit	COVERED
64461	Pvb Thoracic Single Inj Site	COVERED
64462	Pvb Thoracic 2Nd+ Inj Site	COVERED
64463	Pvb Thoracic Cont Infusion	COVERED
64479	Inj Foramen Epidural C/T	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
64480	Inj Foramen Epidural Add-On	COVERED
64483	Inj Foramen Epidural L/S	COVERED
64484	Inj Foramen Epidural Add-On	COVERED
64486	Tap Block Unil By Injection	COVERED
64487	Tap Block Uni By Infusion	COVERED
64488	Tap Block Bi Injection	COVERED
64489	Tap Block Bi By Infusion	COVERED
64490	Inj Paravert F Jnt C/T 1 Lev	COVERED
64491	Inj Paravert F Jnt C/T 2 Lev	COVERED
64492	Inj Paravert F Jnt C/T 3 Lev	COVERED
64493	Inj Paravert F Jnt L/S 1 Lev	COVERED
64494	Inj Paravert F Jnt L/S 2 Lev	COVERED
64495	Inj Paravert F Jnt L/S 3 Lev	COVERED
64505	N Block Spenopalatine Gangl	COVERED
64510	N Block Stellate Ganglion	COVERED
64517	N Block Inj Hypogas Plxs	COVERED
64520	N Block Lumbar/Thoracic	COVERED
64530	N Block Inj Celiac Pelus	COVERED
64553	Implant Neuroelectrodes	COVERED
64555	Implant Neuroelectrodes	NON-COVERED
64561	Implant Neuroelectrodes	NON-COVERED
64566	Neuroeltrd Stim Post Tibial	COVERED
64568	Inc For Vagus N Elect Impl	COVERED
64569	Revise/Repl Vagus N Eltrd	COVERED
64570	Remove Vagus N Eltrd	COVERED
64575	Implant Neuroelectrodes	COVERED
64580	Implant Neuroelectrodes	NON-COVERED
64581	Implant Neuroelectrodes	NON-COVERED
64585	Revise/Remove Neuroelectrode	COVERED
64590	Insrt/Redo Pn/Gastr Stimul	COVERED
64595	Revise/Rmv Pn/Gastr Stimul	COVERED
64624	Destruction By Neurolytic Agent, Genicular Nerve Branches In	COVERED
64625	Radiofrequency Ablation, Nerves Innervating The Sacroiliac J	COVERED
64633	Destroy Cerv/Thor Facet Jnt	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
64634	Destroy C/Th Facet Jnt Addl	COVERED
64787	Implant Nerve End	COVERED
64912	Nrv Rpr W/Nrv Algrft 1St	COVERED
64913	Nrv Rpr W/Nrv Algrft Ea Addl	COVERED
64999	Nervous System Surgery	COVERED
65730	Corneal Transplant	COVERED
65755	Corneal Transplant	COVERED
65760	Revision Of Cornea	NON-COVERED
65765	Revision Of Cornea	NON-COVERED
65767	Corneal Tissue Transplant	NON-COVERED
65771	Radial Keratotomy	NON-COVERED
65772	Correction Of Astigmatism	NON-COVERED
65775	Correction Of Astigmatism	NON-COVERED
65778	Cover Eye W/Membrane	COVERED
65779	Cover Eye W/Membrane Suture	COVERED
65780	Ocular Reconst Transplant	COVERED
66174	Trnslum Dil Eye Canal	NON-COVERED
66175	Trnslum Dil Eye Canal W/Stnt	NON-COVERED
66179	Aqueous Shunt Eye W/O Graft	COVERED
66184	Revision Of Aqueous Shunt	COVERED
66999	Eye Surgery Procedure	COVERED
67299	Eye Surgery Procedure	COVERED
67399	Unlisted Px Extraocular Musc	COVERED
67599	Orbit Surgery Procedure	COVERED
67900	Repair Brow Defect	COVERED
67901	Repair Eyelid Defect	COVERED
67902	Repair Eyelid Defect	COVERED
67903	Repair Eyelid Defect	COVERED
67904	Repair Eyelid Defect	COVERED
67906	Repair Eyelid Defect	COVERED
67908	Repair Eyelid Defect	COVERED
67909	Revise Eyelid Defect	COVERED
67911	Revise Eyelid Defect	COVERED
67999	Revision Of Eyelid	COVERED
68399	Eyelid Lining Surgery	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
68899	Tear Duct System Surgery	COVERED
69090	Pierce Earlobes	NON-COVERED
69300	Revise External Ear	COVERED
69399	Outer Ear Surgery Procedure	COVERED
69420	Incision Of Eardrum	COVERED
69421	Incision Of Eardrum	NON-COVERED
69710	Implant/Replace Hearing Aid	COVERED
69711	Remove/Repair Hearing Aid	COVERED
69714	Implant Temple Bone W/Stimul	NON-COVERED
69715	Temple Bne Implnt W/Stimulat	NON-COVERED
69717	Temple Bone Implant Revision	COVERED
69718	Revise Temple Bone Implant	NON-COVERED
69799	Middle Ear Surgery Procedure	COVERED
69930	Implant Cochlear Device	COVERED
69949	Inner Ear Surgery Procedure	COVERED
69979	Temporal Bone Surgery	COVERED
70015	Contrast X-Ray Of Brain	COVERED
70336	Magnetic Image Jaw Joint	COVERED
70371	Speech Evaluation Complex	NON-COVERED
70450	Ct Head/Brain W/O Dye	COVERED
70460	Ct Head/Brain W/Dye	COVERED
70470	Ct Head/Brain W/O & W/Dye	COVERED
70480	Ct Orbit/Ear/Fossa W/O Dye	COVERED
70481	Ct Orbit/Ear/Fossa W/Dye	COVERED
70482	Ct Orbit/Ear/Fossa W/O&W/Dye	COVERED
70486	Ct Maxillofacial W/O Dye	COVERED
70487	Ct Maxillofacial W/Dye	COVERED
70488	Ct Maxillofacial W/O & W/Dye	COVERED
70490	Ct Soft Tissue Neck W/O Dye	COVERED
70491	Ct Soft Tissue Neck W/Dye	COVERED
70492	Ct Sft Tsue Nck W/O & W/Dye	COVERED
70496	Ct Angiography Head	COVERED
70498	Ct Angiography Neck	COVERED
70540	Mri Orbit/Face/Neck W/O Dye	COVERED
70542	Mri Orbit/Face/Neck W/Dye	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
70543	Mri Orbt/Fac/Nck W/O & W/Dye	COVERED
70544	Mr Angiography Head W/O Dye	COVERED
70545	Mr Angiography Head W/Dye	COVERED
70546	Mr Angiograph Head W/O&W/Dye	COVERED
70547	Mr Angiography Neck W/O Dye	COVERED
70548	Mr Angiography Neck W/Dye	COVERED
70549	Mr Angiograph Neck W/O&W/Dye	COVERED
70551	Mri Brain Stem W/O Dye	COVERED
70552	Mri Brain Stem W/Dye	COVERED
70553	Mri Brain Stem W/O & W/Dye	COVERED
70554	Fmri Brain By Tech	COVERED
70555	Fmri Brain By Phys/Psych	COVERED
70557	Mri Brain W/O Dye	COVERED
71250	Ct Thorax W/O Dye	COVERED
71260	Ct Thorax W/Dye	COVERED
71270	Ct Thorax W/O & W/Dye	COVERED
71275	Ct Angiography Chest	COVERED
71550	Mri Chest W/O Dye	COVERED
71551	Mri Chest W/Dye	COVERED
71552	Mri Chest W/O & W/Dye	COVERED
71555	Mri Angio Chest W Or W/O Dye	COVERED
72125	Ct Neck Spine W/O Dye	COVERED
72126	Ct Neck Spine W/Dye	COVERED
72127	Ct Neck Spine W/O & W/Dye	COVERED
72128	Ct Chest Spine W/O Dye	COVERED
72129	Ct Chest Spine W/Dye	COVERED
72130	Ct Chest Spine W/O & W/Dye	COVERED
72131	Ct Lumbar Spine W/O Dye	COVERED
72132	Ct Lumbar Spine W/Dye	COVERED
72133	Ct Lumbar Spine W/O & W/Dye	COVERED
72141	Mri Neck Spine W/O Dye	COVERED
72142	Mri Neck Spine W/Dye	COVERED
72146	Mri Chest Spine W/O Dye	COVERED
72147	Mri Chest Spine W/Dye	COVERED
72148	Mri Lumbar Spine W/O Dye	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
72149	Mri Lumbar Spine W/Dye	COVERED
72156	Mri Neck Spine W/O & W/Dye	COVERED
72157	Mri Chest Spine W/O & W/Dye	COVERED
72158	Mri Lumbar Spine W/O & W/Dye	COVERED
72159	Mr Angio Spine W/O&W/Dye	COVERED
72191	Ct Angiograph Pelv W/O&W/Dye	COVERED
72192	Ct Pelvis W/O Dye	COVERED
72193	Ct Pelvis W/Dye	COVERED
72194	Ct Pelvis W/O & W/Dye	COVERED
72195	Mri Pelvis W/O Dye	COVERED
72196	Mri Pelvis W/Dye	COVERED
72197	Mri Pelvis W/O & W/Dye	COVERED
72198	Mr Angio Pelvis W/O & W/Dye	COVERED
72240	Myelography Neck Spine	COVERED
72255	Myelography Thoracic Spine	COVERED
72265	Myelography L-S Spine	COVERED
72270	Myelography 2/> Spine Regions	COVERED
73040	Contrast X-Ray Of Shoulder	COVERED
73200	Ct Upper Extremity W/O Dye	COVERED
73201	Ct Upper Extremity W/Dye	COVERED
73202	Ct Uppr Extremity W/O&W/Dye	COVERED
73206	Ct Angio Upr Extrm W/O&W/Dye	COVERED
73218	Mri Upper Extremity W/O Dye	COVERED
73219	Mri Upper Extremity W/Dye	COVERED
73220	Mri Uppr Extremity W/O&W/Dye	COVERED
73221	Mri Joint Upr Extrem W/O Dye	COVERED
73222	Mri Joint Upr Extrem W/Dye	COVERED
73223	Mri Joint Upr Extr W/O&W/Dye	COVERED
73225	Mr Angio Upr Extr W/O&W/Dye	COVERED
73700	Ct Lower Extremity W/O Dye	COVERED
73701	Ct Lower Extremity W/Dye	COVERED
73702	Ct Lwr Extremity W/O&W/Dye	COVERED
73706	Ct Angio Lwr Extr W/O&W/Dye	COVERED
73718	Mri Lower Extremity W/O Dye	COVERED
73719	Mri Lower Extremity W/Dye	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
73720	Mri Lwr Extremity W/O&W/Dye	COVERED
73721	Mri Jnt Of Lwr Extre W/O Dye	COVERED
73722	Mri Joint Of Lwr Extr W/Dye	COVERED
73723	Mri Joint Lwr Extr W/O&W/Dye	COVERED
73725	Mr Ang Lwr Ext W Or W/O Dye	COVERED
74150	Ct Abdomen W/O Dye	COVERED
74160	Ct Abdomen W/Dye	COVERED
74170	Ct Abdomen W/O & W/Dye	COVERED
74174	Ct Angio Abd&Pelv W/O&W/Dye	COVERED
74175	Ct Angio Abdom W/O & W/Dye	COVERED
74176	Ct Abd & Pelvis W/O Contrast	COVERED
74177	Ct Abd & Pelv W/Contrast	COVERED
74178	Ct Abd & Pelv 1/> Regns	COVERED
74181	Mri Abdomen W/O Dye	COVERED
74182	Mri Abdomen W/Dye	COVERED
74183	Mri Abdomen W/O & W/Dye	COVERED
74185	Mri Angio Abdom W Orw/O Dye	COVERED
74230	Cine/Vid X-Ray Throat/Esoph	COVERED
74248	Radiologic Small Intestine Follow-Through Study, Including M	COVERED
74261	Ct Colonography Dx	NON-COVERED
74262	Ct Colonography Dx W/Dye	NON-COVERED
74263	Ct Colonography Screening	NON-COVERED
74712	Mri Fetal Sngl/1St Gestation	COVERED
74713	Mri Fetal Ea Addl Gestation	COVERED
74742	X-Ray Fallopian Tube	NON-COVERED
75557	Cardiac Mri For Morph	NON-COVERED
75559	Cardiac Mri W/Stress Img	NON-COVERED
75561	Cardiac Mri For Morph W/Dye	COVERED
75571	Ct Hrt W/O Dye W/Ca Test	COVERED
75572	Ct Hrt W/3D Image	COVERED
75573	Ct Hrt W/3D Image Congen	COVERED
75574	Ct Angio Hrt W/3D Image	COVERED
75625	Contrast Exam Abdominl Aorta	COVERED
75635	Ct Angio Abdominal Arteries	COVERED
76376	3D Render W/Intrp Postproces	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
76377	3D Render W/Intrp Postproces	NON-COVERED
76380	Cat Scan Follow-Up Study	COVERED
76390	Mr Spectroscopy	NON-COVERED
76391	Magnetic Resonance (Eg, Vibration) Elastography	COVERED
76496	Fluoroscopic Procedure	COVERED
76497	Ct Procedure	COVERED
76498	Mri Procedure	COVERED
76499	Radiographic Procedure	COVERED
76811	Ob Us Detailed Sngl Fetus	COVERED
76812	Ob Us Detailed Addl Fetus	COVERED
76827	Echo Exam Of Fetal Heart	COVERED
76828	Echo Exam Of Fetal Heart	COVERED
76873	Echograp Trans R Pros Study	COVERED
76936	Echo Guide For Artery Repair	NON-COVERED
76945	Echo Guide Villus Sampling	NON-COVERED
76948	Echo Guide Ova Aspiration	NON-COVERED
76975	Gi Endoscopic Ultrasound	COVERED
76977	Us Bone Density Measure	NON-COVERED
76978	Ultrasound, Targeted Dynamic Microbubble Sonographic Contras	COVERED
76979	Ultrasound, Targeted Dynamic Microbubble Sonographic Contras	COVERED
76981	Ultrasound, Elastography; Parenchyma (Eg, Organ)	COVERED
76982	Ultrasound, Elastography; First Target Lesion	COVERED
76983	Ultrasound, Elastography; Each Additional Target Lesion (Lis	COVERED
76999	Echo Examination Procedure	COVERED
77046	Magnetic Resonance Imaging, Breast, Without Contrast Materia	COVERED
77047	Magnetic Resonance Imaging, Breast, Without Contrast Materia	COVERED
77048	Magnetic Resonance Imaging, Breast, Without And With Contras	COVERED
77049	Magnetic Resonance Imaging, Breast, Without And With Contras	COVERED
77061	Breast Tomosynthesis Uni	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
77062	Breast Tomosynthesis Bi	COVERED
77078	Ct Bone Density Axial	NON-COVERED
77080	Dxa Bone Density Axial	COVERED
77084	Magnetic Image Bone Marrow	NON-COVERED
77085	Dxa Bone Density Study	COVERED
77086	Fracture Assessment Via Dxa	COVERED
77299	Radiation Therapy Planning	COVERED
77306	Telethx Isodose Plan Simple	COVERED
77307	Telethx Isodose Plan Cplx	COVERED
77316	Brachytx Isodose Plan Simple	COVERED
77317	Brachytx Isodose Intermed	COVERED
77318	Brachytx Isodose Complex	COVERED
77387	Guidance For Radiaj Tx Dlvr	COVERED
77399	External Radiation Dosimetry	COVERED
77402	Radiation Treatment Delivery	COVERED
77407	Radiation Treatment Delivery	COVERED
77412	Radiation Treatment Delivery	COVERED
77499	Radiation Therapy Management	COVERED
77605	Hyperthermia Treatment	NON-COVERED
77620	Hyperthermia Treatment	NON-COVERED
77767	Hdr Rdncl Skn Surf Brachytx	COVERED
77768	Hdr Rdncl Skn Surf Brachytx	COVERED
77770	Hdr Rdncl Ntrstl/Icav Brchtx	COVERED
77771	Hdr Rdncl Ntrstl/Icav Brchtx	COVERED
77772	Hdr Rdncl Ntrstl/Icav Brchtx	COVERED
77799	Radium/Radioisotope Therapy	COVERED
78012	Thyroid Uptake Measurement	COVERED
78015	Thyroid Met Imaging	COVERED
78016	Thyroid Met Imaging/Studies	COVERED
78020	Thyroid Met Uptake	COVERED
78071	Parathyrd Planar W/Wo Subtrj	COVERED
78075	Adrenal Cortex & Medulla Img	COVERED
78099	Endocrine Nuclear Procedure	COVERED
78102	Bone Marrow Imaging Ltd	COVERED
78103	Bone Marrow Imaging Mult	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
78104	Bone Marrow Imaging Body	COVERED
78185	Spleen Imaging	COVERED
78195	Lymph System Imaging	COVERED
78199	Blood/Lymph Nuclear Exam	COVERED
78201	Liver Imaging	COVERED
78202	Liver Imaging With Flow	COVERED
78215	Liver And Spleen Imaging	COVERED
78216	Liver & Spleen Image/Flow	COVERED
78226	Hepatobiliary System Imaging	COVERED
78227	Hepatobil Syst Image W/Drug	COVERED
78230	Salivary Gland Imaging	COVERED
78231	Serial Salivary Imaging	COVERED
78232	Salivary Gland Function Exam	COVERED
78258	Esophageal Motility Study	COVERED
78261	Gastric Mucosa Imaging	COVERED
78262	Gastroesophageal Reflux Exam	COVERED
78267	Breath Tst Attain/Anal C-14	NON-COVERED
78268	Breath Test Analysis C-14	NON-COVERED
78278	Acute Gi Blood Loss Imaging	COVERED
78291	Leveen/Shunt Patency Exam	COVERED
78299	Gi Nuclear Procedure	COVERED
78300	Bone Imaging Limited Area	COVERED
78305	Bone Imaging Multiple Areas	COVERED
78306	Bone Imaging Whole Body	COVERED
78315	Bone Imaging 3 Phase	COVERED
78350	Bone Mineral Single Photon	NON-COVERED
78351	Bone Mineral Dual Photon	NON-COVERED
78399	Musculoskeletal Nuclear Exam	COVERED
78414	Non-Imaging Heart Function	COVERED
78428	Cardiac Shunt Imaging	COVERED
78429	Myocardial Imaging, Positron Emission Tomography (Pet), Meta	COVERED
78430	Myocardial Imaging, Positron Emission Tomography (Pet), Perf	COVERED
78431	Myocardial Imaging, Positron Emission Tomography (Pet), Perf	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
78432	Myocardial Imaging, Positron Emission Tomography (Pet), Comb	COVERED
78433	Myocardial Imaging, Positron Emission Tomography (Pet), Comb	COVERED
78434	Absolute Quantitation Of Myocardial Blood Flow (Aqmbf), Posi	COVERED
78445	Vascular Flow Imaging	COVERED
78451	Ht Muscle Image Spect Sing	COVERED
78452	Ht Muscle Image Spect Mult	COVERED
78453	Ht Muscle Image Planar Sing	COVERED
78456	Acute Venous Thrombus Image	COVERED
78457	Venous Thrombosis Imaging	COVERED
78459	Heart Muscle Imaging (Pet)	COVERED
78466	Heart Infarct Image	COVERED
78468	Heart Infarct Image (Ef)	COVERED
78469	Heart Infarct Image (3D)	NON-COVERED
78473	Gated Heart Multiple	COVERED
78481	Heart First Pass Single	COVERED
78483	Heart First Pass Multiple	COVERED
78491	Heart Image (Pet) Single	NON-COVERED
78492	Heart Image (Pet) Multiple	NON-COVERED
78494	Heart Image Spect	COVERED
78496	Heart First Pass Add-On	COVERED
78499	Cardiovascular Nuclear Exam	COVERED
78599	Respiratory Nuclear Exam	COVERED
78600	Brain Image < 4 Views	COVERED
78601	Brain Image W/Flow < 4 Views	COVERED
78605	Brain Image 4+ Views	COVERED
78606	Brain Image W/Flow 4 + Views	COVERED
78608	Brain Imaging (Pet)	COVERED
78609	Brain Imaging (Pet)	COVERED
78610	Brain Flow Imaging Only	COVERED
78630	Cerebrospinal Fluid Scan	COVERED
78635	Csf Ventriculography	COVERED
78645	Csf Shunt Evaluation	COVERED
78650	Csf Leakage Imaging	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
78660	Nuclear Exam Of Tear Flow	COVERED
78699	Nervous System Nuclear Exam	COVERED
78730	Urinary Bladder Retention	COVERED
78761	Testicular Imaging W/Flow	COVERED
78799	Genitourinary Nuclear Exam	COVERED
78800	Tumor Imaging Limited Area	COVERED
78801	Tumor Imaging Mult Areas	COVERED
78802	Tumor Imaging Whole Body	COVERED
78803	Tumor Imaging (3D)	NON-COVERED
78804	Tumor Imaging Whole Body	COVERED
78811	Pet Image Ltd Area	COVERED
78812	Pet Image Skull-Thigh	COVERED
78813	Pet Image Full Body	COVERED
78814	Pet Image W/Ct Lmted	COVERED
78815	Pet Image W/Ct Skull-Thigh	COVERED
78816	Pet Image W/Ct Full Body	COVERED
78830	Radiopharmaceutical Localization Of Tumor, Inflammatory Proc	COVERED
78831	Radiopharmaceutical Localization Of Tumor, Inflammatory Proc	COVERED
78832	Radiopharmaceutical Localization Of Tumor, Inflammatory Proc	COVERED
78835	Radiopharmaceutical Quantification Measurement(S) Single Are	COVERED
78999	Nuclear Diagnostic Exam	COVERED
79999	Nuclear Medicine Therapy	COVERED
80050	General Health Panel	NON-COVERED
80145	Adalimumab	COVERED
80187	Posaconazole	COVERED
80230	Infliximab	COVERED
80235	Lacosamide	COVERED
80285	Voriconazole	COVERED
80320	Drug Screen Quantalcohols	NON-COVERED
80321	Alcohols Biomarkers 1Or 2	NON-COVERED
80322	Alcohols Biomarkers 3/More	NON-COVERED
80323	Alkaloids Nos	NON-COVERED
80324	Drug Screen Amphetamines 1/2	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
80325	Amphetamines 3Or 4	NON-COVERED
80326	Amphetamines 5 Or More	NON-COVERED
80327	Anabolic Steroid 1 Or 2	NON-COVERED
80328	Anabolic Steroid 3 Or More	NON-COVERED
80329	Analgesics Non-Opioid 1 Or 2	NON-COVERED
80330	Analgesics Non-Opioid 3-5	NON-COVERED
80331	Analgesics Non-Opioid 6/More	NON-COVERED
80332	Antidepressants Class 1 Or 2	NON-COVERED
80333	Antidepressants Class 3-5	NON-COVERED
80334	Antidepressants Class 6/More	NON-COVERED
80335	Antidepressant Tricyclic 1/2	NON-COVERED
80336	Antidepressant Tricyclic 3-5	NON-COVERED
80337	Tricyclic & Cyclical 6/More	NON-COVERED
80338	Antidepressant Not Specified	NON-COVERED
80339	Antiepileptics Nos 1-3	NON-COVERED
80340	Antiepileptics Nos 4-6	NON-COVERED
80341	Antiepileptics Nos 7/More	NON-COVERED
80342	Antipsychotics Nos 1-3	NON-COVERED
80343	Antipsychotics Nos 4-6	NON-COVERED
80344	Antipsychotics Nos 7/More	NON-COVERED
80345	Drug Screening Barbiturates	NON-COVERED
80346	Benzodiazepines1-12	NON-COVERED
80348	Drug Screening Buprenorphine	NON-COVERED
80349	Cannabinoids Natural	NON-COVERED
80350	Cannabinoids Synthetic 1-3	NON-COVERED
80351	Cannabinoids Synthetic 4-6	NON-COVERED
80352	Cannabinoid Synthetic 7/More	NON-COVERED
80353	Drug Screening Cocaine	NON-COVERED
80354	Drug Screening Fentanyl	NON-COVERED
80355	Gabapentin Non-Blood	NON-COVERED
80356	Heroin Metabolite	NON-COVERED
80357	Ketamine And Norketamine	NON-COVERED
80358	Drug Screening Methadone	NON-COVERED
80359	Methylenedioxyamphetamines	NON-COVERED
80360	Methylphenidate	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
80361	Opiates 1 Or More	NON-COVERED
80362	Opioids & Opiate Analogs 1/2	NON-COVERED
80363	Opioids & Opiate Analogs 3/4	NON-COVERED
80364	Opioid & Opiate Analog 5/More	NON-COVERED
80365	Drug Screening Oxycodone	NON-COVERED
80366	Drug Screening Pregabalin	NON-COVERED
80367	Drug Screening Propoxyphene	NON-COVERED
80368	Sedative Hypnotics	NON-COVERED
80369	Skeletal Muscle Relaxant 1/2	NON-COVERED
80370	Skel Musc Relaxant 3 Or More	NON-COVERED
80371	Stimulants Synthetic	NON-COVERED
80372	Drug Screening Tapentadol	NON-COVERED
80373	Drug Screening Tramadol	NON-COVERED
80374	Stereoisomer Analysis	NON-COVERED
80375	Drug/Substance Nos 1-3	NON-COVERED
80376	Drug/Substance Nos 4-6	NON-COVERED
80377	Drug/Substance Nos 7/More	NON-COVERED
80400	Acth Stimulation Panel	COVERED
80402	Acth Stimulation Panel	COVERED
80406	Acth Stimulation Panel	COVERED
80408	Aldosterone Suppression Eval	COVERED
80410	Calcitonin Stimul Panel	COVERED
80412	Crh Stimulation Panel	COVERED
80414	Testosterone Response	COVERED
80415	Estradiol Response Panel	COVERED
80416	Renin Stimulation Panel	COVERED
80417	Renin Stimulation Panel	COVERED
80418	Pituitary Evaluation Panel	COVERED
80420	Dexamethasone Panel	COVERED
80422	Glucagon Tolerance Panel	COVERED
80424	Glucagon Tolerance Panel	COVERED
80426	Gonadotropin Hormone Panel	COVERED
80428	Growth Hormone Panel	COVERED
80430	Growth Hormone Panel	COVERED
80432	Insulin Suppression Panel	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
80434	Insulin Tolerance Panel	COVERED
80435	Insulin Tolerance Panel	COVERED
80436	Metyrapone Panel	COVERED
80438	Trh Stimulation Panel	COVERED
80439	Trh Stimulation Panel	COVERED
80500	Lab Pathology Consultation	NON-COVERED
80502	Lab Pathology Consultation	NON-COVERED
81020	Urinalysis Glass Test	NON-COVERED
81099	Urinalysis Test Procedure	COVERED
81105	Hpa-1 Genotyping	COVERED
81106	Hpa-2 Genotyping	COVERED
81107	Hpa-3 Genotyping	COVERED
81108	Hpa-4 Genotyping	COVERED
81109	Hpa-5 Genotyping	COVERED
81110	Hpa-6 Genotyping	COVERED
81111	Hpa-9 Genotyping	COVERED
81112	Hpa-15 Genotyping	COVERED
81120	Idh1 Common Variants	COVERED
81121	Idh2 Common Variants	COVERED
81161	Dmd Dup/Delet Analysis	COVERED
81162	Brca1&2 Seq & Full Dup/Del	COVERED
81163	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repa	COVERED
81164	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repa	COVERED
81165	Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast	COVERED
81166	Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast	COVERED
81167	Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast	COVERED
81170	Abl1 Gene	COVERED
81171	Aff2 (Af4/Fmr2 Family, Member 2 [Fmr2]) (Eg, Fragile X Menta	COVERED
81172	Aff2 (Af4/Fmr2 Family, Member 2 [Fmr2]) (Eg, Fragile X Menta	COVERED
81173	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrop	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81174	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrop	COVERED
81175	Asxl1 Full Gene Sequence	COVERED
81176	Asxl1 Gene Target Seq Alys	COVERED
81177	Atn1 (Atrophin 1) (Eg, Dentatorubral-Pallidolusian Atrophy)	COVERED
81178	Atxn1 (Ataxin 1) (Eg, Spinocerebellar Ataxia) Gene Analysis,	COVERED
81179	Atxn2 (Ataxin 2) (Eg, Spinocerebellar Ataxia) Gene Analysis,	COVERED
81180	Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph	COVERED
81181	Atxn7 (Ataxin 7) (Eg, Spinocerebellar Ataxia) Gene Analysis,	COVERED
81182	Atxn8os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Sp	COVERED
81183	Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analy	COVERED
81184	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg	COVERED
81185	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg	COVERED
81186	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg	COVERED
81187	Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (E	COVERED
81188	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Ana	COVERED
81189	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Ana	COVERED
81190	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Ana	COVERED
81200	Aspa Gene	NON-COVERED
81201	Apc Gene Full Sequence	COVERED
81202	Apc Gene Known Fam Variants	COVERED
81203	Apc Gene Dup/Delet Variants	COVERED
81204	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrop	COVERED
81205	Bckdhb Gene	NON-COVERED
81206	Bcr/Abl1 Gene Major Bp	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81207	Bcr/Abl1 Gene Minor Bp	COVERED
81208	Bcr/Abl1 Gene Other Bp	COVERED
81209	Blm Gene	NON-COVERED
81210	Braf Gene	COVERED
81212	Brca1&2 185&5385&6174 Var	COVERED
81215	Brca1 Gene Known Fam Variant	COVERED
81216	Brca2 Gene Full Sequence	COVERED
81217	Brca2 Gene Known Fam Variant	COVERED
81218	Cebpa Gene Full Sequence	COVERED
81219	Calr Gene Com Variants	COVERED
81220	Cftr Gene Com Variants	COVERED
81221	Cftr Gene Known Fam Variants	COVERED
81222	Cftr Gene Dup/Delet Variants	COVERED
81223	Cftr Gene Full Sequence	COVERED
81224	Cftr Gene Intron Poly T	COVERED
81225	Cyp2c19 Gene Com Variants	COVERED
81226	Cyp2d6 Gene Com Variants	NON-COVERED
81227	Cyp2c9 Gene Com Variants	NON-COVERED
81228	Cytogen Micrarray Copy Nnbr	NON-COVERED
81229	Cytogen M Array Copy No&Snp	NON-COVERED
81230	Cyp3a4 Gene Common Variants	NON-COVERED
81231	Cyp3a5 Gene Common Variants	NON-COVERED
81232	Dpyd Gene Common Variants	NON-COVERED
81233	Btk (Bruton's Tyrosine Kinase) (Eg, Chronic Lymphocytic Leuk	COVERED
81234	Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Ge	COVERED
81235	Egfr Gene Com Variants	COVERED
81236	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subu	COVERED
81237	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subu	COVERED
81238	F9 Full Gene Sequence	COVERED
81239	Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Ge	COVERED
81240	F2 Gene	NON-COVERED
81241	F5 Gene	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81242	Fancc Gene	NON-COVERED
81243	Fmr1 Gene Detection	COVERED
81244	Fmr1 Gene Characterization	COVERED
81245	Flt3 Gene	COVERED
81246	Flt3 Gene Analysis	COVERED
81247	G6pd Gene Alys Cmn Variant	NON-COVERED
81248	G6pd Known Familial Variant	NON-COVERED
81249	G6pd Full Gene Sequence	NON-COVERED
81250	G6pc Gene	COVERED
81251	Gba Gene	NON-COVERED
81252	Gjb2 Gene Full Sequence	NON-COVERED
81253	Gjb2 Gene Known Fam Variants	NON-COVERED
81254	Gjb6 Gene Com Variants	NON-COVERED
81255	Hexa Gene	NON-COVERED
81256	Hfe Gene	COVERED
81257	Hba1/Hba2 Gene	COVERED
81258	Hba1/Hba2 Gene Fam Vrnt	COVERED
81259	Hba1/Hba2 Full Gene Sequence	COVERED
81260	Ikbkap Gene	COVERED
81261	Igh Gene Rearrange Amp Meth	NON-COVERED
81262	Igh Gene Rearrang Dir Probe	NON-COVERED
81263	Igh Vari Regional Mutation	NON-COVERED
81264	Igk Rearrangeabn Clonal Pop	NON-COVERED
81265	Str Markers Specimen Anal	COVERED
81266	Str Markers Spec Anal Addl	COVERED
81267	Chimerism Anal No Cell Selec	COVERED
81268	Chimerism Anal W/Cell Select	COVERED
81269	Hba1/Hba2 Gene Dup/Del Vrnts	COVERED
81270	Jak2 Gene	COVERED
81271	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Eva	COVERED
81272	Kit Gene Targeted Seq Analys	COVERED
81273	Kit Gene Analys D816 Variant	COVERED
81274	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Cha	COVERED
81275	Kras Gene	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81276	Kras Gene Addl Variants	COVERED
81277	Cytogenomic Neoplasia (Genome-Wide) Microarray Analysis, Int	COVERED
81283	Ifn13 Gene	COVERED
81284	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Evalua	COVERED
81285	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Charac	COVERED
81286	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Full G	COVERED
81287	Mgmt Gene Methylation Anal	COVERED
81288	Mlh1 Gene	COVERED
81289	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Known	COVERED
81290	Mcoln1 Gene	NON-COVERED
81291	Mthfr Gene	NON-COVERED
81292	Mlh1 Gene Full Seq	COVERED
81293	Mlh1 Gene Known Variants	COVERED
81294	Mlh1 Gene Dup/Delete Variant	COVERED
81295	Msh2 Gene Full Seq	COVERED
81296	Msh2 Gene Known Variants	COVERED
81297	Msh2 Gene Dup/Delete Variant	COVERED
81298	Msh6 Gene Full Seq	COVERED
81299	Msh6 Gene Known Variants	COVERED
81300	Msh6 Gene Dup/Delete Variant	COVERED
81301	Microsatellite Instability	COVERED
81302	Mecp2 Gene Full Seq	NON-COVERED
81303	Mecp2 Gene Known Variant	NON-COVERED
81304	Mecp2 Gene Dup/Delet Variant	NON-COVERED
81305	Myd88 (Myeloid Differentiation Primary Response 88) (Eg, Wal	COVERED
81306	Nudt15 (Nudix Hydrolase 15) (Eg, Drug Metabolism) Gene Analy	COVERED
81307	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancr	NON-COVERED
81308	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancr	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81309	Pik3ca (Phosphatidylinositol-4, 5-Biphosphate 3-Kinase, Cata	COVERED
81310	Npm1 Gene	COVERED
81311	Nras Gene Variants Exon 2&3	COVERED
81312	Pabpn1 (Poly[A] Binding Protein Nuclear 1) (Eg, Oculopharyng	COVERED
81313	Pca3/Klk3 Antigen	NON-COVERED
81314	Pdgfra Gene	COVERED
81315	Pml/Raralpha Com Breakpoints	COVERED
81316	Pml/Raralpha 1 Breakpoint	COVERED
81317	Pms2 Gene Full Seq Analysis	COVERED
81318	Pms2 Known Familial Variants	COVERED
81319	Pms2 Gene Dup/Delet Variants	COVERED
81320	Plcg2 (Phospholipase C Gamma 2) (Eg, Chronic Lymphocytic Leu	COVERED
81321	Pten Gene Full Sequence	COVERED
81322	Pten Gene Known Fam Variant	COVERED
81323	Pten Gene Dup/Delet Variant	COVERED
81324	Pmp22 Gene Dup/Delet	NON-COVERED
81325	Pmp22 Gene Full Sequence	NON-COVERED
81326	Pmp22 Gene Known Fam Variant	NON-COVERED
81327	Sept9 Methylation Analysis	NON-COVERED
81328	Slco1b1 Gene Com Variants	NON-COVERED
81329	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Mus	COVERED
81330	Smpd1 Gene Common Variants	NON-COVERED
81331	Snrpn/Ube3a Gene	COVERED
81332	Serpina1 Gene	NON-COVERED
81333	Tgfbi (Transforming Growth Factor Beta-Induced) (Eg, Corneal	NON-COVERED
81334	Runx1 Gene Targeted Seq Alys	COVERED
81335	Tpmt Gene Com Variants	COVERED
81336	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Mus	COVERED
81337	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Mus	COVERED
81340	Trb@ Gene Rearrange Amplify	NON-COVERED
81341	Trb@ Gene Rearrange Dirprobe	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81342	Trg Gene Rearrangement Anal	NON-COVERED
81343	Ppp2r2b (Protein Phosphatase 2 Regulatory Subunit Bbeta) (Eg	COVERED
81344	Tbp (Tata Box Binding Protein) (Eg, Spinocerebellar Ataxia)	COVERED
81345	Tert (Telomerase Reverse Transcriptase) (Eg, Thyroid Carcino	COVERED
81346	Tyms Gene Com Variants	NON-COVERED
81350	Ugt1a1 Gene	NON-COVERED
81355	Vkorc1 Gene	NON-COVERED
81361	Hbb Gene Com Variants	COVERED
81362	Hbb Gene Known Fam Variant	COVERED
81363	Hbb Gene Dup/Del Variants	COVERED
81364	Hbb Full Gene Sequence	COVERED
81370	Hla I & li Typing Lr	COVERED
81371	Hla I & li Type Verify Lr	COVERED
81372	Hla I Typing Complete Lr	COVERED
81373	Hla I Typing 1 Locus Lr	COVERED
81374	Hla I Typing 1 Antigen Lr	COVERED
81375	Hla li Typing Ag Equiv Lr	COVERED
81376	Hla li Typing 1 Locus Lr	COVERED
81377	Hla li Type 1 Ag Equiv Lr	COVERED
81378	Hla I & li Typing Hr	COVERED
81379	Hla I Typing Complete Hr	COVERED
81380	Hla I Typing 1 Locus Hr	COVERED
81381	Hla I Typing 1 Allele Hr	COVERED
81382	Hla li Typing 1 Loc Hr	COVERED
81383	Hla li Typing 1 Allele Hr	COVERED
81400	Mopath Procedure Level 1	COVERED
81401	Mopath Procedure Level 2	COVERED
81402	Mopath Procedure Level 3	COVERED
81403	Mopath Procedure Level 4	COVERED
81404	Mopath Procedure Level 5	COVERED
81405	Mopath Procedure Level 6	COVERED
81406	Mopath Procedure Level 7	COVERED
81407	Mopath Procedure Level 8	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81408	Mopath Procedure Level 9	COVERED
81410	Aortic Dysfunction/Dilation	NON-COVERED
81411	Aortic Dysfunction/Dilation	NON-COVERED
81412	Ashkenazi Jewish Assoc Dis	NON-COVERED
81413	Car Ion Chnnlpath Inc 10 Gns	COVERED
81414	Car Ion Chnnlpath Inc 2 Gns	COVERED
81415	Exome Sequence Analysis	NON-COVERED
81416	Exome Sequence Analysis	NON-COVERED
81417	Exome Re-Evaluation	NON-COVERED
81420	Fetal Chrmoml Aneuploidy	COVERED
81422	Fetal Chrmoml Microdeltj	COVERED
81425	Genome Sequence Analysis	NON-COVERED
81426	Genome Sequence Analysis	NON-COVERED
81427	Genome Re-Evaluation	NON-COVERED
81430	Hearing Loss Sequence Analys	NON-COVERED
81431	Hearing Loss Dup/Del Analys	NON-COVERED
81432	Hrdtry Brst Ca-Rlatd Dsordrs	COVERED
81433	Hrdtry Brst Ca-Rlatd Dsordrs	NON-COVERED
81434	Hereditary Retinal Disorders	NON-COVERED
81435	Hereditary Colon Cancer	COVERED
81436	Hereditary Colon Ca Synd	COVERED
81437	Heredtry Nurondcrn Tum Dsrdr	NON-COVERED
81438	Heredtry Nurondcrn Tum Dsrdr	NON-COVERED
81439	Inherited Cardmphyth 5 Gns	NON-COVERED
81440	Mitochondrial Gene	NON-COVERED
81442	Noonan Spectrum Disorders	NON-COVERED
81443	Genetic Testing For Severe Inherited Conditions (Eg, Cystic	NON-COVERED
81445	Targeted Genomic Seq Analys	COVERED
81448	Hrdtry Perph Neurphy Panel	COVERED
81450	Targeted Genomic Seq Analys	NON-COVERED
81455	Targeted Genomic Seq Analys	COVERED
81460	Whole Mitochondrial Genome	NON-COVERED
81465	Whole Mitochondrial Genome	NON-COVERED
81470	X-Linked Intellectual Dblt	NON-COVERED
81471	X-Linked Intellectual Dblt	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
81479	Unlisted Molecular Pathology	COVERED
81490	Autoimmune Rheumatoid Arthr	NON-COVERED
81493	Cor Artery Disease Mrna	NON-COVERED
81503	Onco (Ovar) Five Proteins	COVERED
81504	Oncology Tissue Of Origin	NON-COVERED
81506	Endo Assay Seven Anal	COVERED
81507	Fetal Aneuploidy Trisom Risk	COVERED
81508	Ftl Cgen Abnor Two Proteins	COVERED
81509	Ftl Cgen Abnor 3 Proteins	COVERED
81510	Ftl Cgen Abnor Three Anal	COVERED
81511	Ftl Cgen Abnor Four Anal	COVERED
81512	Ftl Cgen Abnor Five Anal	COVERED
81518	Oncology (Breast), Mrna, Gene Expression Profiling By Real-T	COVERED
81519	Onc Breast Mrna 58 Genes	COVERED
81520	Onc Breast Mrna 58 Genes	COVERED
81521	Onc Breast Mrna 70 Genes	COVERED
81522	Oncology (Breast), Mrna, Gene Expression Profiling By Rt-Pcr	COVERED
81525	Oncology Colon Mrna	NON-COVERED
81528	Oncology Colorectal Scr	COVERED
81535	Oncology Gynecologic	NON-COVERED
81536	Oncology Gynecologic	NON-COVERED
81538	Oncology Lung	NON-COVERED
81539	Oncology Prostate Prob Score	NON-COVERED
81540	Oncology Tum Unknown Origin	NON-COVERED
81541	Onc Prostate Mrna 46 Genes	COVERED
81542	Oncology (Prostate), Mrna, Microarray Gene Expression Profil	COVERED
81551	Onc Prostate 3 Genes	NON-COVERED
81552	Oncology (Uveal Melanoma), Mrna, Gene Expression Profiling B	COVERED
81595	Cardiology Hrt Trnspl Mrna	COVERED
81599	Unlisted Maaa	COVERED
82013	Acetylcholinesterase Assay	COVERED
82016	Acylcarnitines Qual	COVERED
82075	Assay Of Breath Ethanol	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
82190	Atomic Absorption	NON-COVERED
82642	Dihydrotestosterone (Dht)	COVERED
82690	Ethchlorvynol	NON-COVERED
82757	Assay Of Semen Fructose	NON-COVERED
83006	Growth Stimulation Gene 2	NON-COVERED
83950	Oncoprotein Her-2/Neu	NON-COVERED
83992	Assay For Phencyclidine	NON-COVERED
84112	Eval Amniotic Fluid Protein	NON-COVERED
84145	Procalcitonin (Pct)	COVERED
84410	Testosterone Bioavailable	COVERED
84431	Thromboxane Urine	NON-COVERED
84999	Clinical Chemistry Test	COVERED
85999	Hematology Procedure	COVERED
86005	Allergen Specific Ige	NON-COVERED
86008	Allg Spec Ige Recomb Ea	COVERED
86152	Cell Enumeration & Id	NON-COVERED
86153	Cell Enumeration Phys Interp	NON-COVERED
86352	Cell Function Assay W/Stim	NON-COVERED
86386	Nuclear Matrix Protein 22	NON-COVERED
86486	Skin Test Nos Antigen	COVERED
86794	Zika Virus Igm Antibody	COVERED
86849	Immunology Procedure	COVERED
86890	Autologous Blood Process	NON-COVERED
86891	Autologous Blood Op Salvage	NON-COVERED
86910	Blood Typing Paternity Test	NON-COVERED
86911	Blood Typing Antigen System	NON-COVERED
86950	Leukocyte Transfusion	NON-COVERED
86965	Pooling Blood Platelets	NON-COVERED
86985	Split Blood Or Products	NON-COVERED
86999	Transfusion Procedure	COVERED
87483	Cns Dna Amp Probe Type 12-25	COVERED
87505	Nfct Agent Detection Gi	COVERED
87506	Iadna-Dna/Rna Probe Tq 6-11	COVERED
87507	Iadna-Dna/Rna Probe Tq 12-25	COVERED
87563	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Myc	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
87623	Hpv Low-Risk Types	COVERED
87633	Resp Virus 12-25 Targets	COVERED
87634	Rsv Dna/Rna Amp Probe	COVERED
87662	Zika Virus Dna/Rna Amp Probe	COVERED
87999	Microbiology Procedure	COVERED
88000	Autopsy (Necropsy) Gross	NON-COVERED
88005	Autopsy (Necropsy) Gross	NON-COVERED
88007	Autopsy (Necropsy) Gross	NON-COVERED
88012	Autopsy (Necropsy) Gross	NON-COVERED
88014	Autopsy (Necropsy) Gross	NON-COVERED
88016	Autopsy (Necropsy) Gross	NON-COVERED
88020	Autopsy (Necropsy) Complete	NON-COVERED
88025	Autopsy (Necropsy) Complete	NON-COVERED
88027	Autopsy (Necropsy) Complete	NON-COVERED
88028	Autopsy (Necropsy) Complete	NON-COVERED
88029	Autopsy (Necropsy) Complete	NON-COVERED
88036	Limited Autopsy	NON-COVERED
88037	Limited Autopsy	NON-COVERED
88040	Forensic Autopsy (Necropsy)	NON-COVERED
88045	Coroners Autopsy (Necropsy)	NON-COVERED
88099	Necropsy (Autopsy) Procedure	NON-COVERED
88199	Cytopathology Procedure	COVERED
88230	Tissue Culture Lymphocyte	COVERED
88235	Tissue Culture Placenta	COVERED
88271	Cytogenetics Dna Probe	COVERED
88272	Cytogenetics 3-5	COVERED
88273	Cytogenetics 10-30	COVERED
88274	Cytogenetics 25-99	COVERED
88275	Cytogenetics 100-300	COVERED
88299	Cytogenetic Study	COVERED
88344	Immunohisto Antibody Slide	COVERED
88350	Immunofluor Antb Addl Stain	COVERED
88356	Analysis Nerve	COVERED
88360	Tumor Immunohistochem/Manual	COVERED
88361	Tumor Immunohistochem/Comput	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
88364	Insitu Hybridization (Fish)	COVERED
88365	Insitu Hybridization (Fish)	COVERED
88366	Insitu Hybridization (Fish)	COVERED
88369	M/Phmtrc Alysishquant/Semiq	COVERED
88373	M/Phmtrc Alys Ishquant/Semiq	COVERED
88374	M/Phmtrc Alys Ishquant/Semiq	COVERED
88738	Hgb Quant Transcutaneous	NON-COVERED
89272	Extended Culture Of Oocytes	NON-COVERED
89310	Semen Analysis W/Count	NON-COVERED
89321	Semen Anal Sperm Detection	NON-COVERED
89398	Unlisted Reprod Med Lab Proc	COVERED
90281	Human Ig Im	NON-COVERED
90283	Human Ig Iv	NON-COVERED
90284	Human Ig Sc	COVERED
90287	Botulinum Antitoxin	NON-COVERED
90288	Botulism Ig Iv	NON-COVERED
90291	Cmv Ig Iv	NON-COVERED
90296	Diphtheria Antitoxin	NON-COVERED
90378	Rsv Mab Im 50Mg	COVERED
90393	Vaccina Ig Im	NON-COVERED
90396	Varicella-Zoster Ig Im	COVERED
90399	Immune Globulin	NON-COVERED
90460	Im Admin 1St/Only Component	NON-COVERED
90461	Im Admin Each Addl Component	NON-COVERED
90471	Immunization Admin	NON-COVERED
90472	Immunization Admin Each Add	NON-COVERED
90473	Immune Admin Oral/Nasal	NON-COVERED
90474	Immune Admin Oral/Nasal Addl	NON-COVERED
90476	Adenovirus Vaccine Type 4	NON-COVERED
90477	Adenovirus Vaccine Type 7	NON-COVERED
90581	Anthrax Vaccine Sc Or Im	NON-COVERED
90586	Bcg Vaccine Intravesical	NON-COVERED
90625	Cholera Vaccine Live Oral	COVERED
90661	Cciiv3 Vaccine Im Cult Prsv Free	NON-COVERED
90664	Laiv Vacc Pandemic Intranasl	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
90666	Iiv Vacc Pandem No Presrv Im	NON-COVERED
90667	Iiv Vacc Pandemic Adjvut Im	NON-COVERED
90668	Iiv Vaccine Pandemic Im	NON-COVERED
90705	Measles Vaccine Sc	NON-COVERED
90706	Rubella Vaccine Sc	NON-COVERED
90735	Encephalitis Vaccine Sc	NON-COVERED
90738	Inactivated Je Vacc Im	COVERED
90749	Vaccine Toxoid	NON-COVERED
90845	Psychoanalysis	NON-COVERED
90846	Family PsytX W/O Patient	COVERED
90847	Family PsytX W/Patient	COVERED
90849	Multiple Family Group PsytX	COVERED
90853	Group Psychotherapy	COVERED
90865	Narcosynthesis	NON-COVERED
90867	Tcranial Magn Stim Tx Plan	NON-COVERED
90868	Tcranial Magn Stim Tx Deli	NON-COVERED
90875	Psychophysiological Therapy	NON-COVERED
90876	Psychophysiological Therapy	NON-COVERED
90882	Environmental Manipulation	NON-COVERED
90885	Psy Evaluation Of Records	NON-COVERED
90887	Consultation With Family	NON-COVERED
90889	Preparation Of Report	NON-COVERED
90901	Biofeedback Train Any Meth	NON-COVERED
90912	Biofeedback Training, Perineal Muscles, Anorectal Or Urethra	NON-COVERED
90913	Biofeedback Training, Perineal Muscles, Anorectal Or Urethra	NON-COVERED
91110	Gi Tract Capsule Endoscopy	COVERED
91111	Esophageal Capsule Endoscopy	COVERED
91120	Rectal Sensation Test	NON-COVERED
91299	Gastroenterology Procedure	COVERED
92065	Orthoptic/Pleoptic Training	NON-COVERED
92242	Fluorescein Icg Angiography	COVERED
92273	Electroretinography (Erg), With Interpretation And Report; F	COVERED
92274	Electroretinography (Erg), With Interpretation And Report; M	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
92285	Eye Photography	NON-COVERED
92286	Internal Eye Photography	NON-COVERED
92287	Internal Eye Photography	NON-COVERED
92326	Replacement Of Contact Lens	NON-COVERED
92354	Fit Spectacles Single System	NON-COVERED
92355	Fit Spectacles Compound Lens	NON-COVERED
92358	Aphakia Prosth Service Temp	NON-COVERED
92499	Eye Service Or Procedure	COVERED
92502	Ear And Throat Examination	COVERED
92507	Speech/Hearing Therapy	COVERED
92521	Evaluation Of Speech Fluency	COVERED
92522	Evaluate Speech Production	COVERED
92523	Speech Sound Lang Comprehen	COVERED
92526	Oral Function Therapy	COVERED
92534	Optokinetic Nystagmus Test	COVERED
92548	Posturography	NON-COVERED
92549	Computerized Dynamic Posturography Sensory Organization Test	NON-COVERED
92555	Speech Threshold Audiometry	COVERED
92559	Group Audiometric Testing	COVERED
92560	Bekesy Audiometry Screen	COVERED
92561	Bekesy Audiometry Diagnosis	COVERED
92562	Loudness Balance Test	COVERED
92570	Acoustic Immitance Testing	COVERED
92579	Visual Audiometry (Vra)	COVERED
92583	Select Picture Audiometry	NON-COVERED
92584	Electrocochleography	NON-COVERED
92590	Hearing Aid Exam One Ear	COVERED
92592	Hearing Aid Check One Ear	NON-COVERED
92593	Hearing Aid Check Both Ears	NON-COVERED
92595	Electro Hearng Aid Tst Both	COVERED
92596	Ear Protector Evaluation	NON-COVERED
92610	Evaluate Swallowing Function	COVERED
92611	Motion Fluoroscopy/Swallow	COVERED
92640	Aud Brainstem Implt Programg	NON-COVERED
92700	Ent Procedure/Service	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
92924	Prq Card Angio/Athrect 1 Art	COVERED
92929	Prq Card Stent W/Angio Addl	COVERED
92971	Cardioassist External	COVERED
93015	Cardiovascular Stress Test	COVERED
93016	Cardiovascular Stress Test	COVERED
93017	Cardiovascular Stress Test	COVERED
93018	Cardiovascular Stress Test	COVERED
93024	Cardiac Drug Stress Test	COVERED
93025	Microvolt T-Wave Assess	COVERED
93224	Ecg Monit/Reprt Up To 48 Hrs	COVERED
93225	Ecg Monit/Reprt Up To 48 Hrs	COVERED
93226	Ecg Monit/Reprt Up To 48 Hrs	COVERED
93227	Ecg Monit/Reprt Up To 48 Hrs	COVERED
93228	Remote 30 Day Ecg Rev/Report	COVERED
93229	Remote 30 Day Ecg Tech Supp	COVERED
93260	Prgmng Dev Eval Impltbl Sys	COVERED
93261	Interrogate Subq Defib	COVERED
93264	Remote Monitoring Of A Wireless Pulmonary Artery Pressure Se	COVERED
93268	Ecg Record/Review	COVERED
93270	Remote 30 Day Ecg Rev/Report	COVERED
93271	Ecg/Monitoring And Analysis	COVERED
93272	Ecg/Review Interpret Only	COVERED
93279	Pm Device Progr Eval Sngl	COVERED
93281	Pm Device Progr Eval Multi	COVERED
93282	Prgmng Eval Implantable Dfb	COVERED
93283	Prgmng Eval Implantable Dfb	COVERED
93284	Prgmng Eval Implantable Dfb	COVERED
93285	Ilr Device Eval Progr	COVERED
93286	Peri-Px Pacemaker Device Evl	COVERED
93288	Pm Device Eval In Person	COVERED
93290	Icm Device Eval	COVERED
93292	Wcd Device Interrogate	COVERED
93294	Pm Device Interrogate Remote	COVERED
93296	Pm/Icd Remote Tech Serv	COVERED
93297	Icm Device Interrogat Remote	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
93298	Ilr Device Interrogat Remote	COVERED
93303	Echo Transthoracic	COVERED
93304	Echo Transthoracic	COVERED
93308	Tte F-Up Or Lmtd	COVERED
93312	Echo Transesophageal	COVERED
93313	Echo Transesophageal	NON-COVERED
93314	Echo Transesophageal	NON-COVERED
93315	Echo Transesophageal	COVERED
93316	Echo Transesophageal	NON-COVERED
93320	Doppler Echo Exam Heart	COVERED
93321	Doppler Echo Exam Heart	COVERED
93325	Doppler Color Flow Add-On	COVERED
93350	Stress Tte Only	COVERED
93351	Stress Tte Complete	COVERED
93352	Admin Ecg Contrast Agent	COVERED
93355	Echo Transesophageal (Tee)	COVERED
93356	Myocardial Strain Imaging Using Speckle Tracking-Derived Ass	COVERED
93451	Right Heart Cath	COVERED
93452	Left Hrt Cath W/Ventrcldgrphy	COVERED
93453	R&L Hrt Cath W/Ventriclgrphy	COVERED
93454	Coronary Artery Angio S&I	COVERED
93456	R Hrt Coronary Artery Angio	COVERED
93458	L Hrt Artery/Ventricle Angio	COVERED
93459	L Hrt Art/Grft Angio	COVERED
93460	R&L Hrt Art/Ventricle Angio	COVERED
93461	R&L Hrt Art/Ventricle Angio	COVERED
93462	L Hrt Cath Trnsptl Puncture	COVERED
93563	Inject Congenital Card Cath	COVERED
93565	Inject L Ventr/Atrial Angio	COVERED
93567	Inject Suprvlv Aortography	COVERED
93568	Inject Pulm Art Hrt Cath	COVERED
93580	Transcath Closure Of Asd	COVERED
93590	Percutaneous Transcatheter Closure Of Paravalvular Leak; Ini	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
93591	Percutaneous Transcatheter Closure Of Paravalvular Leak; Ini	COVERED
93592	Under Repair Procedures Of Structural Heart Defect	COVERED
93609	Map Tachycardia Add-On	COVERED
93620	Electrophysiology Evaluation	COVERED
93621	Electrophysiology Evaluation	COVERED
93622	Electrophysiology Evaluation	COVERED
93623	Stimulation Pacing Heart	COVERED
93624	Electrophysiologic Study	COVERED
93631	Heart Pacing Mapping	COVERED
93640	Evaluation Heart Device	COVERED
93641	Electrophysiology Evaluation	COVERED
93642	Electrophysiology Evaluation	COVERED
93644	Electrophysiology Evaluation	COVERED
93650	Ablate Heart Dysrhythm Focus	COVERED
93653	Ep & Ablate Supravent Arrhyt	COVERED
93655	Ablate Arrhythmia Add On	COVERED
93656	Tx Atrial Fib Pulm Vein Isol	COVERED
93660	Tilt Table Evaluation	COVERED
93662	Intracardiac Ecg (Ice)	COVERED
93668	Peripheral Vascular Rehab	NON-COVERED
93701	Bioimpedance Cv Analysis	NON-COVERED
93702	Bis Xtracell Fluid Analysis	COVERED
93724	Analyze Pacemaker System	COVERED
93740	Temperature Gradient Studies	NON-COVERED
93770	Measure Venous Pressure	NON-COVERED
93784	Ambulatory Bp Monitoring	COVERED
93786	Ambulatory Bp Recording	COVERED
93788	Ambulatory Bp Analysis	COVERED
93790	Review/Report Bp Recording	COVERED
93792	Pt/Caregiver Trainj Home Inr	NON-COVERED
93797	Cardiac Rehab	COVERED
93798	Cardiac Rehab/Monitor	COVERED
93799	Cardiovascular Procedure	COVERED
93886	Intracranial Complete Study	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
93888	Intracranial Limited Study	COVERED
93890	Tcd Vasoreactivity Study	COVERED
93892	Tcd Emboli Detect W/O Inj	COVERED
93895	Carotid Intima Atheroma Eval	NON-COVERED
93922	Upr/L Xtremity Art 2 Levels	COVERED
93923	Upr/Lxtr Art Stdy 3+ Lvl	COVERED
93924	Lwr Xtr Vasc Stdy Bilat	COVERED
93925	Lower Extremity Study	COVERED
93926	Lower Extremity Study	COVERED
93930	Upper Extremity Study	COVERED
93931	Upper Extremity Study	COVERED
93970	Extremity Study	COVERED
93971	Extremity Study	COVERED
93975	Vascular Study	COVERED
93976	Vascular Study	COVERED
93978	Vascular Study	COVERED
93979	Vascular Study	COVERED
93980	Penile Vascular Study	COVERED
93985	Duplex Scan Of Arterial Inflow And Venous Outflow For Preope	COVERED
93986	Duplex Scan Of Arterial Inflow And Venous Outflow For Preope	COVERED
93990	Doppler Flow Testing	COVERED
93998	Noninvas Vasc Dx Study Proc	COVERED
94004	Vent Mgmt Nf Per Day	NON-COVERED
94005	Home Vent Mgmt Supervision	NON-COVERED
94070	Evaluation Of Wheezing	NON-COVERED
94452	Hast W/Report	NON-COVERED
94453	Hast W/Oxygen Titrate	NON-COVERED
94610	Surfactant Admin Thru Tube	NON-COVERED
94617	Exercise Tst Brncpsm	COVERED
94618	Pulmonary Stress Testing	COVERED
94761	Measure Blood Oxygen Level	NON-COVERED
94762	Measure Blood Oxygen Level	NON-COVERED
94774	Ped Home Apnea Rec Compl	NON-COVERED
94775	Ped Home Apnea Rec Hk-Up	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
94776	Ped Home Apnea Rec Downld	NON-COVERED
94777	Ped Home Apnea Rec Report	NON-COVERED
94780	Car Seat/Bed Test 60 Min	NON-COVERED
94781	Car Seat/Bed Test + 30 Min	NON-COVERED
95018	Perq&lc Allg Test Drugs/Biol	COVERED
95027	Icut Allergy Titrate-Airborn	COVERED
95028	Icut Allergy Test-Delayed	COVERED
95070	Bronchial Allergy Tests	COVERED
95117	Immunotherapy Injections	COVERED
95120	Immunotherapy One Injection	NON-COVERED
95125	Immunotherapy 2/> Injections	NON-COVERED
95130	Immntx 1 Sting Insect	NON-COVERED
95131	Immntx 2 Sting Insects	NON-COVERED
95132	Immntx 3 Sting Insects	NON-COVERED
95133	Immntx 4 Sting Insects	NON-COVERED
95134	Immntx 5 Sting Insects	NON-COVERED
95145	Antigen Therapy Services	NON-COVERED
95146	Antigen Therapy Services	NON-COVERED
95147	Antigen Therapy Services	NON-COVERED
95148	Antigen Therapy Services	NON-COVERED
95149	Antigen Therapy Services	NON-COVERED
95165	Antigen Therapy Services	NON-COVERED
95180	Rapid Desensitization	COVERED
95199	Allergy Immunology Services	COVERED
95249	Cont Gluc Mntr Pt Prov Eqp	NON-COVERED
95700	Electroencephalogram (Eeg) Continuous Recording, With Video	COVERED
95705	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95706	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95707	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95708	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95709	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
95710	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95711	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95712	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95713	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95714	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95715	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95716	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95717	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95718	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95719	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95720	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95721	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95722	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95723	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95724	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95725	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95726	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95782	Polysom <6 Yrs 4/> Paramtrs	COVERED
95783	Polysom <6 Yrs Cpap/Bilvl	COVERED
95800	Slp Stdy Unattended	NON-COVERED
95801	Slp Stdy Unatnd W/Anal	NON-COVERED
95803	Actigraphy Testing	NON-COVERED
95805	Multiple Sleep Latency Test	COVERED
95806	Sleep Study Unatt&Resp Efft	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
95807	Sleep Study Attended	COVERED
95808	Polysom Any Age 1-3> Param	COVERED
95810	Polysom 6/> Yrs 4/> Param	COVERED
95811	Polysom 6/>Yrs Cpap 4/> Parm	COVERED
95836	Electrocorticogram From An Implanted Brain Neurostimulator P	COVERED
95921	Autonomic Nrv Parasym Inervj	NON-COVERED
95922	Autonomic Nrv Adrenrg Inervj	NON-COVERED
95923	Autonomic Nrv Syst Funj Test	NON-COVERED
95933	Blink Reflex Test	NON-COVERED
95954	Eeg Monitoring/Giving Drugs	NON-COVERED
95961	Electrode Stimulation Brain	NON-COVERED
95962	Electrode Stim Brain Add-On	NON-COVERED
95965	Meg Spontaneous	COVERED
95966	Meg Evoked Single	COVERED
95967	Meg Evoked Each Addl	COVERED
95970	Analyze Neurostim No Prog	COVERED
95971	Analyze Neurostim Simple	COVERED
95972	Analyze Neurostim Complex	COVERED
95976	Electronic Analysis Of Implanted Neurostimulator Pulse Gener	COVERED
95977	Electronic Analysis Of Implanted Neurostimulator Pulse Gener	COVERED
95980	Io Anal Gast N-Stim Init	NON-COVERED
95981	Io Anal Gast N-Stim Subsq	NON-COVERED
95982	Io Ga N-Stim Subsq W/Reprog	NON-COVERED
95983	Electronic Analysis Of Implanted Neurostimulator Pulse Gener	COVERED
95984	Electronic Analysis Of Implanted Neurostimulator Pulse Gener	COVERED
95999	Neurological Procedure	COVERED
96000	Motion Analysis Video/3D	NON-COVERED
96001	Motion Test W/Ft Press Meas	NON-COVERED
96002	Dynamic Surface Emg	NON-COVERED
96003	Dynamic Fine Wire Emg	NON-COVERED
96004	Phys Review Of Motion Tests	NON-COVERED
96020	Functional Brain Mapping	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
96040	Genetic Counseling 30 Min	NON-COVERED
96105	Assessment Of Aphasia	COVERED
96112	Developmental Test Administration (Including Assessment Of F	COVERED
96113	Developmental Test Administration (Including Assessment Of F	COVERED
96116	Neurobehavioral Status Exam	COVERED
96118	Neuropsych Tst By Psych/Phys	COVERED
96121	Neurobehavioral Status Exam (Clinical Assessment Of Thinking	COVERED
96125	Cognitive Test By Hc Pro	NON-COVERED
96130	Psychological Testing Evaluation Services By Physician Or Ot	COVERED
96131	Psychological Testing Evaluation Services By Physician Or Ot	COVERED
96132	Neuropsychological Testing Evaluation Services By Physician	COVERED
96133	Neuropsychological Testing Evaluation Services By Physician	COVERED
96136	Psychological Or Neuropsychological Test Administration And	COVERED
96138	Psychological Or Neuropsychological Test Administration And	COVERED
96139	Psychological Or Neuropsychological Test Administration And	COVERED
96146	Psychological Or Neuropsychological Test Administration, Wit	COVERED
96156	Health Behavior Assessment, Or Re-Assessment (Ie, Health-Foc	COVERED
96158	Health Behavior Intervention, Individual, Face-To-Face; Init	COVERED
96159	Health Behavior Intervention, Individual, Face-To-Face; Each	COVERED
96160	Pt-Focused Hlth Risk Assmt	NON-COVERED
96161	Caregiver Health Risk Assmt	NON-COVERED
96164	Health Behavior Intervention, Group (2 Or More Patients), Fa	COVERED
96165	Health Behavior Intervention, Group (2 Or More Patients), Fa	COVERED
96167	Health Behavior Intervention, Family (With The Patient Prese	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
96168	Health Behavior Intervention, Family (With The Patient Prese	COVERED
96170	Health Behavior Intervention, Family (Without The Patient Pr	COVERED
96171	Health Behavior Intervention, Family (Without The Patient Pr	COVERED
96376	Tx/Pro/Dx Inj Same Drug Adon	NON-COVERED
96446	Chemotx Admn Prtl Cavity	COVERED
96450	Chemotherapy Into Cns	COVERED
96549	Chemotherapy Unspecified	COVERED
96567	Photodynamic Tx Skin	COVERED
96573	Pdt Dstr Prmlg Les Phys/Qhp	COVERED
96574	Dbrdmt Prmlg Les W/Pdt	COVERED
96902	Trichogram	NON-COVERED
96904	Whole Body Photography	NON-COVERED
96920	Laser Tx Skin < 250 Sq Cm	COVERED
96921	Laser Tx Skin 250-500 Sq Cm	COVERED
96922	Laser Tx Skin > 500 Sq Cm	COVERED
96931	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96932	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96933	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96934	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96935	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96936	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96999	Dermatological Procedure	COVERED
97001	Pt Evaluation	NON-COVERED
97004	Ot Re-Evaluation	NON-COVERED
97039	Physical Therapy Treatment	COVERED
97129	Therapeutic Interventions That Focus On Cognitive Function (COVERED
97130	Therapeutic Interventions That Focus On Cognitive Function (COVERED
97139	Physical Medicine Procedure	COVERED
97151	Behavior Identification Assessment, Administered By A Physic	COVERED
97152	Behavior Identification-Supporting Assessment, Administered	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
97153	Adaptive Behavior Treatment By Protocol, Administered By Tec	COVERED
97154	Group Adaptive Behavior Treatment By Protocol, Administered	NON-COVERED
97155	Adaptive Behavior Treatment With Protocol Modification, Admi	COVERED
97156	Family Adaptive Behavior Treatment Guidance, Administered By	NON-COVERED
97157	Multiple-Family Group Adaptive Behavior Treatment Guidance,	COVERED
97158	Group Adaptive Behavior Treatment With Protocol Modification	NON-COVERED
97169	Athletic Trn Eval Low Cmplx	NON-COVERED
97170	Athletic Trn Eval Mod Cmplx	NON-COVERED
97171	Athletic Trn Eval High Cmplx	NON-COVERED
97172	Athletic Trn Re-Eval Plan Cr	NON-COVERED
97537	Community/Work Reintegration	NON-COVERED
97542	Wheelchair Mngment Training	NON-COVERED
97545	Work Hardening	NON-COVERED
97546	Work Hardening Add-On	NON-COVERED
97602	Wound(S) Care Non-Selective	NON-COVERED
97605	Neg Press Wound Tx </=50 Cm	NON-COVERED
97606	Neg Press Wound Tx > 50 Cm	NON-COVERED
97607	Neg Press Wnd Tx </=50 Sq Cm	NON-COVERED
97608	Neg Press Wound Tx >50 Cm	NON-COVERED
97610	Low Frequency Non-Thermal Us	NON-COVERED
97750	Physical Performance Test	COVERED
97755	Assistive Technology Assess	NON-COVERED
97760	Orthotic Mgmt And Training	COVERED
97761	Prosthetic Training	COVERED
97763	Orthc/Prostc Mgmt Sbsq Enc	NON-COVERED
97799	Physical Medicine Procedure	COVERED
98927	Osteopath Manj 5-6 Regions	NON-COVERED
98928	Osteopath Manj 7-8 Regions	NON-COVERED
98929	Osteopath Manj 9-10 Regions	NON-COVERED
98960	Self-Mgmt Educ & Train 1 Pt	NON-COVERED
98966	Hc Pro Phone Call 5-10 Min	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
98967	Hc Pro Phone Call 11-20 Min	NON-COVERED
98968	Hc Pro Phone Call 21-30 Min	NON-COVERED
98970	Qualified Nonphysician Health Care Professional Online Digit	NON-COVERED
98971	Qualified Nonphysician Health Care Professional Online Digit	NON-COVERED
98972	Qualified Nonphysician Health Care Professional Online Digit	NON-COVERED
99001	Specimen Handling Pt-Lab	NON-COVERED
99002	Device Handling Phys/Qhp	NON-COVERED
99024	Postop Follow-Up Visit	NON-COVERED
99026	In-Hospital On Call Service	NON-COVERED
99027	Out-Of-Hosp On Call Service	NON-COVERED
99050	Medical Services After Hrs	NON-COVERED
99051	Med Serv Eve/Wkend/Holiday	NON-COVERED
99053	Med Serv 10Pm-8Am 24 Hr Fac	NON-COVERED
99056	Med Service Out Of Office	COVERED
99071	Patient Education Materials	NON-COVERED
99075	Medical Testimony	NON-COVERED
99078	Group Health Education	NON-COVERED
99080	Special Reports Or Forms	NON-COVERED
99082	Unusual Physician Travel	COVERED
99091	Collect/Review Data From Pt	NON-COVERED
99100	Special Anesthesia Service	NON-COVERED
99116	Anesthesia With Hypothermia	NON-COVERED
99135	Special Anesthesia Procedure	NON-COVERED
99140	Emergency Anesthesia	NON-COVERED
99170	Anogenital Exam Child W Imag	COVERED
99172	Ocular Function Screen	NON-COVERED
99174	Ocular Instrumnt Screen Bil	NON-COVERED
99175	Induction Of Vomiting	NON-COVERED
99177	Ocular Instrumnt Screen Bil	NON-COVERED
99183	Hyperbaric Oxygen Therapy	COVERED
99184	Hypothermia Ill Neonate	COVERED
99190	Special Pump Services	NON-COVERED
99191	Special Pump Services	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
99192	Special Pump Services	NON-COVERED
99199	Special Service/Proc/Report	COVERED
99288	Direct Advanced Life Support	NON-COVERED
99318	Annual Nursing Fac Assessmnt	NON-COVERED
99366	Medical Team Conference With Interdisciplinary Team Of Healt	COVERED
99367	Team Conf W/O Pat By Phys	NON-COVERED
99368	Medical Team Conference With Interdisciplinary Team Of Healt	COVERED
99374	Home Health Care Supervision	NON-COVERED
99375	Home Health Care Supervision	NON-COVERED
99377	Hospice Care Supervision	NON-COVERED
99378	Hospice Care Supervision	NON-COVERED
99379	Nursing Fac Care Supervision	NON-COVERED
99380	Nursing Fac Care Supervision	NON-COVERED
99402	Preventive Counseling Indiv	NON-COVERED
99403	Preventive Counseling Indiv	NON-COVERED
99404	Preventive Counseling Indiv	NON-COVERED
99408	Audit/Dast 15-30 Min	NON-COVERED
99409	Audit/Dast Over 30 Min	NON-COVERED
99411	Preventive Counseling Group	NON-COVERED
99412	Preventive Counseling Group	NON-COVERED
99415	Prolong Clincl Staff Svc	COVERED
99416	Prolong Clincl Staff Svc Add	COVERED
99421	Online Digital Evaluation And Management Service, For An Est	NON-COVERED
99422	Online Digital Evaluation And Management Service, For An Est	NON-COVERED
99423	Online Digital Evaluation And Management Service, For An Est	NON-COVERED
99429	Unlisted Preventive Service	COVERED
99444	Online E/M By Phys/Qhp	NON-COVERED
99446	Interprof Phone/Online 5-10	NON-COVERED
99447	Interprof Phone/Online 11-20	NON-COVERED
99448	Interprof Phone/Online 21-30	NON-COVERED
99449	Interprof Phone/Online 31/>	NON-COVERED
99450	Basic Life Disability Exam	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
99455	Work Related Disability Exam	NON-COVERED
99456	Disability Examination	NON-COVERED
99463	Same Day Nb Discharge	NON-COVERED
99468	Neonate Crit Care Initial	COVERED
99469	Neonate Crit Care Subsq	COVERED
99471	Ped Critical Care Initial	COVERED
99472	Ped Critical Care Subsq	COVERED
99475	Ped Crit Care Age 2-5 Init	COVERED
99476	Ped Crit Care Age 2-5 Subsq	COVERED
99478	Ic Lbw Inf < 1500 Gm Subsq	COVERED
99479	Ic Lbw Inf 1500-2500 G Subsq	COVERED
99480	Ic Inf Pbw 2501-5000 G Subsq	COVERED
99483	Assmt & Care Pln Pt Cog Imp	NON-COVERED
99484	Care Mgmt Svc Bhvl Hlth Cond	NON-COVERED
99487	Cmplx Chron Care W/O Pt Vsit	NON-COVERED
99489	Cmplx Chron Care Addl 30 Min	NON-COVERED
99490	Chron Care Mgmt Srvc 20 Min	COVERED
99491	Chronic Care Management Services, Provided Personally By A P	COVERED
99492	1St Psyc Collab Care Mgmt	NON-COVERED
99493	Sbsq Psyc Collab Care Mgmt	NON-COVERED
99494	1St/Sbsq Psyc Collab Care	NON-COVERED
99499	Unlisted E&M Service	COVERED
99500	Home Visit Prenatal	NON-COVERED
99501	Home Visit Postnatal	COVERED
99502	Home Visit Nb Care	COVERED
99503	Home Visit Resp Therapy	COVERED
99504	Home Visit For Mechanical Ventilation Care.	NON-COVERED
99505	Home Visit Stoma Care	NON-COVERED
99506	Home Visit Im Injection	NON-COVERED
99507	Home Visit Cath Maintain	NON-COVERED
99509	Home Visit For Assistance With Activities Of Daily Living An	NON-COVERED
99510	Home Visit Sing/M/Fam Couns	NON-COVERED
99511	Home Visit Fecal/Enema Mgmt	NON-COVERED
99512	Home Visit For Hemodialysis	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
99600	Home Visit Nos	COVERED
99601	Home Infusion/Visit 2 Hrs	NON-COVERED
99602	Home Infusion Each Addtl Hr	NON-COVERED
99999	Unlisted Procedure	NON-COVERED
A0021	Outside State Ambulance Serv	NON-COVERED
A0140	Nonemergency Transport Air	COVERED
A0160	Noner Transport Case Worker	NON-COVERED
A0170	Transport Parking Fees/Tolls	COVERED
A0180	Noner Transport Lodgng Recip	NON-COVERED
A0190	Noner Transport Meals Recip	COVERED
A0200	Noner Transport Lodgng Escrt	NON-COVERED
A0210	Noner Transport Meals Escort	COVERED
A0382	Basic Support Routine Suppls	NON-COVERED
A0394	Als Iv Drug Therapy Supplies	NON-COVERED
A0398	Als Routine Disposble Suppls	NON-COVERED
A0434	Specialty Care Transport	COVERED
A0888	Noncovered Ambulance Mileage	NON-COVERED
A0998	Ambulance Response/Treatment	NON-COVERED
A4216	Sterile Water/Saline, 10 MI	NON-COVERED
A4221	Maint Drug Infus Cath Per Wk	NON-COVERED
A4222	Infusion Supplies With Pump	NON-COVERED
A4224	Supply Insulin Inf Cath/Wk	COVERED
A4225	Supply Insulin , Ea	COVERED
A4226	Supplies For Maintenance Of Insulin Infusion Pump With Dosag	COVERED
A4233	Alkalin Batt For Glucose Mon	COVERED
A4234	J-Cell Batt For Glucose Mon	NON-COVERED
A4235	Lithium Batt For Glucose Mon	COVERED
A4236	Silvr Oxide Batt Glucose Mon	NON-COVERED
A4290	Sacral Nerve Stim Test Lead	NON-COVERED
A4300	Cath Impl Vasc Access Portal	COVERED
A4301	Implantable Access Syst Perc	NON-COVERED
A4458	Reusable Enema Bag	COVERED
A4555	Ca Tx E-Stim Electr/Transduc	COVERED
A4561	Pessary Rubber, Any Type	NON-COVERED
A4562	Pessary, Non Rubber, Any Type	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
A4565	Slings	NON-COVERED
A4590	Special Casting Material	NON-COVERED
A4608	Transtracheal Oxygen Cath	NON-COVERED
A4617	Mouth Piece	NON-COVERED
A4640	Alternating Pressure Pad	COVERED
A4641	Radiopharm Dx Agent Noc	COVERED
A4642	In111 Satumomab	COVERED
A4648	Implantable Tissue Marker	COVERED
A4649	Surgical Supplies	COVERED
A4650	Implant Radiation Dosimeter	COVERED
A4651	Calibrated Microcap Tube	NON-COVERED
A4652	Microcapillary Tube Sealant	COVERED
A4660	Sphyg/Bp App W Cuff And Stet	COVERED
A4663	Dialysis Blood Pressure Cuff	COVERED
A4670	Automatic Bp Monitor, Dial	COVERED
A4913	Misc Dialysis Supplies Noc	NON-COVERED
A5500	Diab Shoe For Density Insert	COVERED
A5501	Diabetic Custom Molded Shoe	COVERED
A5503	Diabetic Shoe W/Roller/Rockr	COVERED
A5504	Diabetic Shoe With Wedge	COVERED
A5505	Diab Shoe W/Metatarsal Bar	COVERED
A5506	Diabetic Shoe W/Off Set Heel	COVERED
A5507	Modification Diabetic Shoe	COVERED
A5508	Diabetic Deluxe Shoe	NON-COVERED
A5510	Compression Form Shoe Insert	COVERED
A5512	Multi Den Insert Direct Form	COVERED
A5513	Multi Den Insert Custom Mold	COVERED
A5514	For Diabetics Only, Multiple Density Insert, Made By Direct	NON-COVERED
A6000	Wound Warming Wound Cover	COVERED
A6010	Collagen Based Wound Filler	COVERED
A6011	Collagen Gel/Paste Wound Fil	COVERED
A6021	Collagen Dressing <=16 Sq In	COVERED
A6022	Collagen Drsg> 16<=48 Sq In	COVERED
A6023	Collagen Dressing >48 Sq In	NON-COVERED
A6024	Collagen Dsg Wound Filler	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
A6025	Silicone Gel Sheet, Each	NON-COVERED
A6154	Wound Pouch Each	COVERED
A6196	Alginate Dressing <=16 Sq In	COVERED
A6197	Alginate Drsg >16 <=48 Sq In	COVERED
A6198	Alginate Dressing > 48 Sq In	COVERED
A6199	Alginate Drsg Wound Filler	COVERED
A6203	Composite Drsg <= 16 Sq In	COVERED
A6204	Composite Drsg >16<=48 Sq In	COVERED
A6205	Composite Drsg > 48 Sq In	COVERED
A6206	Contact Layer <= 16 Sq In	COVERED
A6207	Contact Layer >16<= 48 Sq In	COVERED
A6208	Contact Layer > 48 Sq In	COVERED
A6209	Foam Drsg <=16 Sq In W/O Bdr	COVERED
A6210	Foam Drg >16<=48 Sq In W/O B	COVERED
A6211	Foam Drg > 48 Sq In W/O Brdr	COVERED
A6212	Foam Drg <=16 Sq In W/Border	COVERED
A6213	Foam Drg >16<=48 Sq In W/Bdr	COVERED
A6214	Foam Drg > 48 Sq In W/Border	COVERED
A6215	Foam Dressing Wound Filler	COVERED
A6217	Non-Sterile Gauze>16<=48 Sq	COVERED
A6220	Gauze >16 <=48 Sq In W/Bdr	COVERED
A6221	Gauze > 48 Sq In W/Border	COVERED
A6228	Gauze <= 16 Sq In Water/Sal	COVERED
A6229	Gauze >16<=48 Sq In Watr/Sal	COVERED
A6230	Gauze > 48 Sq In Water/Salne	COVERED
A6231	Hydrogel Dsg<=16 Sq In	COVERED
A6232	Hydrogel Dsg>16<=48 Sq In	COVERED
A6233	Hydrogel Dressing >48 Sq In	COVERED
A6234	Hydrocolld Drg <=16 W/O Bdr	COVERED
A6235	Hydrocolld Drg >16<=48 W/O B	COVERED
A6236	Hydrocolld Drg > 48 In W/O B	COVERED
A6237	Hydrocolld Drg <=16 In W/Bdr	COVERED
A6238	Hydrocolld Drg >16<=48 W/Bdr	COVERED
A6239	Hydrocolld Drg > 48 In W/Bdr	COVERED
A6240	Hydrocolld Drg Filler Paste	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
A6241	Hydrocolloid Drg Filler Dry	COVERED
A6242	Hydrogel Drg <=16 In W/O Bdr	COVERED
A6243	Hydrogel Drg >16<=48 W/O Bdr	COVERED
A6244	Hydrogel Drg >48 In W/O Bdr	COVERED
A6245	Hydrogel Drg <= 16 In W/Bdr	COVERED
A6246	Hydrogel Drg >16<=48 In W/B	COVERED
A6247	Hydrogel Drg > 48 Sq In W/B	COVERED
A6248	Hydrogel Drsg Gel Filler	COVERED
A6251	Absorpt Drg <=16 Sq In W/O B	COVERED
A6252	Absorpt Drg >16 <=48 W/O Bdr	COVERED
A6253	Absorpt Drg > 48 Sq In W/O B	COVERED
A6254	Absorpt Drg <=16 Sq In W/Bdr	COVERED
A6255	Absorpt Drg >16<=48 In W/Bdr	COVERED
A6256	Absorpt Drg > 48 Sq In W/Bdr	COVERED
A6257	Transparent Film <= 16 Sq In	COVERED
A6258	Transparent Film >16<=48 In	COVERED
A6259	Transparent Film > 48 Sq In	COVERED
A6261	Wound Filler Gel/Paste /Oz	COVERED
A6262	Wound Filler Dry Form / Gram	COVERED
A6266	Impreg Gauze No H2O/Sal/Yard	COVERED
A6441	Pad Band W>=3" <5"/Yd	COVERED
A6442	Conform Band N/S W<3"/Yd	COVERED
A6444	Conform Band N/S W>=5"/Yd	COVERED
A6445	Conform Band S W <3"/Yd	COVERED
A6447	Conform Band S W >=5"/Yd	COVERED
A6449	Lt Compres Band >=3" <5"/Yd	NON-COVERED
A6450	Lt Compres Band >=5"/Yd	COVERED
A6451	Mod Compres Band W>=3" <5"/Yd	NON-COVERED
A6452	High Compres Band W>=3" <5"Yd	COVERED
A6455	Self-Adher Band >=5"/Yd	COVERED
A6456	Zinc Paste Band W >=3" <5"/Yd	COVERED
A6507	Cmprs Burngarment Foot-Knee	COVERED
A6508	Cmprs Burngarment Foot-Thigh	COVERED
A6509	Compres Burn Garment Jacket	COVERED
A6510	Compres Burn Garment Leotard	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
A6511	Compres Burn Garment Panty	COVERED
A6512	Compres Burn Garment, Noc	COVERED
A6513	Compress Burn Mask Face/Neck	COVERED
A6550	Neg Pres Wound Ther Drsg Set	COVERED
A7001	Nondisposable Pump Canister	COVERED
A7020	Interface, Cough Stim Device	COVERED
A7025	Replace Chest Compress Vest	NON-COVERED
A7026	Replace Chst Cmprss Sys Hose	COVERED
A7027	Combination Oral/Nasal Mask	COVERED
A7028	Repl Oral Cushion Combo Mask	COVERED
A7029	Repl Nasal Pillow Comb Mask	COVERED
A7030	Cpap Full Face Mask	COVERED
A7031	Replacement Facemask Interfa	COVERED
A7032	Replacement Nasal Cushion	COVERED
A7033	Replacement Nasal Pillows	COVERED
A7034	Nasal Application Device	COVERED
A7035	Pos Airway Press Headgear	COVERED
A7036	Pos Airway Press Chinstrap	COVERED
A7037	Pos Airway Pressure Tubing	COVERED
A7038	Pos Airway Pressure Filter	COVERED
A7039	Filter, Non Disposable W Pap	COVERED
A7040	One Way Chest Drain Valve	COVERED
A7041	Water Seal Drain Container	NON-COVERED
A7044	Pap Oral Interface	COVERED
A7045	Repl Exhalation Port For Pap	COVERED
A7046	Repl Water Chamber, Pap Dev	COVERED
A7047	Resp Suction Oral Interface	NON-COVERED
A7048	Vacuum Drain Bottle/Tube Kit	COVERED
A8000	Soft Protect Helmet Prefab	COVERED
A8001	Hard Protect Helmet Prefab	COVERED
A8002	Soft Protect Helmet Custom	COVERED
A8003	Hard Protect Helmet Custom	COVERED
A8004	Repl Soft Interface, Helmet	COVERED
A9150	Misc/Exper Non-Prescript Dru	NON-COVERED
A9270	Non-Covered Item Or Service	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
A9272	Disp Wound Suct, Drsg/Access	COVERED
A9274	Ext Amb Insulin Delivery Sys	NON-COVERED
A9275	Disp Home Glucose Monitor	COVERED
A9276	Disposable Sensor, Cgm Sys	NON-COVERED
A9277	External Transmitter, Cgm	NON-COVERED
A9278	External Receiver, Cgm Sys	COVERED
A9279	Monitoring Feature/Devicenoc	COVERED
A9280	Alert Device, Noc	NON-COVERED
A9282	Wig Any Type	COVERED
A9283	Foot Press Off Load Supp Dev	NON-COVERED
A9284	Non-Electronic Spirometer	COVERED
A9300	Exercise Equipment	NON-COVERED
A9501	Technetium Tc-99M Teboroxime	COVERED
A9504	Tc99m Apcitide	COVERED
A9505	Tl201 Thallium	COVERED
A9507	In111 Capromab	COVERED
A9508	I131 Iodobenguante, Dx	COVERED
A9510	Tc99m Disofenin	COVERED
A9517	I131 Iodide Cap, Rx	COVERED
A9520	Tc99 Tilmanocept Diag 0.5Mci	COVERED
A9521	Tc99m Exametazime	COVERED
A9524	I131 Serum Albumin, Dx	COVERED
A9526	Nitrogen N-13 Ammonia	COVERED
A9527	Iodine I-125 Sodium Iodide	COVERED
A9529	I131 Iodide Sol, Dx	COVERED
A9530	I131 Iodide Sol, Rx	COVERED
A9531	I131 Max 100Uci	COVERED
A9532	I125 Serum Albumin, Dx	COVERED
A9536	Tc99m Depreotide	COVERED
A9538	Tc99m Pyrophosphate	COVERED
A9539	Tc99m Pentetate	COVERED
A9542	In111 Ibritumomab, Dx	COVERED
A9543	Y90 Ibritumomab, Rx	COVERED
A9546	Co57/58	COVERED
A9547	In111 Oxyquinoline	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
A9548	In111 Pentetate	COVERED
A9550	Tc99m Gluceptate	COVERED
A9551	Tc99m Succimer	COVERED
A9553	Cr51 Chromate	COVERED
A9554	I125 Iothalamate, Dx	COVERED
A9555	Rb82 Rubidium	NON-COVERED
A9556	Ga67 Gallium	COVERED
A9557	Tc99m Bicisate	COVERED
A9558	Xe133 Xenon 10Mci	COVERED
A9559	Co57 Cyano	COVERED
A9561	Tc99m Oxidronate	COVERED
A9563	P32 Na Phosphate	COVERED
A9564	P32 Chromic Phosphate	COVERED
A9566	Tc99m Fanolesomab	COVERED
A9568	Technetium Tc99m Arcitumomab	COVERED
A9569	Technetium Tc-99M Auto Wbc	COVERED
A9570	Indium In-111 Auto Wbc	COVERED
A9571	Indium In-111 Auto Platelet	COVERED
A9576	Inj Prohance Multipack	COVERED
A9577	Inj Multihance	COVERED
A9578	Inj Multihance Multipack	COVERED
A9579	Gad-Base Mr Contrast Nos,1MI	COVERED
A9580	Sodium Fluoride F-18	COVERED
A9581	Gadoxetate Disodium Inj	COVERED
A9582	Iodine I-123 Iobenguane	COVERED
A9583	Gadofosveset Trisodium Inj	COVERED
A9584	Iodine I-123 Ioflupane	COVERED
A9585	Gadobutrol Injection	COVERED
A9586	Florbetapir F18	COVERED
A9589	Instillation, Hexaminolevulinate Hydrochloride, 100 Mg	COVERED
A9590	Iodine I-131, Iobenguane, 1 Mci	COVERED
A9597	Pet, Dx, For Tumor Id, Noc	COVERED
A9598	Pet Dx For Non-Tumor Id, Noc	COVERED
A9600	Sr89 Strontium	COVERED
A9604	Sm 153 Lexidronam	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
A9698	Non-Rad Contrast Materialnoc	COVERED
A9699	Radiopharm Rx Agent Noc	COVERED
A9900	Supply/Accessory/Service	COVERED
A9901	Delivery/Set Up/Dispensing	NON-COVERED
A9999	Default Code - Used For Informational-Only Managed Care Clai	COVERED
B4164	Parenteral 50% Dextrose Solu	COVERED
B4168	Parenteral Sol Amino Acid 3.	COVERED
B4172	Parenteral Sol Amino Acid 5.	COVERED
B4176	Parenteral Sol Amino Acid 7-	COVERED
B4178	Parenteral Sol Amino Acid >	COVERED
B4180	Parenteral Sol Carb > 50%	COVERED
B4185	Parenteral Sol 10 Gm Lipids	COVERED
B4187	Omegaven, 10 G Lipids	COVERED
B4189	Parenteral Sol Amino Acid &	COVERED
B4193	Parenteral Sol 52-73 Gm Prot	COVERED
B4199	Parenteral Sol > 100Gm Prote	COVERED
B4216	Parenteral Nutrition Additiv	COVERED
B4220	Parenteral Supply Kit Premix	COVERED
B4222	Parenteral Supply Kit Homemi	COVERED
B4224	Parenteral Administration Ki	COVERED
B5000	Parenteral Sol Renal-Amirosy	COVERED
B5100	Parenteral Sol Hepatic-Fream	COVERED
B5200	Parenteral Sol Stres-Brnch C	COVERED
B9999	Parenteral Supp Not Othrws C	COVERED
C1725	Cath, Translumin Non-Laser	COVERED
C1734	Orthopedic/Device/Drug Matrix For Opposing Bone-To-Bone Or S	COVERED
C1760	Closure Dev, Vasc	COVERED
C1763	Conn Tiss, Non-Human	COVERED
C1822	Gen, Neuro, Hf, Rechg Bat	COVERED
C1823	Generator, Neurostimulator (Implantable), Non-Rechargeable,	COVERED
C1824	Generator, Cardiac Contractility Modulation (Implantable)	COVERED
C1839	Iris Prosthesis	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
C1842	Retinal Prosthesis, Includes All Internal And External Compo	COVERED
C1849	Skin Substitute, Synthetic, Resorbable, Per Square Centimete	COVERED
C1875	Stent, Coated/Cov W/O Del Sy	COVERED
C1877	Stent, Non-Coat/Cov W/O Del	COVERED
C1889	Implant/Insert Device, Noc I	NON-COVERED
C1982	Catheter, Pressure Generating, One-Way Valve, Intermittently	COVERED
C2596	Probe, Image Guided, Robotic, Waterjet Ablation	COVERED
C2624	Wireless Pressure Sensor	COVERED
C2645	Brachytx Planar, P-103	COVERED
C2699	Brachytx, Non-Stranded, Nos	COVERED
C8900	Mra W/Cont, Abd	NON-COVERED
C8901	Mra W/O Cont, Abd	COVERED
C8902	Mra W/O Fol W/Cont, Abd	NON-COVERED
C8903	Mri W/Cont, Breast, Uni	COVERED
C8904	Mri W/O Cont, Breast, Uni	NON-COVERED
C8905	Mri W/O Fol W/Cont, Brst, Un	COVERED
C8906	Mri W/Cont, Breast, Bi	NON-COVERED
C8907	Mri W/O Cont, Breast, Bi	COVERED
C8908	Mri W/O Fol W/Cont, Breast,	NON-COVERED
C8909	Mra W/Cont, Chest	COVERED
C8910	Mra W/O Cont, Chest	NON-COVERED
C8911	Mra W/O Fol W/Cont, Chest	COVERED
C8912	Mra W/Cont, Lwr Ext	NON-COVERED
C8913	Mra W/O Cont, Lwr Ext	COVERED
C8914	Mra W/O Fol W/Cont, Lwr Ext	NON-COVERED
C8918	Mra W/Cont, Pelvis	COVERED
C8919	Mra W/O Cont, Pelvis	NON-COVERED
C8920	Mra W/O Fol W/Cont, Pelvis	COVERED
C8931	Mra, W/Dye, Spinal Canal	NON-COVERED
C8932	Mra, W/O Dye, Spinal Canal	COVERED
C8933	Mra, W/O&W/Dye, Spinal Canal	NON-COVERED
C8934	Mra, W/Dye, Upper Extremity	COVERED
C8935	Mra, W/O Dye, Upper Extr	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
C8936	Mra, W/O&W/Dye, Upper Extr	COVERED
C8937	Computer-Aided Detection, Including Computer Algorithm Analy	NON-COVERED
C9014	Injection, Cerliponase Alfa	NON-COVERED
C9015	C-1 Esterase, Haegarda	COVERED
C9016	Inj, Triptorelin Ext Rel	NON-COVERED
C9024	Inj, Daunorubicin-Cytarabine	COVERED
C9028	Inj. Inotuzumab Ozogamicin	NON-COVERED
C9029	Injection, Guselkumab	COVERED
C9032	Injection, Voretigene Neparvovec-Rzyl, 1 Billion Vector Geno	NON-COVERED
C9065	Romidepsin Non-Lyophilized	COVERED
C9113	Inj Pantoprazole Sodium, Via	NON-COVERED
C9122	Mometasone Furoate Sinus Implant, 10 Micrograms (Sinuva)	COVERED
C9136	Factor Viii (Eloctate)	COVERED
C9137	Adynovate Factor Viii Recom	NON-COVERED
C9138	Nuwiq Factor Viii Recomb	COVERED
C9293	Injection, Glucarpidase	COVERED
C9353	Neurawrap Nerve Protector,Cm	COVERED
C9354	Veritas Collagen Matrix, Cm2	NON-COVERED
C9355	Neuromatrix Nerve Cuff, Cm	COVERED
C9356	Tenoglide Tendon Prot, Cm2	NON-COVERED
C9358	Surgimend, Fetal	COVERED
C9359	Implnt,Bon Void Filler-Putty	NON-COVERED
C9360	Surgimend, Neonatal	COVERED
C9361	Neuromend Nerve Wrap	COVERED
C9362	Implnt,Bon Void Filler-Strip	COVERED
C9363	Integra Meshed Bil Wound Mat	COVERED
C9364	Porcine Implant, Permacol	COVERED
C9445	C-1 Esterase, Ruconest, 10 Units	NON-COVERED
C9448	Oral Netupitant Palonosetron	NON-COVERED
C9451	Injection, Peramivir, 1 Mg	COVERED
C9452	Inj, Ceftolozane/Tazobactam	NON-COVERED
C9453	Injection, Nivolumab, 1 Mg	COVERED
C9454	Inj, Pasireotide Long Acting, 1 Mg	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
C9455	Injection, Siltuximab, 10 Mg	COVERED
C9458	Florbetaben F18	NON-COVERED
C9459	Flutemetamol F18	COVERED
C9460	Injection, Cangrelor	COVERED
C9482	Injection, Sotalol Hydrochloride, 1 Mg	COVERED
C9488	Injection, Conivaptan Hydrochloride, 1	COVERED
C9492	Injection, Durvalumab	COVERED
C9493	Injection, Edaravone	NON-COVERED
C9738	Blue Light Cysto Imag Agent	COVERED
C9741	Impl Pressure Sensor W/Angio	NON-COVERED
C9743	Bulking/Spacer Material Impl	COVERED
C9744	Ultrasound, Abdominal, With Contrast	COVERED
C9748	Prostatic Rf Water Vapor Tx	COVERED
C9751	Bronchoscopy, Rigid Or Flexible, Transbronchial Ablation Of	COVERED
C9752	Destruction Of Intraosseous Basivertebral Nerve, First Two V	COVERED
C9753	Destruction Of Intraosseous Basivertebral Nerve, Each Additi	COVERED
C9756	Intraoperative Near-Infrared Fluorescence Lymphatic Mapping	COVERED
C9759	Transcatheter Intraoperative Blood Vessel Microinfusion(S) (COVERED
C9761	Cysto, Litho, Vacuum Kidney	COVERED
C9764	Revascularization, Endovascular, Open Or Percutaneous, Any V	COVERED
C9765	Revascularization, Endovascular, Open Or Percutaneous, Any V	COVERED
C9766	Revascularization, Endovascular, Open Or Percutaneous, Any V	COVERED
C9767	Revascularization, Endovascular, Open Or Percutaneous, Any V	COVERED
C9769	Cysto W/Temp Pros Implant	COVERED
D0171	Re-Evl Post Op Off Visit	NON-COVERED
D0351	3D Photo Image	COVERED
D1353	Sealant Repair Per Tooth	NON-COVERED
D1999	Unspec Preventive Procedure	COVERED
D2921	Reattachment Tooth Fragment	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
D2941	Interim Therapeutic Restoration	COVERED
D5994	Periodontal Medicament Carrier	NON-COVERED
D6110	Imp/Abu Supp Rem Dent Max	COVERED
D6111	Imp/Abu Supp Rem Dent Mand	NON-COVERED
D6112	Imp/Abu Supp Rem Dent Par Max	COVERED
D6113	Imp/Abu Supp Rem Dent Par Mand	NON-COVERED
D6114	Imp/Abu Supp Fix Dent Max	COVERED
D6115	Imp/Abu Supp Fix Dent Mand	NON-COVERED
D6116	Imp/Abu Supp Fix Dent Par Mx	COVERED
D6117	Imp/Abu Supp Fix Dent Par Mn	NON-COVERED
D6549	Resin Retainer Fx Prosth	COVERED
D9219	Eval Deep Sed/Gen Anesth	NON-COVERED
D9220	General Anesthesia	COVERED
D9221	General Anesthesia Ea Ad 15M	NON-COVERED
D9241	Intravenous Sedation	COVERED
D9242	Iv Sedation Ea Ad 30 M	NON-COVERED
D9931	Cleaning Insp Rem App	COVERED
D9986	Missed Appointment	NON-COVERED
D9987	Cancelled Appointment	COVERED
E0170	Commode Chair Electric	COVERED
E0172	Seat Lift Mechanism Toilet	NON-COVERED
E0175	Commode Chair Foot Rest	NON-COVERED
E0181	Press Pad Alternating W/ Pum	COVERED
E0182	Replace Pump, Alt Press Pad	COVERED
E0184	Dry Pressure Mattress	COVERED
E0187	Water Pressure Mattress	COVERED
E0190	Positioning Cushion	NON-COVERED
E0193	Powered Air Flotation Bed	COVERED
E0194	Air Fluidized Bed	COVERED
E0196	Gel Pressure Mattress	COVERED
E0197	Air Pressure Pad For Mattres	COVERED
E0198	Water Pressure Pad For Mattr	COVERED
E0199	Dry Pressure Pad For Mattres	COVERED
E0200	Heat Lamp Without Stand	NON-COVERED
E0202	Phototherapy Light W/ Photom	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E0203	Therapeutic Lightbox Tabletp	NON-COVERED
E0205	Heat Lamp With Stand	NON-COVERED
E0210	Electric Heat Pad Standard	COVERED
E0215	Electric Heat Pad Moist	NON-COVERED
E0217	Water Circ Heat Pad W Pump	NON-COVERED
E0218	Water Circ Cold Pad W Pump	NON-COVERED
E0221	Infrared Heating Pad System	NON-COVERED
E0225	Hydrocollator Unit	NON-COVERED
E0231	Wound Warming Device	NON-COVERED
E0232	Warming Card For Nwt	NON-COVERED
E0235	Paraffin Bath Unit Portable	NON-COVERED
E0236	Pump For Water Circulating P	NON-COVERED
E0239	Hydrocollator Unit Portable	NON-COVERED
E0240	Bath/Shower Chair	COVERED
E0241	Bath Tub Wall Rail	COVERED
E0242	Bath Tub Rail Floor	COVERED
E0246	Transfer Tub Rail Attachment	COVERED
E0249	Pad Water Circulating Heat U	NON-COVERED
E0250	Hosp Bed Fixed Ht W/ Mattres	NON-COVERED
E0251	Hosp Bed Fixd Ht W/O Mattres	NON-COVERED
E0255	Hospital Bed Var Ht W/ Matr	NON-COVERED
E0256	Hospital Bed Var Ht W/O Matt	NON-COVERED
E0260	Hosp Bed Semi-Electr W/ Matt	COVERED
E0261	Hosp Bed Semi-Electr W/O Mat	NON-COVERED
E0265	Hosp Bed Total Electr W/ Mat	NON-COVERED
E0266	Hosp Bed Total Elec W/O Matt	NON-COVERED
E0270	Hospital Bed Institutional T	NON-COVERED
E0271	Mattress Innerspring	COVERED
E0272	Mattress Foam Rubber	COVERED
E0273	Bed Board	COVERED
E0274	Over-Bed Table	NON-COVERED
E0277	Powered Pres-Redu Air Mattrs	COVERED
E0280	Bed Cradle	NON-COVERED
E0290	Hosp Bed Fx Ht W/O Rails W/M	NON-COVERED
E0291	Hosp Bed Fx Ht W/O Rail W/O	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E0292	Hosp Bed Var Ht W/O Rail W/O	NON-COVERED
E0293	Hosp Bed Var Ht W/O Rail W/	COVERED
E0294	Hosp Bed Semi-Elect W/ Mattr	NON-COVERED
E0295	Hosp Bed Semi-Elect W/O Matt	COVERED
E0296	Hosp Bed Total Elect W/ Matt	NON-COVERED
E0297	Hosp Bed Total Elect W/O Mat	COVERED
E0300	Enclosed Ped Crib Hosp Grade	COVERED
E0301	Hd Hosp Bed, 350-600 Lbs	NON-COVERED
E0302	Ex Hd Hosp Bed > 600 Lbs	NON-COVERED
E0303	Hosp Bed Hvy Dty Xtra Wide	COVERED
E0304	Hosp Bed Xtra Hvy Dty X Wide	COVERED
E0305	Rails Bed Side Half Length	COVERED
E0310	Rails Bed Side Full Length	COVERED
E0315	Bed Accessory Brd/Tbl/Supprt	NON-COVERED
E0316	Bed Safety Enclosure	COVERED
E0325	Urinal Male Jug-Type	NON-COVERED
E0326	Urinal Female Jug-Type	NON-COVERED
E0328	Ped Hospital Bed, Manual	COVERED
E0329	Ped Hospital Bed Semi/Elect	COVERED
E0350	Control Unit Bowel System	COVERED
E0352	Disposable Pack W/Bowel Syst	COVERED
E0370	Air Elevator For Heel	NON-COVERED
E0371	Nonpower Mattress Overlay	COVERED
E0372	Powered Air Mattress Overlay	COVERED
E0373	Nonpowered Pressure Mattress	COVERED
E0424	Stationary Compressed Gas O2	COVERED
E0425	Gas System Stationary Compre	COVERED
E0430	Oxygen System Gas Portable	COVERED
E0431	Portable Gaseous O2	COVERED
E0435	Oxygen System Liquid Portabl	COVERED
E0440	Oxygen System Liquid Station	COVERED
E0442	Stationary O2 Contents, Liq	COVERED
E0443	Portable O2 Contents, Gas	COVERED
E0444	Portable O2 Contents, Liquid	COVERED
E0445	Oximeter Non-Invasive	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E0470	Rad W/O Backup Non-Inv Intfc	COVERED
E0471	Rad W/Backup Non Inv Intrfc	COVERED
E0481	Intrpulmny Percuss Vent Sys	COVERED
E0482	Cough Stimulating Device	COVERED
E0483	Chest Compression Gen System	COVERED
E0484	Non-Elec Oscillatory Pep Dvc	COVERED
E0487	Electronic Spirometer	COVERED
E0500	Ippb All Types	COVERED
E0550	Humidif Extens Supple W Ippb	NON-COVERED
E0555	Humidifier For Use W/ Regula	COVERED
E0560	Humidifier Supplemental W/ I	NON-COVERED
E0561	Humidifier Nonheated W Pap	COVERED
E0562	Humidifier Heated Used W Pap	COVERED
E0565	Compressor Air Power Source	COVERED
E0572	Aerosol Compressor Adjust Pr	NON-COVERED
E0574	Ultrasonic Generator W Svneb	NON-COVERED
E0575	Nebulizer Ultrasonic	NON-COVERED
E0580	Nebulizer For Use W/ Regulat	NON-COVERED
E0585	Nebulizer W/ Compressor & He	NON-COVERED
E0601	Cont Airway Pressure Device	COVERED
E0604	Hosp Grade Elec Breast Pump	COVERED
E0605	Vaporizer Room Type	COVERED
E0606	Drainage Board Postural	NON-COVERED
E0607	Blood Glucose Monitor Home	COVERED
E0610	Pacemaker Monitr Audible/Vis	NON-COVERED
E0615	Pacemaker Monitr Digital/Vis	NON-COVERED
E0616	Cardiac Event Recorder	COVERED
E0617	Automatic Ext Defibrillator	NON-COVERED
E0620	Cap Bld Skin Piercing Laser	NON-COVERED
E0621	Patient Lift Sling Or Seat	COVERED
E0625	Patient Lift Bathroom Or Toi	COVERED
E0627	Seat Lift Incorp Lift-Chair	NON-COVERED
E0629	Seat Lift For Pt Furn-Non-El	NON-COVERED
E0630	Patient Lift Hydraulic	COVERED
E0635	Patient Lift Electric	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E0636	Pt Support & Positioning Sys	NON-COVERED
E0637	Combination Sit To Stand Sys	COVERED
E0638	Standing Frame Sys	COVERED
E0639	Moveable Patient Lift System	COVERED
E0640	Fixed Patient Lift System	NON-COVERED
E0641	Multi-Position Stnd Fram Sys	COVERED
E0642	Dynamic Standing Frame	COVERED
E0650	Pneuma Compresor Non-Segment	COVERED
E0651	Pneum Compressor Segmental	COVERED
E0652	Pneum Compres W/Cal Pressure	NON-COVERED
E0655	Pneumatic Appliance Half Arm	COVERED
E0656	Segmental Pneumatic Trunk	COVERED
E0657	Segmental Pneumatic Chest	COVERED
E0660	Pneumatic Appliance Full Leg	COVERED
E0665	Pneumatic Appliance Full Arm	COVERED
E0666	Pneumatic Appliance Half Leg	COVERED
E0667	Seg Pneumatic Appl Full Leg	COVERED
E0668	Seg Pneumatic Appl Full Arm	COVERED
E0669	Seg Pneumatic Appli Half Leg	COVERED
E0670	Seg Pneum Int Legs/Trunk	COVERED
E0671	Pressure Pneum Appl Full Leg	COVERED
E0672	Pressure Pneum Appl Full Arm	COVERED
E0673	Pressure Pneum Appl Half Leg	COVERED
E0675	Pneumatic Compression Device	NON-COVERED
E0676	Inter Limb Compress Dev Nos	NON-COVERED
E0691	Uvl Pnl 2 Sq Ft Or Less	NON-COVERED
E0692	Uvl Sys Panel 4 Ft	NON-COVERED
E0693	Uvl Sys Panel 6 Ft	NON-COVERED
E0694	Uvl Md Cabinet Sys 6 Ft	NON-COVERED
E0700	Safety Equipment	NON-COVERED
E0710	Restraints Any Type	COVERED
E0740	Incontinence Treatment System	NON-COVERED
E0744	Neuromuscular Stim For Scolio	NON-COVERED
E0745	Neuromuscular Stim For Shock	NON-COVERED
E0746	Electromyograph Biofeedback	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E0747	Elec Osteogen Stim Not Spine	COVERED
E0748	Elec Osteogen Stim Spinal	COVERED
E0749	Elec Osteogen Stim Implanted	NON-COVERED
E0755	Electronic Salivary Reflex S	NON-COVERED
E0760	Osteogen Ultrasound Stimltor	COVERED
E0761	Nontherm Electromgntc Device	NON-COVERED
E0762	Trans Elec Jt Stim Dev Sys	NON-COVERED
E0764	Functional Neuromuscularstim	NON-COVERED
E0765	Nerve Stimulator For Tx N&V	NON-COVERED
E0766	Elec Stim Cancer Treatment	COVERED
E0769	Electric Wound Treatment Dev	NON-COVERED
E0770	Functional Electric Stim Nos	COVERED
E0784	Ext Amb Infusn Pump Insulin	COVERED
E0785	Replacement Impl Pump Cathet	COVERED
E0786	Implantable Pump Replacement	COVERED
E0787	External Ambulatory Infusion Pump, Insulin, Dosage Rate Adju	COVERED
E0791	Parenteral Infusion Pump Sta	COVERED
E0830	Ambulatory Traction Device	NON-COVERED
E0840	Tract Frame Attach Headboard	COVERED
E0849	Cervical Pneum Trac Equip	COVERED
E0850	Traction Stand Free Standing	COVERED
E0855	Cervical Traction Equipment	NON-COVERED
E0856	Cervic Collar W Air Bladders	NON-COVERED
E0860	Tract Equip Cervical Tract	COVERED
E0870	Tract Frame Attach Footboard	COVERED
E0880	Trac Stand Free Stand Extrem	COVERED
E0890	Traction Frame Attach Pelvic	COVERED
E0900	Trac Stand Free Stand Pelvic	COVERED
E0910	Trapeze Bar Attached To Bed	COVERED
E0911	Hd Trapeze Bar Attach To Bed	COVERED
E0912	Hd Trapeze Bar Free Standing	COVERED
E0920	Fracture Frame Attached To B	COVERED
E0930	Fracture Frame Free Standing	COVERED
E0935	Cont Pas Motion Exercise Dev	COVERED
E0936	Cpm Device, Other Than Knee	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E0941	Gravity Assisted Traction De	NON-COVERED
E0942	Cervical Head Harness/Halter	COVERED
E0944	Pelvic Belt/Harness/Boot	COVERED
E0945	Belt/Harness Extremity	COVERED
E0946	Fracture Frame Dual W Cross	NON-COVERED
E0947	Fracture Frame Attachmnts Pe	COVERED
E0948	Fracture Frame Attachmnts Ce	COVERED
E0951	Loop Heel	COVERED
E0952	Toe Loop/Holder, Each	COVERED
E0953	W/C Lateral Thigh/Knee Sup	COVERED
E0954	Foot Box, Any Type Each Foot	COVERED
E0955	Cushioned Headrest	COVERED
E0956	W/C Lateral Trunk/Hip Suppor	COVERED
E0957	W/C Medial Thigh Support	COVERED
E0958	Whlchr Att- Conv 1 Arm Drive	COVERED
E0959	Amputee Adapter	COVERED
E0961	Wheelchair Brake Extension	COVERED
E0966	Wheelchair Head Rest Extensi	COVERED
E0967	Manual Wc Hand Rim W Project	COVERED
E0968	Wheelchair Commode Seat	NON-COVERED
E0969	Wheelchair Narrowing Device	NON-COVERED
E0970	Wheelchair No. 2 Footplates	COVERED
E0971	Wheelchair Anti-Tipping Devi	COVERED
E0973	W/Ch Access Det Adj Armrest	COVERED
E0974	W/Ch Access Anti-Rollback	COVERED
E0978	W/C Acc,Saf Belt Pelv Strap	COVERED
E0980	Wheelchair Safety Vest	NON-COVERED
E0981	Seat Upholstery, Replacement	COVERED
E0982	Back Upholstery, Replacement	COVERED
E0983	Add Pwr Joystick	COVERED
E0984	Add Pwr Tiller	COVERED
E0985	W/C Seat Lift Mechanism	COVERED
E0986	Man W/C Push-Rim Powr System	COVERED
E0988	Lever-Activated Wheel Drive	COVERED
E0990	Wheelchair Elevating Leg Res	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E0992	Wheelchair Solid Seat Insert	COVERED
E0994	Wheelchair Arm Rest	NON-COVERED
E0995	Wheelchair Calf Rest	COVERED
E1002	Pwr Seat Tilt	COVERED
E1003	Pwr Seat Recline	COVERED
E1004	Pwr Seat Recline Mech	COVERED
E1005	Pwr Seat Recline Pwr	COVERED
E1006	Pwr Seat Combo W/O Shear	COVERED
E1007	Pwr Seat Combo W/Shear	COVERED
E1008	Pwr Seat Combo Pwr Shear	COVERED
E1009	Add Mech Leg Elevation	COVERED
E1010	Add Pwr Leg Elevation	COVERED
E1011	Ped Wc Modify Width Adjustm	COVERED
E1012	Ctr Mount Pwr Elev Leg Rest	COVERED
E1014	Reclining Back Add Ped W/C	COVERED
E1015	Shock Absorber For Man W/C	COVERED
E1016	Shock Absorber For Power W/C	COVERED
E1017	Hd Shck Absrbr For Hd Man Wc	COVERED
E1018	Hd Shck Absrber For Hd Powwcc	COVERED
E1020	Residual Limb Support System	COVERED
E1028	W/C Manual Swingaway	COVERED
E1029	W/C Vent Tray Fixed	COVERED
E1030	W/C Vent Tray Gimbaled	COVERED
E1031	Rollabout Chair With Casters	COVERED
E1035	Patient Transfer System <300	COVERED
E1036	Patient Transfer System >300	COVERED
E1037	Transport Chair, Ped Size	COVERED
E1038	Transport Chair Pt Wt<=300Lb	COVERED
E1039	Transport Chair Pt Wt >300Lb	COVERED
E1050	Whelchr Fxd Full Length Arms	NON-COVERED
E1060	Wheelchair Detachable Arms	NON-COVERED
E1065	Pwr Att(To Convrt Any Wlchr To Mtr Wlchr)	COVERED
E1070	Wheelchair Detachable Foot R	NON-COVERED
E1083	Hemi-Wheelchair Fixed Arms	NON-COVERED
E1084	Hemi-Wheelchair Detachable A	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E1085	Hemi-Wheelchair Fixed Arms	NON-COVERED
E1086	Hemi-Wheelchair Detachable A	NON-COVERED
E1087	Wheelchair Lightwt Fixed Arm	NON-COVERED
E1088	Wheelchair Lightweight Det A	NON-COVERED
E1089	Wheelchair Lightwt Fixed Arm	NON-COVERED
E1090	Wheelchair Lightweight Det A	NON-COVERED
E1092	Wheelchair Wide W/ Leg Rests	NON-COVERED
E1093	Wheelchair Wide W/ Foot Rest	NON-COVERED
E1100	Whchr S-Recl Fxd Arm Leg Res	NON-COVERED
E1110	Wheelchair Semi-Recl Detach	NON-COVERED
E1130	Whlchr Stand Fxd Arm Ft Rest	NON-COVERED
E1140	Wheelchair Standard Detach A	NON-COVERED
E1150	Wheelchair Standard W/ Leg R	NON-COVERED
E1160	Wheelchair Fixed Arms	NON-COVERED
E1161	Manual Adult Wc W Tiltinspac	COVERED
E1170	Whlchr Ampu Fxd Arm Leg Rest	NON-COVERED
E1171	Wheelchair Amputee W/O Leg R	NON-COVERED
E1172	Wheelchair Amputee Detach Ar	NON-COVERED
E1180	Wheelchair Amputee W/ Foot R	NON-COVERED
E1190	Wheelchair Amputee W/ Leg Re	NON-COVERED
E1195	Wheelchair Amputee Heavy Dut	NON-COVERED
E1200	Wheelchair Amputee Fixed Arm	NON-COVERED
E1220	Whlchr Special Size/Constrc	COVERED
E1221	Wheelchair Spec Size W Foot	NON-COVERED
E1222	Wheelchair Spec Size W/ Leg	NON-COVERED
E1223	Wheelchair Spec Size W Foot	NON-COVERED
E1224	Wheelchair Spec Size W/ Leg	NON-COVERED
E1225	Manual Semi-Reclining Back	COVERED
E1226	Manual Fully Reclining Back	COVERED
E1227	Wheelchair Spec Sz Spec Ht A	NON-COVERED
E1228	Wheelchair Spec Sz Spec Ht B	COVERED
E1229	Pediatric Wheelchair Nos	COVERED
E1230	Power Operated Vehicle	COVERED
E1231	Rigid Ped W/C Tilt-In-Space	COVERED
E1232	Folding Ped Wc Tilt-In-Space	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E1233	Rig Ped Wc Tltnspc W/O Seat	COVERED
E1234	Fld Ped Wc Tltnspc W/O Seat	COVERED
E1235	Rigid Ped Wc Adjustable	COVERED
E1236	Folding Ped Wc Adjustable	COVERED
E1237	Rgd Ped Wc Adjstabl W/O Seat	COVERED
E1238	Fld Ped Wc Adjstabl W/O Seat	COVERED
E1239	Ped Power Wheelchair Nos	COVERED
E1240	Whchr Litwt Det Arm Leg Rest	NON-COVERED
E1250	Wheelchair Lightwt Fixed Arm	NON-COVERED
E1260	Wheelchair Lightwt Foot Rest	NON-COVERED
E1270	Wheelchair Lightweight Leg R	NON-COVERED
E1280	Whchr H-Duty Det Arm Leg Res	NON-COVERED
E1285	Wheelchair Heavy Duty Fixed	NON-COVERED
E1290	Wheelchair Hvy Duty Detach A	NON-COVERED
E1295	Wheelchair Heavy Duty Fixed	NON-COVERED
E1296	Wheelchair Special Seat Heig	COVERED
E1297	Wheelchair Special Seat Dept	COVERED
E1298	Wheelchair Spec Seat Depth/W	COVERED
E1300	Whirlpool Portable	NON-COVERED
E1310	Whirlpool Non-Portable	NON-COVERED
E1352	O2 Flow Reg Pos Inspir Press	NON-COVERED
E1353	Oxygen Supplies Regulator	COVERED
E1354	Wheeled Cart, Port Cyl/Conc	COVERED
E1355	Oxygen Supplies Stand/Rack	COVERED
E1356	Batt Pack/Cart, Port Conc	COVERED
E1357	Battery Charger, Port Conc	COVERED
E1358	Dc Power Adapter, Port Conc	COVERED
E1372	Oxy Suppl Heater For Nebuliz	NON-COVERED
E1390	Oxygen Concentrator	COVERED
E1391	Oxygen Concentrator, Dual	COVERED
E1392	Portable Oxygen Concentrator	COVERED
E1399	Durable Medical Equipment Mi	COVERED
E1405	O2/Water Vapor Enrich W/Heat	NON-COVERED
E1406	O2/Water Vapor Enrich W/O He	NON-COVERED
E1570	Adjustable Chair For Esrd Pt	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E1575	Transducer Protect/Fld Bar	NON-COVERED
E1580	Unipuncture Control System	NON-COVERED
E1632	Wearable Artificial Kidney	NON-COVERED
E1634	Peritoneal Dialysis Clamp	NON-COVERED
E1635	Compact Travel Hemodialyzer	NON-COVERED
E1636	Sorbent Cartridges Per 10	NON-COVERED
E1639	Dialysis Scale	NON-COVERED
E1699	Dialysis Equipment Noc	NON-COVERED
E1700	Jaw Motion Rehab System	NON-COVERED
E1701	Repl Cushions For Jaw Motion	NON-COVERED
E1702	Repl Measr Scales Jaw Motion	NON-COVERED
E1800	Adjust Elbow Ext/Flex Device	NON-COVERED
E1801	Sps Elbow Device	NON-COVERED
E1802	Adjst Forearm Pro/Sup Device	NON-COVERED
E1805	Adjust Wrist Ext/Flex Device	NON-COVERED
E1806	Sps Wrist Device	NON-COVERED
E1810	Adjust Knee Ext/Flex Device	COVERED
E1811	Sps Knee Device	NON-COVERED
E1812	Knee Ext/Flex W Act Res Ctrl	NON-COVERED
E1815	Adjust Ankle Ext/Flex Device	NON-COVERED
E1816	Sps Ankle Device	NON-COVERED
E1818	Sps Forearm Device	NON-COVERED
E1820	Soft Interface Material	NON-COVERED
E1821	Replacement Interface Spsd	NON-COVERED
E1825	Adjust Finger Ext/Flex Devc	NON-COVERED
E1830	Adjust Toe Ext/Flex Device	NON-COVERED
E1831	Static Str Toe Dev Ext/Flex	NON-COVERED
E1840	Adj Shoulder Ext/Flex Device	NON-COVERED
E1841	Static Str Shldr Dev Rom Adj	NON-COVERED
E1902	Aac Non-Electronic Board	COVERED
E2000	Gastric Suction Pump Hme Mdl	COVERED
E2100	Bld Glucose Monitor W Voice	COVERED
E2101	Bld Glucose Monitor W Lance	COVERED
E2120	Pulse Gen Sys Tx Endolymp Fl	NON-COVERED
E2201	Man W/Ch Acc Seat W>=20" <24"	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E2202	Seat Width 24-27 In	COVERED
E2203	Frame Depth Less Than 22 In	COVERED
E2204	Frame Depth 22 To 25 In	COVERED
E2205	Manual Wc Accessory, Handrim	COVERED
E2206	Complete Wheel Lock Assembly	COVERED
E2207	Crutch And Cane Holder	COVERED
E2208	Cylinder Tank Carrier	COVERED
E2209	Arm Trough Each	COVERED
E2210	Wheelchair Bearings	COVERED
E2211	Pneumatic Propulsion Tire	COVERED
E2212	Pneumatic Prop Tire Tube	COVERED
E2213	Pneumatic Prop Tire Insert	COVERED
E2214	Pneumatic Caster Tire Each	COVERED
E2215	Pneumatic Caster Tire Tube	COVERED
E2216	Foam Filled Propulsion Tire	NON-COVERED
E2217	Foam Filled Caster Tire Each	NON-COVERED
E2218	Foam Propulsion Tire Each	COVERED
E2219	Foam Caster Tire Any Size Ea	COVERED
E2220	Solid Propulsion Tire Each	COVERED
E2221	Solid Caster Tire Each	COVERED
E2222	Solid Caster Integrated Whl	COVERED
E2224	Propulsion Whl Excludes Tire	COVERED
E2225	Caster Wheel Excludes Tire	COVERED
E2226	Caster Fork Replacement Only	COVERED
E2227	Gear Reduction Drive Wheel	COVERED
E2228	Mwc Acc, Wheelchair Brake	COVERED
E2230	Manual Standing System	NON-COVERED
E2231	Solid Seat Support Base	COVERED
E2291	Planar Back For Ped Size Wc	COVERED
E2292	Planar Seat For Ped Size Wc	COVERED
E2293	Contour Back For Ped Size Wc	COVERED
E2294	Contour Seat For Ped Size Wc	COVERED
E2295	Ped Dynamic Seating Frame	COVERED
E2300	Pwr Seat Elevation Sys	COVERED
E2301	Pwr Standing	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E2310	Electro Connect Btw Control	COVERED
E2311	Electro Connect Btw 2 Sys	COVERED
E2312	Mini-Prop Remote Joystick	COVERED
E2313	Pwc Harness, Expand Control	COVERED
E2321	Hand Interface Joystick	COVERED
E2322	Mult Mech Switches	COVERED
E2323	Special Joystick Handle	COVERED
E2324	Chin Cup Interface	COVERED
E2325	Sip And Puff Interface	COVERED
E2326	Breath Tube Kit	COVERED
E2327	Head Control Interface Mech	COVERED
E2328	Head/Extremity Control Inter	COVERED
E2329	Head Control Nonproportional	COVERED
E2330	Head Control Proximity Switc	COVERED
E2331	Attendant Control	COVERED
E2340	W/C Wdth 20-23 In Seat Frame	COVERED
E2341	W/C Wdth 24-27 In Seat Frame	COVERED
E2342	W/C Dpth 20-21 In Seat Frame	COVERED
E2343	W/C Dpth 22-25 In Seat Frame	COVERED
E2351	Electronic Sgd Interface	COVERED
E2358	Gr 34 Nonsealed Leadacid	COVERED
E2359	Gr34 Sealed Leadacid Battery	COVERED
E2360	22Nf Nonsealed Leadacid	COVERED
E2361	22Nf Sealed Leadacid Battery	COVERED
E2362	Gr24 Nonsealed Leadacid	COVERED
E2363	Gr24 Sealed Leadacid Battery	COVERED
E2364	U1nonsealed Leadacid Battery	COVERED
E2365	U1 Sealed Leadacid Battery	COVERED
E2366	Battery Charger, Single Mode	COVERED
E2367	Battery Charger, Dual Mode	COVERED
E2368	Pwr Wc Drivewheel Motor Repl	COVERED
E2369	Pwr Wc Drivewheel Gear Repl	COVERED
E2370	Pwr Wc Dr Wh Motor/Gear Comb	COVERED
E2371	Gr27 Sealed Leadacid Battery	COVERED
E2372	Gr27 Non-Sealed Leadacid	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E2373	Hand/Chin Ctrl Spec Joystick	COVERED
E2374	Hand/Chin Ctrl Std Joystick	COVERED
E2375	Non-Expandable Controller	COVERED
E2376	Expandable Controller, Repl	COVERED
E2377	Expandable Controller, Initl	COVERED
E2378	Pw Actuator Replacement	COVERED
E2381	Pneum Drive Wheel Tire	COVERED
E2382	Tube, Pneum Wheel Drive Tire	COVERED
E2383	Insert, Pneum Wheel Drive	COVERED
E2384	Pneumatic Caster Tire	COVERED
E2385	Tube, Pneumatic Caster Tire	COVERED
E2386	Foam Filled Drive Wheel Tire	COVERED
E2387	Foam Filled Caster Tire	COVERED
E2388	Foam Drive Wheel Tire	COVERED
E2389	Foam Caster Tire	COVERED
E2390	Solid Drive Wheel Tire	COVERED
E2391	Solid Caster Tire	COVERED
E2392	Solid Caster Tire, Integrate	COVERED
E2394	Drive Wheel Excludes Tire	COVERED
E2395	Caster Wheel Excludes Tire	COVERED
E2396	Caster Fork	COVERED
E2397	Pwc Acc, Lith-Based Battery	COVERED
E2398	Wheelchair Accessory, Dynamic Positioning Hardware For Back	COVERED
E2402	Neg Press Wound Therapy Pump	COVERED
E2500	Sgd Digitized Pre-Rec <=8Min	COVERED
E2502	Sgd Prerec Msg >8Min <=20Min	COVERED
E2504	Sgd Prerec Msg>20Min <=40Min	COVERED
E2506	Sgd Prerec Msg > 40 Min	COVERED
E2508	Sgd Spelling Phys Contact	COVERED
E2510	Sgd W Multi Methods Msg/Accs	COVERED
E2511	Sgd Sftwre Prgrm For Pc/Pda	COVERED
E2512	Sgd Accessory, Mounting Sys	COVERED
E2599	Sgd Accessory Noc	COVERED
E2601	Gen W/C Cushion Wdth < 22 In	COVERED
E2602	Gen W/C Cushion Wdth >=22 In	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
E2603	Skin Protect Wc Cus Wd <22In	COVERED
E2604	Skin Protect Wc Cus Wd>=22In	COVERED
E2605	Position Wc Cush Wdth <22 In	COVERED
E2606	Position Wc Cush Wdth>=22 In	COVERED
E2607	Skin Pro/Pos Wc Cus Wd <22In	COVERED
E2608	Skin Pro/Pos Wc Cus Wd>=22In	COVERED
E2609	Custom Fabricate W/C Cushion	COVERED
E2610	Powered W/C Cushion	COVERED
E2611	Gen Use Back Cush Wdth <22In	COVERED
E2612	Gen Use Back Cush Wdth>=22In	COVERED
E2613	Position Back Cush Wd <22In	COVERED
E2614	Position Back Cush Wd>=22In	COVERED
E2615	Pos Back Post/Lat Wdth <22In	COVERED
E2616	Pos Back Post/Lat Wdth>=22In	COVERED
E2617	Custom Fab W/C Back Cushion	COVERED
E2619	Replace Cover W/C Seat Cush	COVERED
E2620	Wc Planar Back Cush Wd <22In	COVERED
E2621	Wc Planar Back Cush Wd>=22In	COVERED
E2622	Adj Skin Pro W/C Cus Wd<22In	COVERED
E2623	Adj Skin Pro Wc Cus Wd>=22In	COVERED
E2624	Adj Skin Pro/Pos Cus<22In	COVERED
E2625	Adj Skin Pro/Pos Wc Cus>=22	COVERED
E2626	Seo Mobile Arm Sup Att To Wc	COVERED
E2627	Arm Supp Att To Wc Rancho Ty	COVERED
E2628	Mobile Arm Supports Reclinin	COVERED
E2629	Friction Dampening Arm Supp	COVERED
E2630	Monosuspension Arm/Hand Supp	COVERED
E2631	Elevat Proximal Arm Support	COVERED
E2632	Offset/Lat Rocker Arm W/Ela	COVERED
E2633	Mobile Arm Support Supinator	COVERED
E8000	Posterior Gait Trainer	COVERED
E8001	Upright Gait Trainer	COVERED
E8002	Anterior Gait Trainer	COVERED
G0008	Admin Influenza Virus Vac	NON-COVERED
G0009	Admin Pneumococcal Vaccine	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G0010	Admin Hepatitis B Vaccine	NON-COVERED
G0101	Ca Screen;Pelvic/Breast Exam	NON-COVERED
G0103	Psa Screening	NON-COVERED
G0117	Glaucoma Scrn Hgh Risk Direc	COVERED
G0118	Glaucoma Scrn Hgh Risk Direc	COVERED
G0127	Trim Nail(S)	COVERED
G0151	Hhcp-Serv Of Pt,Ea 15 Min	COVERED
G0152	Hhcp-Serv Of Ot,Ea 15 Min	COVERED
G0153	Hhcp-Svs Of S/L Path,Ea 15Mn	COVERED
G0154	Hhcp-Svs Of Rn,Ea 15 Min	NON-COVERED
G0155	Hhcp-Svs Of Csw,Ea 15 Min	COVERED
G0156	Hhcp-Svs Of Aide,Ea 15 Min	COVERED
G0157	Hhc Pt Assistant Ea 15	COVERED
G0158	Hhc Ot Assistant Ea 15	COVERED
G0159	Hhc Pt Maint Ea 15 Min	COVERED
G0160	Hhc Occup Therapy Ea 15	COVERED
G0161	Hhc Slp Ea 15 Min	COVERED
G0162	Hhc Rn E&M Plan Svs, 15 Min	COVERED
G0166	Extrnl Counterpulse, Per Tx	COVERED
G0179	Md Recertification Hha Pt	NON-COVERED
G0180	Md Certification Hha Patient	NON-COVERED
G0181	Home Health Care Supervision	NON-COVERED
G0219	Pet Img Wholbod Melano Nonco	COVERED
G0235	Pet Not Otherwise Specified	COVERED
G0237	Therapeutic Procd Strg Endur	COVERED
G0245	Initial Foot Exam Pt Lops	NON-COVERED
G0247	Routine Footcare Pt W Lops	NON-COVERED
G0249	Provide Inr Test Mater/Equip	NON-COVERED
G0252	Pet Imaging Initial Dx	COVERED
G0257	Unsched Dialysis Esrd Pt Hos	NON-COVERED
G0276	Pild/Placebo Control Clin Tr	COVERED
G0277	Hbot, Full Body Chamber, 30M	COVERED
G0278	Iliac Art Angio,Cardiac Cath	COVERED
G0289	Arthro, Loose Body + Chondro	NON-COVERED
G0297	Ldct For Lung Ca Screen	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G0299	Hhs/Hospice Of Rn Ea 15 Min	COVERED
G0300	Hhs/Hospice Of Lpn Ea 15 Min	COVERED
G0306	Cbc/Diffwbc W/O Platelet	NON-COVERED
G0307	Cbc Without Platelet	NON-COVERED
G0365	Vessel Mapping Hemo Access	NON-COVERED
G0378	Hospital Observation Per Hr	COVERED
G0383	Lev 4 Hosp Type B Ed Visit	NON-COVERED
G0402	Initial Preventive Exam	NON-COVERED
G0436	Tobacco-Use Counsel 3-10 Min	NON-COVERED
G0437	Tobacco-Use Counsel>10Min	NON-COVERED
G0438	Ppps, Initial Visit	NON-COVERED
G0439	Ppps, Subseq Visit	NON-COVERED
G0463	Hospital Outpt Clinic Visit	COVERED
G0466	Fqhc Visit New Patient	NON-COVERED
G0467	Fqhc Visit, Estab Pt	NON-COVERED
G0468	Fqhc Visit, Ippe Or Awv	COVERED
G0469	Fqhc Visit, Mh New Pt	NON-COVERED
G0470	Fqhc Visit, Mh Estab Pt	NON-COVERED
G0490	Home Visit Rn, Lpn By Rhc/Fq	NON-COVERED
G0491	Dialysis Acu Kidney No Esrd	NON-COVERED
G0492	Md/Oth Eval Acut Kid No Esrd	COVERED
G0501	Resource-Inten Svc During Ov	NON-COVERED
G0506	Comprehensive Assessment Of And Care Planning For Patients R	COVERED
G0511	Ccm/Bhi By Rhc/Fqhc 20Min Mo	COVERED
G0512	Cocm By Rhc/Fqhc 60 Min Mo	COVERED
G0513	Prolong Prev Svcs, First 30M	COVERED
G0514	Prolong Prev Svcs, Addl 30M	COVERED
G0515	Cognitive Skills Development	COVERED
G0516	Insert Drug Del Implant, >4	COVERED
G0517	Remove Drug Implant	COVERED
G0518	Remove W Insert Drug Implant	COVERED
G1004	Clinical Decision Support Mechanism National Decision Suppor	NON-COVERED
G1007	Clinical Decision Support Mechanism Aim Specialty Health, As	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G1011	Clinical Decision Support Mechanism, Qualified Tool Not Othe	NON-COVERED
G1012	Clinical Decision Support Mechanism Agilemd, As Defined By T	COVERED
G1013	Clinical Decision Support Mechanism Evidencecare Imaging Adv	COVERED
G1014	Clinical Decision Support Mechanism Inveniqa Semantic Answer	COVERED
G1015	Clinical Decision Support Mechanism Reliant Medical Group, A	COVERED
G1016	Clinical Decision Support Mechanism Speed Of Care, As Define	COVERED
G1017	Clinical Decision Support Mechanism Healthhelp, As Defined B	COVERED
G1018	Clinical Decision Support Mechanism Infinx, As Defined By Th	COVERED
G1019	Clinical Decision Support Mechanism Logicnets, As Defined By	COVERED
G1020	Cdsm Curbside	COVERED
G1021	Cdsm Intermountain	COVERED
G1022	Cdsm Intermountain	COVERED
G1023	Cdsm Persivia	COVERED
G2010	Remote Evaluation Of Recorded Video And/Or Images Submitted	COVERED
G2012	Brief Communication Technology-Based Service, E.G., Virtual	COVERED
G2066	Interrogation Device Evaluation(S), (Remote) Up To 30 Days;	NON-COVERED
G2086	Office-Based Treatment For Opioid Use Disorder, Including De	COVERED
G2087	Office-Based Treatment For Opioid Use Disorder, Including Ca	COVERED
G2088	Office-Based Treatment For Opioid Use Disorder, Including Ca	COVERED
G2168	Services Performed By A Physical Therapist Assistant In The	COVERED
G2169	Services Performed By An Occupational Therapist Assistant In	COVERED
G6001	Echo Guidance Radiotherapy	COVERED
G6002	Stereoscopic X-Ray Guidance	COVERED
G6004	Radiation Treatment Delivery	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G6005	Radiation Treatment Delivery	COVERED
G6006	Radiation Treatment Delivery	COVERED
G6008	Radiation Treatment Delivery	COVERED
G6009	Radiation Treatment Delivery	COVERED
G6010	Radiation Treatment Delivery	COVERED
G6014	Radiation Treatment Delivery	COVERED
G6049	Assay Of Epiandrosterone	COVERED
G8404	Low Extemity Neur Exam Docum	NON-COVERED
G8417	Calc Bmi Abv Up Param F/U	NON-COVERED
G8419	Calc Bmi Out Nrm Param Nof/U	NON-COVERED
G8420	Calc Bmi Norm Parameters	NON-COVERED
G8421	Bmi Not Calculated	NON-COVERED
G8427	Doc Cur Meds By Prov	NON-COVERED
G8428	Cur Meds Not Document	NON-COVERED
G8430	Pt Inelig Med Check	NON-COVERED
G8432	Clin Depression Screen Not D	NON-COVERED
G8483	Flu Imm No Admin Doc Rea	NON-COVERED
G8539	Doc Funct And Care Plan	NON-COVERED
G8598	Asp Therp Used	NON-COVERED
G8599	No Asp Therp Used	NON-COVERED
G8730	Pain Doc Pos And Plan	NON-COVERED
G8731	Pain Neg No Plan	NON-COVERED
G8752	Sys Bp Less 140	NON-COVERED
G8754	Dias Bp Less 90	NON-COVERED
G8756	No Bp Measure Doc	NON-COVERED
G8783	Bp Scrn Perf Rec Interval	NON-COVERED
G8938	Bmi Calc, Pt No F/U Plan Elg	NON-COVERED
G8978	Mobility Current Status	NON-COVERED
G8979	Mobility Goal Status	NON-COVERED
G8980	Mobility D/C Status	NON-COVERED
G8981	Body Pos Current Status	NON-COVERED
G8982	Body Pos Goal Status	NON-COVERED
G8983	Body Pos D/C Status	NON-COVERED
G8984	Carry Current Status	NON-COVERED
G8985	Carry Goal Status	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G8987	Self Care Current Status	NON-COVERED
G8988	Self Care Goal Status	NON-COVERED
G8989	Self Care D/C Status	NON-COVERED
G8990	Other Pt/Ot Current Status	COVERED
G8991	Other Pt/Ot Goal Status	COVERED
G8992	Other Pt/Ot D/C Status	COVERED
G8996	Swallow Current Status	NON-COVERED
G8997	Swallow Goal Status	NON-COVERED
G8998	Swallow D/C Status	NON-COVERED
G9012	Other Specified Case Mgmt	COVERED
G9162	Lang Express Current Status	NON-COVERED
G9163	Lang Express Goal Status	NON-COVERED
G9197	Order For Ceph	NON-COVERED
G9225	Norsn No Foot Exam	NON-COVERED
G9226	3 Comp Foot Exam Completed	NON-COVERED
G9307	No Ret For Surg W In 30D	NON-COVERED
G9309	No Unplnd Hosp Readm In 30D	NON-COVERED
G9311	No Surg Site Infection	NON-COVERED
G9316	Doc Comm Risk Calc	NON-COVERED
G9362	Mac Or Pnb W/O Genanes >60M	COVERED
G9363	Mac Or Pnb W/O Genanes <60M	COVERED
G9364	Sinus Caus Bac Inx	COVERED
G9365	1 High Risk Med Ord	COVERED
G9366	1 High Risk No Ord	COVERED
G9367	2 High Risk Med Ord	COVERED
G9368	2 High Risk No Ord	COVERED
G9369	Fill 2 Rx Antipsych	COVERED
G9370	Not Fill 2 Rx Antipsych	COVERED
G9376	Contd Ret Attach At 6 Mth F/U	COVERED
G9377	No Ret Attach After 6Mt	COVERED
G9378	Contd Ret Attach F/U Vis	COVERED
G9379	No Acheive Flat Ret 6 Mth	COVERED
G9380	Off Assis Eol Iss	COVERED
G9382	No Off Assis Eol	COVERED
G9383	Recd Scrn Hcv Infec	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G9384	Doc Med Reas No Offer Eol	COVERED
G9385	Doc Pt Reas Not Rec Hcv Srn	COVERED
G9386	Scrn Hcv Infec Not Recd	COVERED
G9389	Unpln Rup Post Cap	COVERED
G9390	No Unpln Rup Post Cap	COVERED
G9391	Achv Refrac +1D	COVERED
G9392	Not Achv Refrac +1D	COVERED
G9393	Ini Phq9 >9 Remiss <5	NON-COVERED
G9394	Dx Bipol, Death, Nhres, Hosp	COVERED
G9395	Ini Phq9 >9 No Remiss >=5	COVERED
G9396	Ini Phq9 >9 Not Assess	COVERED
G9399	Doc Disc Tx Choices	COVERED
G9400	Doc Reas No Disc Tx Opt	COVERED
G9401	No Disc Tx Choices	COVERED
G9402	Recd F/U W/In 30D Disch	COVERED
G9403	Doc Reas No 30 Day F/U	COVERED
G9404	No 30 Day F/U	COVERED
G9405	Recd F/U W/In 7D Disch	COVERED
G9406	Doc Reas No 7D F/U	COVERED
G9407	No 7D F/U	COVERED
G9408	Card Tamp W/In 30D	COVERED
G9409	No Card Tamp E/In 30D	COVERED
G9410	Admit W/In 180D Req Remov	COVERED
G9411	No Admit W/In 180D Req Remov	COVERED
G9412	Admit W/In 180D Req Surg Rev	COVERED
G9413	No Admit Req Surg Rev	COVERED
G9418	Lungcx Bx Rpt Docs Class	NON-COVERED
G9419	Med Reas No Rpt Histo Type	COVERED
G9420	Spec Site No Lung	NON-COVERED
G9421	Lung Cx Bx Rpt No Doc Class	COVERED
G9422	Rpt Doc Class Histo Type	COVERED
G9423	Med Reas Rpt No Histo Type	COVERED
G9424	Site No Lung Or Lung Cx	COVERED
G9425	Spec Rpt No Doc Class Histo	COVERED
G9426	Impr Med Time Edarr Pain Med	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G9427	No Impro Med Time Pain Med	NON-COVERED
G9428	Rpt Pt Cat And Pt1	COVERED
G9429	Doc Med Reas No Pt Cat	COVERED
G9430	Spec Site No Cutaneous	COVERED
G9431	No Pt Cat And Pt1	COVERED
G9432	Asth Controlled	COVERED
G9433	Death, Nhres, Hospice	COVERED
G9434	Asth Not Controlled	COVERED
G9448	Born 1945-1965	NON-COVERED
G9449	Hx Bld Transf B/F 1992	COVERED
G9450	Hx Injec Drug Use	COVERED
G9451	1X Scrn Hcv Infect	COVERED
G9452	Doc Med Reas No Scrn Hcv Infect	COVERED
G9453	Pt Reas No Hcv Infect	COVERED
G9454	No Hcv Infect Srn	COVERED
G9455	Abd Imag W/Us, Ct Or Mri For Hcc	COVERED
G9456	Doc Med Pt Reas No Hcc Scrn	COVERED
G9457	No Abd Imag W/O Reason	COVERED
G9458	Tob User Recd Cess Interv	COVERED
G9459	Tob Non-User	COVERED
G9460	No Tob Assess Or Cess Inter	COVERED
G9468	No Recd Cortico >= 10Mg/D >60D	COVERED
G9469	Rec Cortico >60D Or 1Rx 600Mg	COVERED
G9471	W/In 2Yr Dxa Not Order	COVERED
G9472	No Dxa No Med Hx No Rv Sx W/In 2Yr	COVERED
G9480	Pharmacist At Hospice	COVERED
G9481	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9482	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9483	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9484	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9485	Remote In-Home Visit For The Evaluation And Management Of A	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G9486	Remote In-Home Visit For The Evaluation And Management Of An	COVERED
G9487	Remote In-Home Visit For The Evaluation And Management	COVERED
G9488	Remote In-Home Visit For The Evaluation And Management Of An	COVERED
G9489	Remote In-Home Visit For The Evaluation And Management Of An	COVERED
G9490	Face-To-Face Home Health Nursing Visit By A Rural Health Cli	COVERED
G9643	Elective Surgery	NON-COVERED
G9678	Oncology Care Model Service	NON-COVERED
G9685	Onsite Nursing Facility Conference, That Is Separate And Dis	COVERED
G9686	Onsite Nursing Facility Conference, That Is Separate And Dis	NON-COVERED
G9687	Hospice Anytime Msmt Per	COVERED
G9691	Pt Hosp Dur Msmt Period	COVERED
G9695	Long Act Inhal Bronchdil Pre	NON-COVERED
G9712	Doc Med Rsn Presc Anbx	NON-COVERED
G9716	Bmi Not Norm, No Follow, Doc	NON-COVERED
G9717	Doc Dx Depr/Dx Bipol, No Scr	NON-COVERED
G9724	Pt W/Doc Use Anticoag Mst Yr	NON-COVERED
G9740	Hosp Srv To Pt Dur Msmt Per	COVERED
G9744	Patient Not Eligible Due To Active Diagnosis Of Hypertension	COVERED
G9745	Documented Reason For Not Screening Or Recommending A Follow	COVERED
G9756	Surg Proc W/Silicone Oil	NON-COVERED
G9764	Pt Tx Oral Syst/Bio Med Psor	NON-COVERED
G9765	Pt Decl Chan/Conind Or <6M	NON-COVERED
G9770	Perip Nerve Block	NON-COVERED
G9771	Anes End, 1 Temp >35.5(95.9)	NON-COVERED
G9772	Doc Temp >35.5(95.9), Anest	NON-COVERED
G9773	No Temp >35.5(95.9), Anes	NON-COVERED
G9774	Pt Had Hyst	NON-COVERED
G9775	Recd 2 Anti-Emet Pre/Intraop	NON-COVERED
G9776	Doc Med Rsn No Proph Antiem	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G9777	Pt No Antiemet Pre/Intraop	NON-COVERED
G9785	Path Rpt Snt Path/Derm In 7D	NON-COVERED
G9786	No Path Rpt Sent In 7D	NON-COVERED
G9793	Pt On Daily Asa/Antiplat	NON-COVERED
G9818	Doc Sex Activity	NON-COVERED
G9819	Pt W/Hosp Anytime Msmt Per	NON-COVERED
G9891	Doc Med Rsn No Dil Mac Exam	COVERED
G9892	Doc Pt Rsn No Dil Mac Exam	COVERED
G9893	No Mac Exam	COVERED
G9894	Adr Dep Thrpy Prescribed	COVERED
G9895	Doc Med Rsn No Adr Dep Thrpy	COVERED
G9896	Doc Pt Rsn No Adr Dep Thrpy	COVERED
G9897	Pt Nt Prsc Adr Dep Thrpy Rng	COVERED
G9898	Snp/Lg Trm Cre Pt W/Pos Cde	COVERED
G9899	Scrn Mam Perf Rslts Doc	COVERED
G9900	Scrn Mam Perf Rslts Not Doc	COVERED
G9901	Snp/Lg Trm Cre Pt W/Pos Cde	COVERED
G9902	Pt Scrn Tbco And Id As User	COVERED
G9903	Pt Scrn Tbco Id As Non User	COVERED
G9904	Doc Med Rsn No Tbco Scrn	COVERED
G9905	No Pt Tbco Scrn Rng	COVERED
G9906	Pt Recv Tbco Cess Interv	COVERED
G9907	Doc Med Rsn No Tbco Interv	COVERED
G9908	No Pt Tbco Cess Interv Rng	COVERED
G9909	Doc Med Rsn No Tbco Interv	COVERED
G9910	Snp/Lg Trm Cre Pt W/Pos Cde	COVERED
G9911	Node Neg Pre/Post Syst Ther	COVERED
G9912	Hbv Status Assesed And Int	COVERED
G9913	No Hbv Status Assesd And Int	COVERED
G9914	Pt Receiving Anti-Tnf Agent	COVERED
G9915	No Documntd Hbv Results Rcd	COVERED
G9916	Funct Status Past 12 Months	COVERED
G9917	Doc Med Rsn No Funct Status	COVERED
G9918	No Funct Stat Perf, Rsn Nos	COVERED
G9921	No Or Part Scrn Nd Rng Or Os	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G9922	Sfty Cncrns Scrn Nd Mit Recs	COVERED
G9923	Safty Cncrns Scrn And Neg	COVERED
G9924	Doc Med Rsn No Scrn Or Recs	COVERED
G9925	No Scrn Prov Rsn Nos	COVERED
G9926	Sfty Cncrns Scrn But No Recs	COVERED
G9927	Doc No Warf /Fda Pt Trial	COVERED
G9928	No Warf Or Fda Drug Presc	COVERED
G9929	Trs/Rev Af	COVERED
G9930	Com Care	COVERED
G9931	No Chad Or Chad Scr 0 Or 1	COVERED
G9932	Doc Pt Rsn No Tb Scrn Recrds	COVERED
G9933	Canc Detectd During Col Scrn	COVERED
G9934	Doc Rsn Not Detecting Cancer	COVERED
G9935	Canc Not Detectd During Srcn	COVERED
G9936	Pmh Plyp/Neo Co/Rect/Jun/Ans	COVERED
G9937	Dig Or Surv ColSCO	COVERED
G9938	Snp/Lg Trm Cre Pt W/Pos Cde	COVERED
G9939	Same Path/Derm Perf Biopsy	COVERED
G9940	Doc Reas No Statin Therapy	COVERED
G9941	Pre And Post Vas Wthn 3 Mos	COVERED
G9942	Adtl Spine Proc On Same Date	COVERED
G9943	Bk Pn Nt Msr Vas Scl Pre/Pst	COVERED
G9944	Vas 3 Mon Pre And 1 Yr Post	COVERED
G9945	Pt W/Cancer Scoliosis	COVERED
G9946	Bk Pn Nt Msr Vas Pre-Pst 1Y	COVERED
G9947	Pre And Post Vas Wthn 3 Mos	COVERED
G9948	Adtl Spine Proc On Same Date	COVERED
G9949	Lg Pn Nt Msr Vas Scl Pre/Pst	COVERED
G9954	Pt >2 Rsk Fac Post-Op Vomit	COVERED
G9955	InhInt Anesth Only For Induc	COVERED
G9956	Combo Thrpy Of >= 2 Prohply	COVERED
G9957	Doc Med Rsn No Combo Thrpy	COVERED
G9958	No Combo Prohpyl Thrp For Pt	COVERED
G9959	Systemic Antimicro Not Presc	COVERED
G9960	Med Rsn Sys Antimi Nt Rx	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
G9961	Systemic Antimicro Presc	COVERED
G9962	Embolization Doc Separatly	COVERED
G9963	Embolization Not Doc Separat	COVERED
G9964	Pt Recv >=1 Well-Chld Visit	COVERED
G9965	No Well-Chld Vist Recv By Pt	COVERED
G9966	Scrn, Inter, Report Child	COVERED
G9967	No Scrn, Inter, Reprt Child	COVERED
G9968	Pt Refrd 2 Pvdr/Spclst In Pp	COVERED
G9969	Pvdr Rfrd Pt Rprt Rcvd	COVERED
G9970	Pvdr Rfrd Pt No Rprt Rcvd	COVERED
G9974	Dil Mac Exam Performed	COVERED
G9975	Doc Med Rsn No Mac Exm Perf	COVERED
G9976	Doc Pat Rsn No Mac Exm Perf	COVERED
G9977	Dil Mac Exam No Perf Rsn Nos	COVERED
H0004	Alcohol And/Or Drug Services	NON-COVERED
H0031	Mh Health Assess By Non-Md	COVERED
H0032	Mh Svc Plan Dev By Non-Md	COVERED
H0046	Mental Health Service, Nos	COVERED
H0048	Spec Coll Non-Blood:A/D Test	NON-COVERED
H0049	Alcohol/Drug Screening	NON-COVERED
H0050	Alcohol/Drug Service 15 Min	NON-COVERED
H2000	Comp Multidisipln Evaluation	COVERED
H2012	Behav Hlth Day Treat, Per Hr	COVERED
H2014	Skills Train And Dev, 15 Min	COVERED
H2019	Ther Behav Svc, Per 15 Min	COVERED
J0121	Injection Omadacycline 1 Mg	COVERED
J0122	Injection Eravacycline 1 Mg	COVERED
J0129	Abatacept Injection	COVERED
J0178	Aflibercept Injection	COVERED
J0179	Injection, Brolucizumab-Dbll, 1 Mg	COVERED
J0202	Injection, Alemtuzumab	COVERED
J0223	Injection, Givosiran, 0.5 Mg	COVERED
J0256	Alpha 1 Proteinase Inhibitor	COVERED
J0270	Alprostadil For Injection	NON-COVERED
J0280	Aminophyllin 250 Mg Inj	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J0282	Amiodarone Hcl	NON-COVERED
J0285	Amphotericin B	COVERED
J0287	Amphotericin B Lipid Complex	COVERED
J0288	Ampho B Cholesteryl Sulfate	COVERED
J0289	Amphotericin B Liposome Inj	COVERED
J0290	Ampicillin 500 Mg Inj	COVERED
J0291	Injection Plazomicin 5 Mg	COVERED
J0295	Ampicillin Sodium Per 1.5 Gm	NON-COVERED
J0330	Succinylcholine Chloride Inj	COVERED
J0360	Hydralazine Hcl Injection	COVERED
J0456	Azithromycin	COVERED
J0475	Baclofen 10 Mg Injection	COVERED
J0480	Basiliximab	COVERED
J0490	Belimumab Injection	COVERED
J0517	Injection, Benralizumab, 1 Mg	COVERED
J0565	Inj, Bezlotoxumab, 10 Mg	COVERED
J0567	Injection, Cerliponase Alfa, 1 Mg	COVERED
J0570	Buprenorphine Implant 74.2Mg	COVERED
J0571	Buprenorphine Oral 1Mg	COVERED
J0572	Buprenorphin/Nalox Up To 3 Mg	COVERED
J0573	Buprenorph/Nalox 3.1 To 6 Mg	COVERED
J0574	Buprenorph/Nalox 6.1 To 10Mg	COVERED
J0575	Buprenorph/Nalox Over 10Mg	COVERED
J0584	Injection, Burosumab-Twza 1 Mg	COVERED
J0585	Injection,Onabotulinumtoxina	COVERED
J0586	Abobotulinumtoxina	COVERED
J0587	Inj, Rimabotulinumtoxinb	COVERED
J0588	Incobotulinumtoxin A	COVERED
J0593	Injection Lanadelumab-Flyo 1 Mg	COVERED
J0596	Injection, Ruconest	COVERED
J0599	Injection, C-1 Esterase Inhibitor (Human), (Haegarda), 10 Un	COVERED
J0610	Calcium Gluconate Injection	NON-COVERED
J0637	Caspofungin Acetate	COVERED
J0638	Canakinumab Injection	COVERED
J0640	Leucovorin Calcium Injection	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J0641	Levoleucovorin Injection	COVERED
J0642	Injection, Levoleucovorin (Khapzory), 0.5 Mg	COVERED
J0670	Inj Mepivacaine Hcl/10 MI	COVERED
J0691	Injection, Lefamulin, 1 Mg	COVERED
J0692	Cefepime Hcl For Injection	COVERED
J0694	Cefoxitin Sodium Injection	COVERED
J0695	Inj Ceftolozane Tazobactam	NON-COVERED
J0712	Ceftaroline Fosamil Inj	COVERED
J0714	Ceftazidime And Avibactam	COVERED
J0717	Certolizumab Pegol Inj 1Mg	COVERED
J0742	Injection, Imipenem 4 Mg, Cilastatin 4 Mg And Relebactam 2 M	COVERED
J0743	Cilastatin Sodium Injection	COVERED
J0744	Ciprofloxacin Iv	NON-COVERED
J0775	Collagenase, Clost Hist Inj	COVERED
J0780	Prochlorperazine Injection	COVERED
J0791	Injection, Crizanlizumab-Tmca, 5 Mg	COVERED
J0800	Corticotropin Injection	COVERED
J0875	Injection, Dalbavancin	COVERED
J0878	Daptomycin Injection	COVERED
J0882	Darbepoetin Alfa, Esrd Use	COVERED
J0883	Argatroban Nonesrd Use 1Mg	COVERED
J0885	Epoetin Alfa, Non-Esrd	COVERED
J0886	Epoetin Alfa 1000 Units Esrd	COVERED
J0888	Epoetin Beta Non Esrd	COVERED
J0896	Injection, Luspatercept-Aamt, 0.25 Mg	COVERED
J0897	Denosumab Injection	COVERED
J1080	Testosterone Cypionate, 1 Cc, 200 Mg Injectn	COVERED
J1094	Inj Dexamethasone Acetate	NON-COVERED
J1095	Injection, Dexamethasone 9%, Intraocular, 1 Mcg	COVERED
J1096	Dxamethasone Lac Ophth Insrt 0.1 Mg	COVERED
J1097	Phn 10.6&Ket 2.88 Mg/MI Oph Irr 1MI	COVERED
J1170	Hydromorphone Injection	COVERED
J1201	Injection, Cetirizine Hydrochloride, 0.5 Mg	COVERED
J1212	Dimethyl Sulfoxide 50% 50 MI	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J1245	Dipyridamole Injection	NON-COVERED
J1265	Dopamine Injection	COVERED
J1267	Doripenem Injection	COVERED
J1300	Eculizumab Injection	COVERED
J1301	Injection, Edaravone, 1 Mg	COVERED
J1303	Injection Ravulizumab-Cwvz 10 Mg	COVERED
J1322	Elosulfase Alfa, Injection, 1 Mg	COVERED
J1335	Ertapenem Injection	NON-COVERED
J1364	Erythro Lactobionate /500 Mg	COVERED
J1380	Estradiol Valerate 10 Mg Inj	COVERED
J1428	Inj, Eteplirsen, 10 Mg	COVERED
J1429	Injection, Golodirsen, 10 Mg	COVERED
J1438	Etanercept Injection	COVERED
J1439	Inj Ferric Carboxymaltos 1 Mg	COVERED
J1442	Inj, Filgrastim G-Csf 1 Mcg	COVERED
J1443	Inj Ferric Pyrophosphate Cit	NON-COVERED
J1447	Inj Tbo Filgrastim 1 Microg	COVERED
J1450	Fluconazole	NON-COVERED
J1452	Intraocular Fomivirsen Na	COVERED
J1453	Fosaprepitant Injection	COVERED
J1454	Injection, Fosnetupitant 235 Mg And Palonosetron 0.25 Mg	COVERED
J1455	Foscarnet Sodium Injection	COVERED
J1459	Inj Ivig Privigen 500 Mg	COVERED
J1460	Gamma Globulin 1 Cc Inj	COVERED
J1555	Inj Cuvitru, 100 Mg	COVERED
J1556	Inj, Imm Glob Bivigam, 500 Mg	COVERED
J1557	Gammplex Injection	COVERED
J1558	Injection, Immune Globulin (Xembify), 100 Mg	COVERED
J1559	Hizentra Injection	COVERED
J1560	Gamma Globulin > 10 Cc Inj	COVERED
J1561	Gamunex-C/Gammaked	COVERED
J1562	Vivaglobin, Inj	COVERED
J1566	Immune Globulin, Powder	COVERED
J1568	Octagam Injection	COVERED
J1569	Gammagard Liquid Injection	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J1572	Flebogamma Injection	COVERED
J1575	Hyqvia 100Mg Immunoglobulin	COVERED
J1580	Garamycin Gentamicin Inj	COVERED
J1599	Ivig Non-Lyophilized, Nos	COVERED
J1602	Golimumab For Iv Use 1Mg	COVERED
J1627	Inj, Granisetron, Xr, 0.1 Mg	COVERED
J1628	Injection, Guselkumab, 1 Mg	COVERED
J1632	Inj., Brexanolone, 1 Mg	COVERED
J1642	Inj Heparin Sodium Per 10 U	COVERED
J1644	Inj Heparin Sodium Per 1000U	COVERED
J1650	Inj Enoxaparin Sodium	COVERED
J1670	Tetanus Immune Globulin Inj	COVERED
J1726	Makena, 10 Mg	COVERED
J1729	Inj Hydroxyprogst Capoat Nos	COVERED
J1738	Inj. Meloxicam 1 Mg	COVERED
J1740	Ibandronate Sodium Injection	COVERED
J1741	Ibuprofen Injection	COVERED
J1742	Ibutilide Fumarate Injection	NON-COVERED
J1745	Infliximab Injection	COVERED
J1746	Injection, Ibalizumab-Uiyk, 10 Mg	COVERED
J1750	Inj Iron Dextran	COVERED
J1756	Iron Sucrose Injection	COVERED
J1786	Imuglucerase Injection	COVERED
J1826	Interferon Beta-1A Inj	COVERED
J1833	Injection, Isavuconazonium	NON-COVERED
J1943	Injectn Aripiprazole Lauroxil 1 Mg	COVERED
J1944	Injectn Aripiprazole Lauroxil 1 Mg	COVERED
J1945	Lepirudin	COVERED
J1950	Leuprolide Acetate /3.75 Mg	COVERED
J1956	Levofloxacin Injection	NON-COVERED
J1980	Hyoscyamine Sulfate Inj	COVERED
J2010	Lincomycin Injection	COVERED
J2062	Loxapine For Inhalation, 1 Mg	COVERED
J2182	Injection, Mepolizumab, 1Mg	COVERED
J2185	Meropenem	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J2186	Injection, Meropenem, Vaborbactam, 10 Mg/10 Mg, (20 Mg)	COVERED
J2248	Micafungin Sodium Injection	COVERED
J2270	Morphine Sulfate Injection	COVERED
J2271	Morphine Sulfate, 100 Mg, Injection	COVERED
J2315	Naltrexone, Depot Form	COVERED
J2323	Natalizumab Injection	COVERED
J2326	Inj, Nusinersen, 0.1Mg	COVERED
J2350	Injection, Ocrelizumab, 1 Mg	COVERED
J2354	Octreotide Inj, Non-Depot	COVERED
J2357	Omalizumab Injection	COVERED
J2405	Ondansetron Hcl Injection	COVERED
J2407	Injection, Oritavancin	COVERED
J2430	Pamidronate Disodium /30 Mg	COVERED
J2440	Papaverin Hcl Injection	NON-COVERED
J2469	Palonosetron Hcl	COVERED
J2502	Injection, Pasireotide Long Acting, 1 Mg	NON-COVERED
J2505	Injection, Pegfilgrastim 6Mg	COVERED
J2510	Penicillin G Procaine Inj	COVERED
J2543	Piperacillin/Tazobactam	NON-COVERED
J2547	Injection, Peramivir	COVERED
J2675	Inj Progesterone Per 50 Mg	COVERED
J2700	Oxacillin Sodium Injeciton	COVERED
J2710	Neostigmine Methylsifte Inj	COVERED
J2765	Metoclopramide Hcl Injection	COVERED
J2778	Ranibizumab Injection	COVERED
J2780	Ranitidine Hydrochloride Inj	COVERED
J2786	Injection, Reslizumab, 1Mg	COVERED
J2792	Rho(D) Immune Globulin H, Sd	COVERED
J2793	Riloncept Injection	COVERED
J2796	Romiplostim Injection	COVERED
J2798	Injection Risperidone 0.5 Mg	COVERED
J2805	Sinalcide Injection	COVERED
J2820	Sargramostim Injection	COVERED
J2840	Inj Sebelipase Alfa 1 Mg	COVERED
J2860	Injection, Siltuximab	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J2930	Methylprednisolone Injection	COVERED
J2950	Promazine Hcl Injection	NON-COVERED
J2997	Alteplase Recombinant	COVERED
J3031	Injection Fremanezumab-Vfrm 1 Mg	COVERED
J3032	Inj. Eptinezumab-Jjmr 1 Mg	COVERED
J3090	Inj Tedizolid Phosphate	COVERED
J3111	Injection Romosozumab-Aqqg 1 Mg	COVERED
J3121	Inj Testostero Enanthate 1Mg	NON-COVERED
J3240	Thyrotropin Injection	COVERED
J3243	Tigecycline Injection	COVERED
J3250	Trimethobenzamide Hcl Inj	NON-COVERED
J3262	Tocilizumab Injection	COVERED
J3265	Injection Torsemide 10 Mg/ML	NON-COVERED
J3300	Triamcinolone A Inj Prs-Free	COVERED
J3303	Triamcinolone Hexacetonl Inj	COVERED
J3316	Injection, Triptorelin, Extended-Release, 3.75 Mg	COVERED
J3357	Ustekinumab Injection	COVERED
J3358	Ustekinumab, Iv Inject, 1 Mg	COVERED
J3360	Diazepam Injection	COVERED
J3380	Injection, Vedolizumab	COVERED
J3396	Verteporfin Injection	COVERED
J3397	Injection, Vestronidase Alfa-Vj bk, 1 Mg	COVERED
J3398	Injection, Voretigene Neparvovec-Rzyl, 1 Billion Vector Geno	COVERED
J3399	Injection, Onasemnogene Abeparvovec-Xioi, Per Treatment, Up	COVERED
J3411	Thiamine Hcl 100 Mg	NON-COVERED
J3415	Pyridoxine Hcl 100 Mg	NON-COVERED
J3472	Ovine, 1000 Usp Units	NON-COVERED
J3480	Inj Potassium Chloride	NON-COVERED
J3570	Laetrile Amygdalin Vit B17	COVERED
J3590	Unclassified Biologics	COVERED
J3591	Unclassified Drug Or Biological Used For Esrd On Dialysis	COVERED
J7120	Ringers Lactate Infusion	COVERED
J7121	5% Dextrose In Lac Ringers	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J7169	Injection, Coagulation Factor Xa (Recombinant), Inactivated-	COVERED
J7170	Injection, Emicizumab-Kxwh, 0.5 Mg	NON-COVERED
J7175	Inj, Factor X, (Human), 1 Iu	COVERED
J7177	Injection, Human Fibrinogen Concentrate (Fibryga), 1 Mg	COVERED
J7179	Vonvendi Inj 1 Iu Vwf:Rco	COVERED
J7181	Factor XIII Recomb A-Subunit Per Iu	COVERED
J7182	Factor VIII Recomb Novoeight Per Iu	COVERED
J7188	Factor VIII Recomb Obizur	COVERED
J7200	Factor IX Recombinan Rixubis Per Iu	COVERED
J7201	Factor IX Fc Fusion Recomb, Per Iu	COVERED
J7202	Factor IX Idelvion Inj	COVERED
J7203	Injection Factor IX, (Antihemophilic Factor, Recombinant), G	COVERED
J7204	Injection, Factor VIII, Antihemophilic Factor (Recombinant),	COVERED
J7205	Factor VIII Fc Fusion Recomb	COVERED
J7207	Factor VIII Pegylated Recomb	COVERED
J7208	Inj. Jivi 1 Iu	COVERED
J7209	Factor VIII Nuwiq Recomb 1 Iu	COVERED
J7210	Inj, Afstyla, 1 I.U.	COVERED
J7211	Inj, Kovaltry, 1 I.U.	COVERED
J7296	Kyleena, 19.5 Mg	COVERED
J7308	Aminolevulinic Acid Hcl Top	NON-COVERED
J7310	Ganciclovir Long Act Implant	COVERED
J7313	Fluocinol Acet Intravit Imp	COVERED
J7314	Inject Fa Intravitreal Impl 0.01 Mg	COVERED
J7318	Hyaluronan Or Derivative, Durolane, For Intra-Articular Inje	COVERED
J7320	Genvisc 850, Inj, 1Mg	COVERED
J7321	Hyalgan/Supartz Inj Per Dose	COVERED
J7322	Hymovis Injection 1 Mg	COVERED
J7323	Euflexxa Inj Per Dose	COVERED
J7326	Gel-One	COVERED
J7327	Monovisc Inj Per Dose	COVERED
J7328	Gel-Syn Injection 0.1 Mg	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J7330	Cultured Chondrocytes Implnt	COVERED
J7331	Hyal/Deriv Synojoynt Ia Inj 1 Mg	COVERED
J7332	Hyal/Deriv Triluron Ia Inj 1 Mg	COVERED
J7340	Carbidopa Levodopa Enteral	COVERED
J7342	Ciprofloxacin Otic Susp 6 Mg	COVERED
J7345	Aminolevulinic Acid, 10% Gel	COVERED
J7351	Inj Bimatoprost Itc Imp1mcg	COVERED
J7401	Mometasone Furoate Sin Impl 10 Mcg	COVERED
J7503	Tacrol Envarsus Ex Rel Oral	COVERED
J7506	Prednisone Oral	NON-COVERED
J7510	Prednisolone Oral Per 5 Mg	NON-COVERED
J7512	Prednisone Ir Or Dr Oral 1Mg	NON-COVERED
J7612	Levalbuterol Non-Comp Con	NON-COVERED
J7620	Albuterol Ipratrop Non-Comp	NON-COVERED
J7624	Betamethasone Comp Unit	NON-COVERED
J7626	Budesonide Non-Comp Unit	NON-COVERED
J7644	Ipratropium Bromide Non-Comp	NON-COVERED
J7677	Revefenacin Inhalation Solution, Fda-Approved Final Product,	COVERED
J7699	Inhalation Solution For Dme	NON-COVERED
J7799	Non-Inhalation Drug For Dme	NON-COVERED
J7999	Non-Inhalation Drug For Dme	COVERED
J8540	Oral Dexamethasone	NON-COVERED
J8655	Netupitant Palonosetron Oral	NON-COVERED
J8670	Rolapitant, Oral, 1Mg	COVERED
J9000	Doxorubicin Hcl Injection	COVERED
J9022	Inj, Atezolizumab, 10 Mg	COVERED
J9023	Injection, Avelumab, 10 Mg	COVERED
J9025	Azacitidine Injection	COVERED
J9027	Clofarabine Injection	COVERED
J9032	Injection, Belinostat, 10Mg	COVERED
J9033	Bendamustine Injection	COVERED
J9034	Inj., Bendeka 1 Mg	COVERED
J9035	Bevacizumab Injection	COVERED
J9036	Inj., Belrapzo, 1 Mg	COVERED
J9039	Injection, Blinatumomab	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J9041	Bortezomib Injection	COVERED
J9043	Cabazitaxel Injection	COVERED
J9045	Carboplatin Injection	COVERED
J9055	Cetuximab Injection	COVERED
J9065	Inj Cladribine Per 1 Mg	NON-COVERED
J9070	Cyclophosphamide 100 Mg Inj	COVERED
J9098	Cytarabine Liposome Inj	NON-COVERED
J9118	Inject Calaspargase Pegol-Mknl 10 U	COVERED
J9145	Injection, Daratumumab 10 Mg	COVERED
J9153	Injection, Liposomal, 1 Mg Daunorubicin And 2.27 Mg Cytarabi	COVERED
J9155	Degarelix Injection	COVERED
J9171	Docetaxel Injection	COVERED
J9173	Injection, Durvalumab, 10 Mg	COVERED
J9176	Injection, Elotuzumab, 1Mg	COVERED
J9177	Injection, Enfortumab Vedotin-Ejfv, 0.25 Mg	COVERED
J9178	Inj, Epirubicin Hcl, 2 Mg	COVERED
J9181	Etoposide Injection	COVERED
J9198	Injection, Gemcitabine Hydrochloride, (Infugem), 100 Mg	COVERED
J9201	Gemcitabine Hcl Injection	COVERED
J9203	Gemtuzumab Ozogamicin 0.1 Mg	COVERED
J9204	Injection Mogamulizumab-Kpkc 1 Mg	COVERED
J9205	Inj Irinotecan Liposome 1 Mg	COVERED
J9208	Ifosfamide Injection	COVERED
J9210	Injection Emapalumab-Lzsg 1 Mg	COVERED
J9217	Leuprolide Acetate Suspnsion	COVERED
J9218	Leuprolide Acetate Injeciton	COVERED
J9219	Leuprolide Acetate Implant	COVERED
J9227	Inj. Isatuximab-Irfc 10 Mg	COVERED
J9229	Injection, Inotuzumab Ozogamicin, 0.1 Mg	COVERED
J9245	Inj Melphalan Hydrochl 50 Mg	COVERED
J9246	Injection, Melphalan (Evomela), 1 Mg	COVERED
J9263	Oxaliplatin	COVERED
J9264	Paclitaxel Protein Bound	COVERED
J9265	Paclitaxel, 30 Mg, Injection	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
J9266	Pegaspargase Injection	COVERED
J9269	Injection Tagraxofusp-Erzs 10 Mcg	COVERED
J9271	Inj Pembrolizumab	COVERED
J9280	Mitomycin Injection	COVERED
J9285	Inj, Olaratumab, 10 Mg	COVERED
J9295	Injection, Necitumumab, 1 Mg	COVERED
J9299	Injection, Nivolumab	COVERED
J9301	Obinutuzumab Inj, 10 Mg	COVERED
J9303	Panitumumab Injection	COVERED
J9304	Inj. Pemetrexed, 10 Mg	COVERED
J9305	Pemetrexed Injection	COVERED
J9306	Injection, Pertuzumab, 1 Mg	COVERED
J9308	Injection, Ramucirumab	COVERED
J9309	Injection, Polatuzumab Vedotin-Piiq, 1 Mg	COVERED
J9312	Injection, Rituximab, 10 Mg	COVERED
J9320	Streptozocin Injection	COVERED
J9325	Inj Talimogene Laherparepvec	COVERED
J9330	Temsirolimus Injection	COVERED
J9352	Injection Trabectedin 0.1Mg	COVERED
J9355	Trastuzumab Injection	COVERED
J9356	Inj. Herceptin Hylecta, 10Mg	COVERED
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 Mg	COVERED
J9360	Vinblastine Sulfate Inj	COVERED
J9395	Injection, Fulvestrant	COVERED
J9999	Chemotherapy Drug	COVERED
K0001	Standard Wheelchair	COVERED
K0002	Stnd Hemi (Low Seat) Whlchr	COVERED
K0003	Lightweight Wheelchair	COVERED
K0004	High Strength Ltwt Whlchr	COVERED
K0005	Ultralightweight Wheelchair	COVERED
K0006	Heavy Duty Wheelchair	COVERED
K0007	Extra Heavy Duty Wheelchair	COVERED
K0008	Cstm Manual Wheelchair/Base	COVERED
K0009	Other Manual Wheelchair/Base	COVERED
K0010	Stnd Wt Frame Power Whlchr	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
K0011	Stnd Wt Pwr Whlchr W Control	COVERED
K0012	Ltwt Portbl Power Whlchr	COVERED
K0013	Custom Power Whlchr Base	COVERED
K0014	Other Power Whlchr Base	COVERED
K0015	Detach Non-Adjus Hght Armrst	COVERED
K0017	Detach Adjust Armrest Base	COVERED
K0018	Detach Adjust Armrst Upper	COVERED
K0019	Arm Pad Each	COVERED
K0020	Fixed Adjust Armrest Pair	COVERED
K0037	High Mount Flip-Up Footrest	COVERED
K0038	Leg Strap Each	COVERED
K0039	Leg Strap H Style Each	COVERED
K0040	Adjustable Angle Footplate	COVERED
K0041	Large Size Footplate Each	COVERED
K0042	Standard Size Footplate Each	COVERED
K0043	Ftrst Lower Extension Tube	COVERED
K0044	Ftrst Upper Hanger Bracket	COVERED
K0045	Footrest Complete Assembly	COVERED
K0046	Elevat Legrst Low Extension	COVERED
K0047	Elevat Legrst Up Hangr Brack	COVERED
K0050	Ratchet Assembly	COVERED
K0051	Cam Relese Assem Ftrst/Lgrst	COVERED
K0052	Swingaway Detach Footrest	COVERED
K0053	Elevate Footrest Articulate	COVERED
K0056	Seat Ht <17 Or >=21 Ltwt Wc	COVERED
K0065	Spoke Protectors	COVERED
K0069	Rear Whl Complete Solid Tire	COVERED
K0070	Rear Whl Compl Pneum Tire	COVERED
K0071	Front Castr Compl Pneum Tire	COVERED
K0072	Frnt Cstr Cmpl Sem-Pneum Tir	COVERED
K0073	Caster Pin Lock Each	COVERED
K0077	Front Caster Assem Complete	COVERED
K0098	Drive Belt Power Wheelchair	COVERED
K0105	Iv Hanger	COVERED
K0108	W/C Component-Accessory Nos	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
K0195	Elevating Whlchair Leg Rests	COVERED
K0455	Pump Uninterrupted Infusion	COVERED
K0462	Temporary Replacement Eqpmnt	COVERED
K0552	Supply/Ext Inf Pump Syr Type	COVERED
K0553	Ther Cgm Supply Allowance	NON-COVERED
K0554	Ther Cgm Receiver/Monitor	NON-COVERED
K0601	Repl Batt Silver Oxide 1.5 V	COVERED
K0602	Repl Batt Silver Oxide 3 V	COVERED
K0603	Repl Batt Alkaline 1.5 V	COVERED
K0604	Repl Batt Lithium 3.6 V	COVERED
K0605	Repl Batt Lithium 4.5 V	COVERED
K0606	Aed Garment W Elec Analysis	COVERED
K0607	Repl Batt For Aed	COVERED
K0608	Repl Garment For Aed	COVERED
K0609	Repl Electrode For Aed	COVERED
K0669	Seat/Back Cus No Dmepdac Ver	COVERED
K0672	Removable Soft Interface Le	COVERED
K0730	Ctrl Dose Inh Drug Deliv Sys	COVERED
K0733	12-24Hr Sealed Lead Acid	COVERED
K0738	Portable Gas Oxygen System	COVERED
K0739	Repair/Svc Dme Non-Oxygen Eq	COVERED
K0740	Repair/Svc Oxygen Equipment	COVERED
K0743	Portable Home Suction Pump	COVERED
K0744	Absorp Drg <= 16 Suc Pump	COVERED
K0745	Absorp Drg >16<=48 Suc Pump	COVERED
K0746	Absorp Drg >48 Suc Pump	COVERED
K0800	Pov Group 1 Std Up To 300Lbs	COVERED
K0801	Pov Group 1 Hd 301-450 Lbs	COVERED
K0802	Pov Group 1 Vhd 451-600 Lbs	COVERED
K0806	Pov Group 2 Std Up To 300Lbs	COVERED
K0807	Pov Group 2 Hd 301-450 Lbs	COVERED
K0808	Pov Group 2 Vhd 451-600 Lbs	COVERED
K0812	Power Operated Vehicle Noc	COVERED
K0813	Pwc Gp 1 Std Port Seat/Back	COVERED
K0814	Pwc Gp 1 Std Port Cap Chair	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
K0815	Pwc Gp 1 Std Seat/Back	COVERED
K0816	Pwc Gp 1 Std Cap Chair	COVERED
K0820	Pwc Gp 2 Std Port Seat/Back	COVERED
K0821	Pwc Gp 2 Std Port Cap Chair	COVERED
K0822	Pwc Gp 2 Std Seat/Back	COVERED
K0823	Pwc Gp 2 Std Cap Chair	COVERED
K0824	Pwc Gp 2 Hd Seat/Back	COVERED
K0825	Pwc Gp 2 Hd Cap Chair	COVERED
K0826	Pwc Gp 2 Vhd Seat/Back	COVERED
K0827	Pwc Gp Vhd Cap Chair	COVERED
K0828	Pwc Gp 2 Xtra Hd Seat/Back	COVERED
K0829	Pwc Gp 2 Xtra Hd Cap Chair	COVERED
K0830	Pwc Gp2 Std Seat Elevate S/B	COVERED
K0835	Pwc Gp2 Std Sing Pow Opt S/B	COVERED
K0836	Pwc Gp2 Std Sing Pow Opt Cap	COVERED
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	COVERED
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	COVERED
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B	COVERED
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	COVERED
K0841	Pwc Gp2 Std Mult Pow Opt S/B	COVERED
K0842	Pwc Gp2 Std Mult Pow Opt Cap	COVERED
K0843	Pwc Gp2 Hd Mult Pow Opt S/B	COVERED
K0848	Pwc Gp 3 Std Seat/Back	COVERED
K0849	Pwc Gp 3 Std Cap Chair	COVERED
K0850	Pwc Gp 3 Hd Seat/Back	COVERED
K0851	Pwc Gp 3 Hd Cap Chair	COVERED
K0852	Pwc Gp 3 Vhd Seat/Back	COVERED
K0853	Pwc Gp 3 Vhd Cap Chair	COVERED
K0854	Pwc Gp 3 Xhd Seat/Back	COVERED
K0855	Pwc Gp 3 Xhd Cap Chair	COVERED
K0856	Pwc Gp3 Std Sing Pow Opt S/B	COVERED
K0857	Pwc Gp3 Std Sing Pow Opt Cap	COVERED
K0858	Pwc Gp3 Hd Sing Pow Opt S/B	COVERED
K0859	Pwc Gp3 Hd Sing Pow Opt Cap	COVERED
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
K0861	Pwc Gp3 Std Mult Pow Opt S/B	COVERED
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	COVERED
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B	COVERED
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	COVERED
K0868	Pwc Gp 4 Std Seat/Back	COVERED
K0869	Pwc Gp 4 Std Cap Chair	COVERED
K0870	Pwc Gp 4 Hd Seat/Back	COVERED
K0871	Pwc Gp 4 Vhd Seat/Back	COVERED
K0877	Pwc Gp4 Std Sing Pow Opt S/B	COVERED
K0878	Pwc Gp4 Std Sing Pow Opt Cap	COVERED
K0879	Pwc Gp4 Hd Sing Pow Opt S/B	COVERED
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B	COVERED
K0884	Pwc Gp4 Std Mult Pow Opt S/B	COVERED
K0885	Pwc Gp4 Std Mult Pow Opt Cap	COVERED
K0886	Pwc Gp4 Hd Mult Pow S/B	COVERED
K0890	Pwc Gp5 Ped Sing Pow Opt S/B	COVERED
K0891	Pwc Gp5 Ped Mult Pow Opt S/B	COVERED
K0898	Power Wheelchair Noc	COVERED
K0899	Pow Mobil Dev No Dmepdac	COVERED
K0900	Cstm Dme Other Than Wheelchr	COVERED
L0112	Cranial Cervical Orthosis	COVERED
L0113	Cranial Cervical Torticollis	COVERED
L0130	Flex Thermoplastic Collar Mo	COVERED
L0140	Cervical Semi-Rigid Adjustab	COVERED
L0150	Cerv Semi-Rig Adj Molded Chn	COVERED
L0160	Cerv Sr Wire Occ/Man Pre Ots	COVERED
L0170	Cervical Collar Molded To Pt	COVERED
L0172	Cerv Col Sr Foam 2Pc Pre Ots	COVERED
L0174	Cerv Sr 2Pc Thor Ext Pre Ots	COVERED
L0180	Cer Post Col Occ/Man Sup Adj	COVERED
L0190	Cerv Collar Supp Adj Cerv Ba	COVERED
L0200	Cerv Col Supp Adj Bar & Thor	COVERED
L0220	Thor Rib Belt Custom Fabrica	COVERED
L0450	Tlso Flex Trunk/Thor Pre Ots	COVERED
L0452	Tlso Flex Custom Fab Thoraci	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L0454	Tlso Trnk Sj-T9 Pre Cst	COVERED
L0455	Tlso Flex Trnk Sj-T9 Pre Ots	COVERED
L0456	Tlso Flex Trnk Sj-Ss Pre Cst	COVERED
L0457	Tlso Flex Trnk Sj-Ss Pre Ots	COVERED
L0458	Tlso 2Mod Symphis-Xipho Pre	COVERED
L0460	Tlso 2 Shl Symphys-Stern Cst	COVERED
L0462	Tlso 3Mod Sacro-Scap Pre	COVERED
L0464	Tlso 4Mod Sacro-Scap Pre	COVERED
L0466	Tlso R Fram Soft Ant Pre Cst	COVERED
L0467	Tlso R Fram Soft Pre Ots	COVERED
L0468	Tlso Rig Fram Pelvic Pre Cst	COVERED
L0469	Tlso Rig Fram Pelvic Pre Ots	COVERED
L0470	Tlso Rigid Frame Pre Subclav	COVERED
L0472	Tlso Rigid Frame Hyperex Pre	COVERED
L0480	Tlso Rigid Plastic Custom Fa	COVERED
L0482	Tlso Rigid Lined Custom Fab	COVERED
L0484	Tlso Rigid Plastic Cust Fab	COVERED
L0486	Tlso Rigidlined Cust Fab Two	COVERED
L0488	Tlso Rigid Lined Pre One Pie	COVERED
L0490	Tlso Rigid Plastic Pre One	COVERED
L0491	Tlso 2 Piece Rigid Shell	COVERED
L0492	Tlso 3 Piece Rigid Shell	COVERED
L0621	Sio Flex Pelvic/Sacr Pre Ots	COVERED
L0622	Sio Flex Pelvisacral Custom	COVERED
L0623	Sio Rig Pnl Pelv/Sac Pre Ots	COVERED
L0624	Sio Panel Custom	COVERED
L0625	Lo Flex L1-Below L5 Pre Ots	COVERED
L0626	Lo Sag Rig Pnl Stays Pre Cst	COVERED
L0627	Lo Sag Ri An/Pos Pnl Pre Cst	COVERED
L0629	Lso Flex W/Rigid Stays Cust	COVERED
L0630	Lso R Post Pnl Sj-T9 Pre Cst	COVERED
L0631	Lso Sag R An/Pos Pnl Pre Cst	COVERED
L0632	Lso Sag Rigid Frame Cust	COVERED
L0633	Lso Sc R Pos/Lat Pnl Pre Cst	COVERED
L0634	Lso Flexion Control Custom	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L0635	Lso Sagit Rigid Panel Prefab	COVERED
L0636	Lso Sagittal Rigid Panel Cus	COVERED
L0637	Lso Sc R Ant/Pos Pnl Pre Cst	COVERED
L0638	Lso Sag-Coronal Panel Custom	COVERED
L0639	Lso S/C Shell/Panel Prefab	COVERED
L0640	Lso S/C Shell/Panel Custom	COVERED
L0641	Lo Rig Pos Pnl L1-L5 Pre Ots	COVERED
L0642	Lo Sag Ri An/Pos Pnl Pre Ots	COVERED
L0643	Lso Sag Ctr Rigi Pos Pre Ots	COVERED
L0648	Lso Sag R An/Pos Pnl Pre Ots	COVERED
L0649	Lso Sc R Pos/Lat Pnl Pre Ots	COVERED
L0650	Lso Sc R Ant/Pos Pnl Pre Ots	COVERED
L0651	Lso Sag-Co Shell Pnl Pre Ots	COVERED
L0700	Ctlso A-P-L Control Molded	COVERED
L0710	Ctlso A-P-L Control W/ Inter	COVERED
L0810	Halo Cervical Into Jckt Vest	COVERED
L0820	Halo Cervical Into Body Jack	COVERED
L0830	Halo Cerv Into Milwaukee Typ	COVERED
L0859	Mri Compatible System	COVERED
L0861	Halo Repl Liner/Interface	COVERED
L0970	Tlso Corset Front	COVERED
L0972	Lso Corset Front	COVERED
L0974	Tlso Full Corset	COVERED
L0976	Lso Full Corset	COVERED
L0978	Axillary Crutch Extension	COVERED
L0980	Peroneal Straps Pair Pre Ots	COVERED
L0982	Stocking Sup Grips 4 Pre Ots	COVERED
L0984	Protect Body Sock Ea Pre Ots	COVERED
L0999	Add To Spinal Orthosis Nos	COVERED
L1000	Ctlso Milwauke Initial Model	COVERED
L1001	Ctlso Infant Immobilizer	COVERED
L1005	Tension Based Scoliosis Orth	COVERED
L1010	Ctlso Axilla Sling	COVERED
L1020	Kyphosis Pad	COVERED
L1025	Kyphosis Pad Floating	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L1030	Lumbar Bolster Pad	COVERED
L1040	Lumbar Or Lumbar Rib Pad	COVERED
L1050	Sternal Pad	COVERED
L1060	Thoracic Pad	COVERED
L1070	Trapezius Sling	COVERED
L1080	Outrigger	COVERED
L1085	Outrigger Bil W/ Vert Extens	COVERED
L1090	Lumbar Sling	COVERED
L1100	Ring Flange Plastic/Leather	COVERED
L1110	Ring Flange Plas/Leather Mol	COVERED
L1120	Covers For Upright Each	COVERED
L1200	Furnsh Initial Orthosis Only	COVERED
L1210	Lateral Thoracic Extension	COVERED
L1220	Anterior Thoracic Extension	COVERED
L1230	Milwaukee Type Superstructur	COVERED
L1240	Lumbar Derotation Pad	COVERED
L1250	Anterior Asis Pad	COVERED
L1260	Anterior Thoracic Derotation	COVERED
L1270	Abdominal Pad	COVERED
L1280	Rib Gusset (Elastic) Each	COVERED
L1290	Lateral Trochanteric Pad	COVERED
L1300	Body Jacket Mold To Patient	COVERED
L1310	Post-Operative Body Jacket	COVERED
L1499	Spinal Orthosis Nos	COVERED
L1600	Ho Flex Frejka W/Cov Pre Cst	COVERED
L1610	Ho Frejka Cov Only Pre Cst	COVERED
L1620	Ho Flex Pavlik Harns Pre Cst	COVERED
L1630	Abduct Control Hip Semi-Flex	COVERED
L1640	Pelv Band/Spread Bar Thigh C	COVERED
L1650	Ho Abduction Hip Adjustable	COVERED
L1652	Ho Bi Thighcuffs W Sprdr Bar	COVERED
L1660	Ho Abduction Static Plastic	COVERED
L1680	Pelvic & Hip Control Thigh C	COVERED
L1685	Post-Op Hip Abduct Custom Fa	COVERED
L1686	Ho Post-Op Hip Abduction	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L1690	Combination Bilateral Ho	COVERED
L1700	Leg Perthes Orth Toronto Typ	COVERED
L1710	Legg Perthes Orth Newington	COVERED
L1720	Legg Perthes Orthosis Trilat	COVERED
L1730	Legg Perthes Orth Scottish R	COVERED
L1755	Legg Perthes Patten Bottom T	COVERED
L1810	Ko Elastic With Joints	COVERED
L1812	Ko Elastic W/Joints Pre Ots	COVERED
L1820	Ko Elas W/ Condyle Pads & Jo	COVERED
L1831	Knee Orth Pos Locking Joint	COVERED
L1832	Ko Adj Jnt Pos R Sup Pre Cst	COVERED
L1833	Ko Adj Jnt Pos R Sup Pre Ots	COVERED
L1834	Ko W/O Joint Rigid Molded To	COVERED
L1836	Ko Rigid W/O Joints Pre Ots	COVERED
L1840	Ko Derot Ant Cruciate Custom	COVERED
L1843	Ko Single Upright Pre Cst	COVERED
L1844	Ko W/Adj Jt Rot Cntrl Molded	COVERED
L1845	Ko Double Upright Pre Cst	COVERED
L1846	Ko W Adj Flex/Ext Rotat Mold	COVERED
L1847	Ko Dbl Upright W/Air Pre Cst	COVERED
L1848	Ko Dbl Upright W/Air Pre Ots	COVERED
L1850	Ko Swedish Type Pre Ots	COVERED
L1851	Ko Single Upright Prefab Ots	COVERED
L1852	Ko Double Upright Prefab Ots	COVERED
L1860	Ko Supracondylar Socket Mold	COVERED
L1900	Afo Sprng Wir Drsflx Calf Bd	COVERED
L1902	Afo Ankle Gauntlet Pre Ots	NON-COVERED
L1904	Afo Molded Ankle Gauntlet	COVERED
L1906	Afo Multilig Ank Sup Pre Ots	COVERED
L1907	Afo Supramalleolar Custom	COVERED
L1910	Afo Sing Bar Clasp Attach Sh	COVERED
L1920	Afo Sing Upright W/ Adjust S	COVERED
L1930	Afo Plastic	COVERED
L1932	Afo Rig Ant Tib Prefab Tcf/=	COVERED
L1940	Afo Molded To Patient Plasti	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L1945	Afo Molded Plas Rig Ant Tib	COVERED
L1950	Afo Spiral Molded To Pt Plas	COVERED
L1951	Afo Spiral Prefabricated	COVERED
L1960	Afo Pos Solid Ank Plastic Mo	COVERED
L1970	Afo Plastic Molded W/Ankle J	COVERED
L1971	Afo W/Ankle Joint, Prefab	COVERED
L1980	Afo Sing Solid Stirrup Calf	COVERED
L1990	Afo Doub Solid Stirrup Calf	COVERED
L2000	Kafo Sing Fre Stirr Thi/Calf	COVERED
L2005	Kafo Sng/Dbf Mechanical Act	COVERED
L2006	Knee-Ankle-Foot (Kaf) Device, Any Material, Single Or Double	COVERED
L2010	Kafo Sng Solid Stirrup W/O J	COVERED
L2020	Kafo Dbf Solid Stirrup Band/	COVERED
L2030	Kafo Dbf Solid Stirrup W/O J	COVERED
L2034	Kafo Pla Sin Up W/Wo K/A Cus	COVERED
L2035	Kafo Plastic Pediatric Size	COVERED
L2036	Kafo Plas Doub Free Knee Mol	COVERED
L2037	Kafo Plas Sing Free Knee Mol	COVERED
L2038	Kafo W/O Joint Multi-Axis An	COVERED
L2040	Hkafo Torsion Bil Rot Straps	COVERED
L2050	Hkafo Torsion Cable Hip Pelv	COVERED
L2060	Hkafo Torsion Ball Bearing J	COVERED
L2070	Hkafo Torsion Unilat Rot Str	COVERED
L2080	Hkafo Unilat Torsion Cable	COVERED
L2090	Hkafo Unilat Torsion Ball Br	COVERED
L2106	Afo Tib Fx Cast Plaster Mold	COVERED
L2108	Afo Tib Fx Cast Molded To Pt	COVERED
L2112	Afo Tibial Fracture Soft	COVERED
L2114	Afo Tib Fx Semi-Rigid	COVERED
L2116	Afo Tibial Fracture Rigid	COVERED
L2126	Kafo Fem Fx Cast Thermoplas	COVERED
L2128	Kafo Fem Fx Cast Molded To P	COVERED
L2132	Kafo Femoral Fx Cast Soft	COVERED
L2134	Kafo Fem Fx Cast Semi-Rigid	COVERED
L2136	Kafo Femoral Fx Cast Rigid	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L2180	Plas Shoe Insert W Ank Joint	COVERED
L2182	Drop Lock Knee	COVERED
L2184	Limited Motion Knee Joint	COVERED
L2186	Adj Motion Knee Jnt Lerman T	COVERED
L2188	Quadrilateral Brim	COVERED
L2190	Waist Belt	COVERED
L2192	Pelvic Band & Belt Thigh Fla	COVERED
L2200	Limited Ankle Motion Ea Jnt	COVERED
L2210	Dorsiflexion Assist Each Joi	COVERED
L2220	Dorsi & Plantar Flex Ass/Res	COVERED
L2230	Split Flat Caliper Stirr & P	COVERED
L2232	Rocker Bottom, Contact Afo	COVERED
L2240	Round Caliper And Plate Atta	COVERED
L2250	Foot Plate Molded Stirrup At	COVERED
L2260	Reinforced Solid Stirrup	COVERED
L2265	Long Tongue Stirrup	COVERED
L2270	Varus/Valgus Strap Padded/Li	COVERED
L2275	Plastic Mod Low Ext Pad/Line	COVERED
L2280	Molded Inner Boot	COVERED
L2300	Abduction Bar Jointed Adjust	COVERED
L2310	Abduction Bar-Straight	COVERED
L2320	Non-Molded Lacer	COVERED
L2330	Lacer Molded To Patient Mode	COVERED
L2335	Anterior Swing Band	COVERED
L2340	Pre-Tibial Shell Molded To P	COVERED
L2350	Prosthetic Type Socket Molde	COVERED
L2360	Extended Steel Shank	COVERED
L2370	Patten Bottom	COVERED
L2375	Torsion Ank & Half Solid Sti	COVERED
L2380	Torsion Straight Knee Joint	COVERED
L2385	Straight Knee Joint Heavy Du	COVERED
L2387	Add Le Poly Knee Custom Kafo	COVERED
L2390	Offset Knee Joint Each	COVERED
L2395	Offset Knee Joint Heavy Duty	COVERED
L2397	Suspension Sleeve Lower Ext	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L2405	Knee Joint Drop Lock Ea Jnt	COVERED
L2415	Knee Joint Cam Lock Each Joi	COVERED
L2425	Knee Disc/Dial Lock/Adj Flex	COVERED
L2430	Knee Jnt Ratchet Lock Ea Jnt	COVERED
L2492	Knee Lift Loop Drop Lock Rin	COVERED
L2500	Thi/Glut/Ischia Wgt Bearing	COVERED
L2510	Th/Wght Bear Quad-Lat Brim M	COVERED
L2520	Th/Wght Bear Quad-Lat Brim C	COVERED
L2525	Th/Wght Bear Nar M-L Brim Mo	COVERED
L2526	Th/Wght Bear Nar M-L Brim Cu	COVERED
L2530	Thigh/Wght Bear Lacer Non-Mo	COVERED
L2540	Thigh/Wght Bear Lacer Molded	COVERED
L2550	Thigh/Wght Bear High Roll Cu	COVERED
L2570	Hip Clevis Type 2 Posit Jnt	COVERED
L2580	Pelvic Control Pelvic Sling	COVERED
L2600	Hip Clevis/Thrust Bearing Fr	COVERED
L2610	Hip Clevis/Thrust Bearing Lo	COVERED
L2620	Pelvic Control Hip Heavy Dut	COVERED
L2622	Hip Joint Adjustable Flexion	COVERED
L2624	Hip Adj Flex Ext Abduct Cont	COVERED
L2627	Plastic Mold Recipro Hip & C	COVERED
L2628	Metal Frame Recipro Hip & Ca	COVERED
L2630	Pelvic Control Band & Belt U	COVERED
L2640	Pelvic Control Band & Belt B	COVERED
L2650	Pelv & Thor Control Gluteal	COVERED
L2660	Thoracic Control Thoracic Ba	COVERED
L2670	Thorac Cont Paraspinal Uprig	COVERED
L2680	Thorac Cont Lat Support Upri	COVERED
L2750	Plating Chrome/Nickel Pr Bar	COVERED
L2755	Carbon Graphite Lamination	COVERED
L2760	Extension Per Extension Per	COVERED
L2768	Ortho Sidebar Disconnect	COVERED
L2780	Non-Corrosive Finish	COVERED
L2785	Drop Lock Retainer Each	COVERED
L2795	Knee Control Full Kneecap	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L2800	Knee Cap Medial Or Lateral P	COVERED
L2810	Knee Control Condylar Pad	COVERED
L2820	Soft Interface Below Knee Se	COVERED
L2830	Soft Interface Above Knee Se	COVERED
L2840	Tibial Length Sock Fx Or Equ	COVERED
L2850	Femoral Lgth Sock Fx Or Equa	COVERED
L2861	Torsion Mechanism Knee/Ankle	COVERED
L2999	Lower Extremity Orthosis Nos	COVERED
L3000	Ft Insert Ucb Berkeley Shell	COVERED
L3001	Foot Insert Remov Molded Spe	COVERED
L3002	Foot Insert Plastazote Or Eq	COVERED
L3003	Foot Insert Silicone Gel Eac	COVERED
L3010	Foot Longitudinal Arch Suppo	COVERED
L3020	Foot Longitud/Metatarsal Sup	COVERED
L3030	Foot Arch Support Remov Prem	COVERED
L3031	Foot Lamin/Prepreg Composite	COVERED
L3040	Ft Arch Suprt Premold Longit	COVERED
L3050	Foot Arch Supp Premold Metat	COVERED
L3060	Foot Arch Supp Longitud/Meta	COVERED
L3070	Arch Suprt Att To Sho Longit	COVERED
L3080	Arch Supp Att To Shoe Metata	COVERED
L3090	Arch Supp Att To Shoe Long/M	COVERED
L3100	Hallus-Valgus Nt Dyn Pre Ots	COVERED
L3140	Abduction Rotation Bar Shoe	COVERED
L3150	Abduct Rotation Bar W/O Shoe	COVERED
L3160	Shoe Styled Positioning Dev	COVERED
L3170	Foot Plas Heel Stabi Pre Ots	COVERED
L3202	Oxford W/ Supinat/Pronator C	COVERED
L3203	Oxford W/ Supinator/Pronator	COVERED
L3209	Surgical Boot Each Child	COVERED
L3211	Surgical Boot Each Junior	COVERED
L3212	Benesch Boot Pair Infant	COVERED
L3213	Benesch Boot Pair Child	COVERED
L3214	Benesch Boot Pair Junior	COVERED
L3216	Orthoped Ladies Shoes Dpth I	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L3217	Ladies Shoes Hightop Depth I	COVERED
L3221	Orthopedic Mens Shoes Dpth I	COVERED
L3222	Mens Shoes Hightop Depth Inl	COVERED
L3224	Woman's Shoe Oxford Brace	COVERED
L3225	Man's Shoe Oxford Brace	COVERED
L3230	Custom Shoes Depth Inlay	COVERED
L3250	Custom Mold Shoe Remov Prost	COVERED
L3251	Shoe Molded To Pt Silicone S	COVERED
L3253	Shoe Molded Plastazote Cust	COVERED
L3254	Orth Foot Non-Stndard Size/W	COVERED
L3255	Orth Foot Non-Standard Size/	COVERED
L3257	Orth Foot Add Charge Split S	COVERED
L3260	Ambulatory Surgical Boot Eac	COVERED
L3265	Plastazote Sandal Each	COVERED
L3310	Shoe Lift Elev Heel/Sole Neo	COVERED
L3320	Shoe Lift Elev Heel/Sole Cor	COVERED
L3334	Shoe Lifts Elevation Heel /I	COVERED
L3340	Shoe Wedge Sach	COVERED
L3360	Shoe Sole Wedge Outside Sole	COVERED
L3370	Shoe Sole Wedge Between Sole	COVERED
L3380	Shoe Clubfoot Wedge	COVERED
L3390	Shoe Outflare Wedge	COVERED
L3400	Shoe Metatarsal Bar Wedge Ro	COVERED
L3410	Shoe Metatarsal Bar Between	COVERED
L3420	Full Sole/Heel Wedge Btween	COVERED
L3430	Sho Heel Count Plast Reinfor	COVERED
L3440	Heel Leather Reinforced	COVERED
L3450	Shoe Heel Sach Cushion Type	COVERED
L3455	Shoe Heel New Leather Standa	COVERED
L3460	Shoe Heel New Rubber Standar	COVERED
L3465	Shoe Heel Thomas With Wedge	COVERED
L3470	Shoe Heel Thomas Extend To B	COVERED
L3480	Shoe Heel Pad & Depress For	COVERED
L3500	Ortho Shoe Add Leather Insol	COVERED
L3510	Orthopedic Shoe Add Rub Insl	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L3520	O Shoe Add Felt W Leath Insl	COVERED
L3530	Ortho Shoe Add Half Sole	COVERED
L3540	Ortho Shoe Add Full Sole	COVERED
L3550	O Shoe Add Standard Toe Tap	COVERED
L3560	O Shoe Add Horseshoe Toe Tap	COVERED
L3570	O Shoe Add Instep Extension	COVERED
L3580	O Shoe Add Instep Velcro Clo	COVERED
L3590	O Shoe Convert To Sof Counte	COVERED
L3595	Ortho Shoe Add March Bar	COVERED
L3600	Trans Shoe Calip Plate Exist	COVERED
L3610	Trans Shoe Caliper Plate New	COVERED
L3620	Trans Shoe Solid Stirrup Exi	COVERED
L3630	Trans Shoe Solid Stirrup New	COVERED
L3640	Shoe Dennis Browne Splint Bo	COVERED
L3649	Orthopedic Shoe Modifica Nos	COVERED
L3650	So 8 Abd Restraint Pre Ots	COVERED
L3670	So Acro/Clav Can Web Pre Ots	COVERED
L3671	So Cap Design W/O Jnts Cf	COVERED
L3674	So Airplane W/Wo Joint Cf	COVERED
L3675	So Vest Canvas/Web Pre Ots	COVERED
L3677	So Hard Plas Stabili Pre Cst	COVERED
L3678	So Hard Plas Stabili Pre Ots	COVERED
L3702	Eo W/O Joints Cf	COVERED
L3710	Eo Elas W/Metal Jnts Pre Ots	COVERED
L3720	Forearm/Arm Cuffs Free Motio	COVERED
L3730	Forearm/Arm Cuffs Ext/Flex A	COVERED
L3740	Cuffs Adj Lock W/ Active Con	COVERED
L3760	Eo Withjoint, Prefabricated	COVERED
L3761	Eo, Adj Lock Joint Prefab Ot	COVERED
L3762	Eo Rigid W/O Joints Pre Ots	COVERED
L3763	Ewho Rigid W/O Jnts Cf	COVERED
L3764	Ewho W/Joint(S) Cf	COVERED
L3765	Ewhfo Rigid W/O Jnts Cf	COVERED
L3766	Ewhfo W/Joint(S) Cf	COVERED
L3806	Whfo W/Joint(S) Custom Fab	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L3807	Whfo W/O Joints Pre Cst	COVERED
L3809	Whfo W/O Joints Pre Ots	COVERED
L3891	Torsion Mechanism Wrist/Elbo	COVERED
L3900	Hinge Extension/Flex Wrist/F	COVERED
L3901	Hinge Ext/Flex Wrist Finger	COVERED
L3904	Whfo Electric Custom Fitted	COVERED
L3905	Who W/Nontorsion Jnt(S) Cf	COVERED
L3906	Who W/O Joints Cf	COVERED
L3912	Hfo Flexion Glove Pre Ots	COVERED
L3913	Hfo W/O Joints Cf	COVERED
L3915	Who Nontorsion Jnts Pre Cst	COVERED
L3916	Who Nontorsion Jnts Pre Ots	COVERED
L3917	Metacarp Fx Orthosis Pre Cst	COVERED
L3918	Metacarp Fx Orthosis Pre Ots	COVERED
L3919	Ho W/O Joints Cf	COVERED
L3921	Hfo W/Joint(S) Cf	COVERED
L3923	Hfo Without Joints Pre Cst	COVERED
L3924	Hfo Without Joints Pre Ots	COVERED
L3925	Fo Pip Dip Jnt/Sprng Pre Ots	COVERED
L3927	Fo Pip Dip No Jt Spr Pre Ots	COVERED
L3929	Hfo Nontorsion Jnts Pre Cst	COVERED
L3930	Hfo Nontorsion Jnts Pre Ots	COVERED
L3931	Whfo Nontorsion Joint Prefab	COVERED
L3933	Fo W/O Joints Cf	COVERED
L3935	Fo Nontorsion Joint Cf	COVERED
L3956	Add Joint Upper Ext Orthosis	COVERED
L3960	Sewho Airplan Desig Abdu Pos	COVERED
L3961	Sewho Cap Design W/O Jnts Cf	COVERED
L3962	Sewho Erbs Palsey Design Abd	COVERED
L3967	Sewho Airplane W/O Jnts Cf	COVERED
L3971	Sewho Cap Design W/Jnt(S) Cf	COVERED
L3973	Sewho Airplane W/Jnt(S) Cf	COVERED
L3975	Sewhfo Cap Design W/O Jnt Cf	COVERED
L3976	Sewhfo Airplane W/O Jnts Cf	COVERED
L3977	Sewhfo Cap Desgn W/Jnt(S) Cf	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L3978	Sewhfo Airplane W/Jnt(S) Cf	COVERED
L3980	Up Ext Fx Orthos Humeral Nos	COVERED
L3981	Ue Fx Orth Shoul Cap Forearm	COVERED
L3982	Upper Ext Fx Orthosis Rad/UI	COVERED
L3984	Upper Ext Fx Orthosis Wrist	COVERED
L3995	Sock Fracture Or Equal Each	COVERED
L3999	Upper Limb Orthosis Nos	COVERED
L4000	Repl Girdle Milwaukee Orth	COVERED
L4002	Replace Strap, Any Orthosis	COVERED
L4010	Replace Trilateral Socket Br	COVERED
L4020	Replace Quadlat Socket Brim	COVERED
L4030	Replace Socket Brim Cust Fit	COVERED
L4040	Replace Molded Thigh Lacer	COVERED
L4045	Replace Non-Molded Thigh Lac	COVERED
L4050	Replace Molded Calf Lacer	COVERED
L4055	Replace Non-Molded Calf Lace	COVERED
L4060	Replace High Roll Cuff	COVERED
L4070	Replace Prox & Dist Upright	COVERED
L4080	Repl Met Band Kafo-Afo Prox	COVERED
L4090	Repl Met Band Kafo-Afo Calf/	COVERED
L4100	Repl Leath Cuff Kafo Prox Th	COVERED
L4110	Repl Leath Cuff Kafo-Afo Cal	COVERED
L4130	Replace Pretibial Shell	COVERED
L4205	Ortho Dvc Repair Per 15 Min	COVERED
L4210	Orth Dev Repair/Repl Minor P	COVERED
L4350	Ankle Control Ortho Pre Ots	COVERED
L4360	Pneumat Walking Boot Pre Cst	COVERED
L4361	Pneuma/Vac Walk Boot Pre Ots	COVERED
L4370	Pneum Full Leg Splnt Pre Ots	COVERED
L4386	Non-Pneum Walk Boot Pre Cst	COVERED
L4387	Non-Pneum Walk Boot Pre Ots	COVERED
L4392	Replace Afo Soft Interface	COVERED
L4394	Replace Foot Drop Spint	COVERED
L4396	Static Or Dynami Afo Pre Cst	COVERED
L4397	Static Or Dynami Afo Pre Ots	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L4398	Foot Drop Splint Pre Ots	COVERED
L4631	Afo, Walk Boot Type, Cus Fab	COVERED
L5000	Sho Insert W Arch Toe Filler	COVERED
L5010	Mold Socket Ank Hgt W/ Toe F	COVERED
L5020	Tibial Tubercle Hgt W/ Toe F	COVERED
L5050	Ank Symes Mold Sckt Sach Ft	COVERED
L5060	Symes Met Fr Leath Socket Ar	COVERED
L5100	Molded Socket Shin Sach Foot	COVERED
L5105	Plast Socket Jts/Thgh Lacer	COVERED
L5150	Mold Sckt Ext Knee Shin Sach	COVERED
L5160	Mold Socket Bent Knee Shin S	COVERED
L5200	Kne Sing Axis Fric Shin Sach	COVERED
L5210	No Knee/Ankle Joints W/ Ft B	COVERED
L5220	No Knee Joint With Artic Ali	COVERED
L5230	Fem Focal Defic Constant Fri	COVERED
L5250	Hip Canad Sing Axi Cons Fric	COVERED
L5270	Tilt Table Locking Hip Sing	COVERED
L5280	Hemipelvect Canad Sing Axis	COVERED
L5301	Bk Mold Socket Sach Ft Endo	COVERED
L5312	Knee Disart, Sach Ft, Endo	COVERED
L5321	Ak Open End Sach	COVERED
L5331	Hip Disart Canadian Sach Ft	COVERED
L5341	Hemipelvectomy Canadian Sach	COVERED
L5500	Init Bk Ptb Plaster Direct	COVERED
L5505	Init Ak Ischal Plstr Direct	COVERED
L5510	Prep Bk Ptb Plaster Molded	COVERED
L5520	Perp Bk Ptb Thermopls Direct	COVERED
L5530	Prep Bk Ptb Thermopls Molded	COVERED
L5535	Prep Bk Ptb Open End Socket	COVERED
L5540	Prep Bk Ptb Laminated Socket	COVERED
L5560	Prep Ak Ischial Plast Molded	COVERED
L5570	Prep Ak Ischial Direct Form	COVERED
L5580	Prep Ak Ischial Thermo Mold	COVERED
L5585	Prep Ak Ischial Open End	COVERED
L5590	Prep Ak Ischial Laminated	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L5595	Hip Disartic Sac Thermopls	COVERED
L5600	Hip Disartic Sac Laminat Mold	COVERED
L5610	Above Knee Hydracadence	COVERED
L5611	Ak 4 Bar Link W/Fric Swing	COVERED
L5613	Ak 4 Bar Link W/Hydraulic Swig	COVERED
L5614	4-Bar Link Above Knee W/Swing	COVERED
L5617	Ak/Bk Self-Aligning Unit Ea	COVERED
L5618	Test Socket Symes	COVERED
L5620	Test Socket Below Knee	COVERED
L5622	Test Socket Knee Disarticula	COVERED
L5624	Test Socket Above Knee	COVERED
L5626	Test Socket Hip Disarticulat	COVERED
L5628	Test Socket Hemipelvectomy	COVERED
L5629	Below Knee Acrylic Socket	COVERED
L5630	Syme Typ Expandabl Wall Sckt	COVERED
L5631	Ak/Knee Disartic Acrylic Soc	COVERED
L5632	Symes Type Ptbrim Design S	COVERED
L5634	Symes Type Poster Opening So	COVERED
L5636	Symes Type Medial Opening So	COVERED
L5637	Below Knee Total Contact	COVERED
L5638	Below Knee Leather Socket	COVERED
L5639	Below Knee Wood Socket	COVERED
L5640	Knee Disarticulat Leather So	COVERED
L5642	Above Knee Leather Socket	COVERED
L5643	Hip Flex Inner Socket Ext Fr	COVERED
L5644	Above Knee Wood Socket	COVERED
L5645	Bk Flex Inner Socket Ext Fra	COVERED
L5646	Below Knee Cushion Socket	COVERED
L5647	Below Knee Suction Socket	COVERED
L5648	Above Knee Cushion Socket	COVERED
L5649	Isch Containmt/Narrow M-L So	COVERED
L5650	Tot Contact Ak/Knee Disartic S	COVERED
L5651	Ak Flex Inner Socket Ext Fra	COVERED
L5652	Suction Susp Ak/Knee Disartic	COVERED
L5653	Knee Disartic Expand Wall Sock	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L5654	Socket Insert Symes	COVERED
L5655	Socket Insert Below Knee	COVERED
L5656	Socket Insert Knee Articulat	COVERED
L5658	Socket Insert Above Knee	COVERED
L5661	Multi-Durometer Symes	COVERED
L5665	Multi-Durometer Below Knee	COVERED
L5666	Below Knee Cuff Suspension	COVERED
L5668	Bk Molded Distal Cushion	COVERED
L5670	Bk Molded Supracondylar Susp	COVERED
L5671	Bk/Ak Locking Mechanism	COVERED
L5672	Bk Removable Medial Brim Sus	COVERED
L5673	Socket Insert W Lock Mech	COVERED
L5676	Bk Knee Joints Single Axis P	COVERED
L5677	Bk Knee Joints Polycentric P	COVERED
L5678	Bk Joint Covers Pair	COVERED
L5679	Socket Insert W/O Lock Mech	COVERED
L5680	Bk Thigh Lacer Non-Molded	COVERED
L5681	Intl Custm Cong/Latyp Insert	COVERED
L5682	Bk Thigh Lacer Glut/Ischia M	COVERED
L5683	Initial Custom Socket Insert	COVERED
L5684	Bk Fork Strap	COVERED
L5685	Below Knee Sus/Seal Sleeve	COVERED
L5686	Bk Back Check	COVERED
L5688	Bk Waist Belt Webbing	COVERED
L5690	Bk Waist Belt Padded And Lin	COVERED
L5692	Ak Pelvic Control Belt Light	COVERED
L5694	Ak Pelvic Control Belt Pad/L	COVERED
L5695	Ak Sleeve Susp Neoprene/Equa	COVERED
L5696	Ak/Knee Disartic Pelvic Join	COVERED
L5697	Ak/Knee Disartic Pelvic Band	COVERED
L5698	Ak/Knee Disartic Silesian Ba	COVERED
L5699	Shoulder Harness	COVERED
L5700	Replace Socket Below Knee	COVERED
L5701	Replace Socket Above Knee	COVERED
L5702	Replace Socket Hip	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L5703	Symes Ankle W/O (Sach) Foot	COVERED
L5704	Custom Shape Cover Bk	COVERED
L5705	Custom Shape Cover Ak	COVERED
L5706	Custom Shape Cvr Knee Disart	COVERED
L5707	Custom Shape Cvr Hip Disart	COVERED
L5710	Knee-Shin Exo Sng Axi Mnl Loc	COVERED
L5711	Knee-Shin Exo Mnl Lock Ultra	COVERED
L5712	Knee-Shin Exo Frict Swg & St	COVERED
L5714	Knee-Shin Exo Variable Frict	COVERED
L5716	Knee-Shin Exo Mech Stance Ph	COVERED
L5718	Knee-Shin Exo Frct Swg & Sta	COVERED
L5724	Knee-Shin Exo Fluid Swing Ph	COVERED
L5726	Knee-Shin Ext Jnts Fld Swg E	COVERED
L5728	Knee-Shin Fluid Swg & Stance	COVERED
L5780	Knee-Shin Pneum/Hydra Pneum	COVERED
L5781	Lower Limb Pros Vacuum Pump	COVERED
L5782	Hd Low Limb Pros Vacuum Pump	COVERED
L5785	Exoskeletal Bk Ultra Mater	COVERED
L5790	Exoskeletal Ak Ultra-Light M	COVERED
L5795	Exoskel Hip Ultra-Light Mate	COVERED
L5810	Endoskel Knee-Shin Mnl Lock	COVERED
L5811	Endo Knee-Shin Mnl Lck Ultra	COVERED
L5812	Endo Knee-Shin Frct Swg & St	COVERED
L5814	Endo Knee-Shin Hydral Swg Ph	COVERED
L5816	Endo Knee-Shin Polyc Mch Sta	COVERED
L5818	Endo Knee-Shin Frct Swg & St	COVERED
L5822	Endo Knee-Shin Pneum Swg Frc	COVERED
L5824	Endo Knee-Shin Fluid Swing P	COVERED
L5826	Miniature Knee Joint	COVERED
L5828	Endo Knee-Shin Fluid Swg/Sta	COVERED
L5830	Endo Knee-Shin Pneum/Swg Pha	COVERED
L5840	Multi-Axial Knee/Shin System	COVERED
L5845	Knee-Shin Sys Stance Flexion	COVERED
L5848	Knee-Shin Sys Hydraul Stance	COVERED
L5850	Endo Ak/Hip Knee Extens Assi	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L5855	Mech Hip Extension Assist	COVERED
L5856	Elec Knee-Shin Swing/Stance	COVERED
L5857	Elec Knee-Shin Swing Only	COVERED
L5858	Stance Phase Only	COVERED
L5859	Knee-Shin Pro Flex/Ext Cont	COVERED
L5910	Endo Below Knee Alignable Sy	COVERED
L5920	Endo Ak/Hip Alignable System	COVERED
L5925	Above Knee Manual Lock	COVERED
L5930	High Activity Knee Frame	COVERED
L5940	Endo Bk Ultra-Light Material	COVERED
L5950	Endo Ak Ultra-Light Material	COVERED
L5960	Endo Hip Ultra-Light Materia	COVERED
L5961	Endo Poly Hip, Pneu/Hyd/Rot	COVERED
L5962	Below Knee Flex Cover System	COVERED
L5964	Above Knee Flex Cover System	COVERED
L5966	Hip Flexible Cover System	COVERED
L5968	Multiaxial Ankle W Dorsiflex	COVERED
L5969	Ak/Ft Power Asst Incl Motors	COVERED
L5970	Foot External Keel Sach Foot	COVERED
L5971	Sach Foot, Replacement	COVERED
L5972	Flexible Keel Foot	COVERED
L5973	Ank-Foot Sys Dors-Plant Flex	COVERED
L5974	Foot Single Axis Ankle/Foot	COVERED
L5975	Combo Ankle/Foot Prosthesis	COVERED
L5976	Energy Storing Foot	COVERED
L5978	Ft Prosth Multiaxial Ankl/Ft	COVERED
L5979	Multi-Axial Ankle/Ft Prosth	COVERED
L5980	Flex Foot System	COVERED
L5981	Flex-Walk Sys Low Ext Prosth	COVERED
L5982	Exoskeletal Axial Rotation U	COVERED
L5984	Endoskeletal Axial Rotation	COVERED
L5985	Lwr Ext Dynamic Prosth Pylon	COVERED
L5986	Multi-Axial Rotation Unit	COVERED
L5987	Shank Ft W Vert Load Pylon	COVERED
L5988	Vertical Shock Reducing Pylo	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L5990	User Adjustable Heel Height	COVERED
L5999	Lowr Extremity Prosthesis Nos	COVERED
L6000	Part Hand Thumb Rem	COVERED
L6010	Part Hand Little/Ring	COVERED
L6020	Part Hand No Fingers	COVERED
L6026	Part Hand Myo Exclu Term Dev	COVERED
L6050	Wrst Mld Sck Flx Hng Tri Pad	COVERED
L6055	Wrst Mold Sock W/Exp Interfa	COVERED
L6100	Elb Mold Sock Flex Hinge Pad	COVERED
L6110	Elbow Mold Sock Suspension T	COVERED
L6120	Elbow Mold Doub Splt Soc Ste	COVERED
L6130	Elbow Stump Activated Lock H	COVERED
L6200	Elbow Mold Outsid Lock Hinge	COVERED
L6205	Elbow Molded W/ Expand Inter	COVERED
L6250	Elbow Inter Loc Elbow Forarm	COVERED
L6300	Shlder Disart Int Lock Elbow	COVERED
L6310	Shoulder Passive Restor Comp	COVERED
L6320	Shoulder Passive Restor Cap	COVERED
L6350	Thoracic Intern Lock Elbow	COVERED
L6360	Thoracic Passive Restor Comp	COVERED
L6370	Thoracic Passive Restor Cap	COVERED
L6380	Postop Dsg Cast Chg Wrst/Elb	COVERED
L6382	Postop Dsg Cast Chg Elb Dis/	COVERED
L6384	Postop Dsg Cast Chg Shlder/T	COVERED
L6386	Postop Ea Cast Chg & Realign	COVERED
L6388	Postop Applicat Rigid Dsg On	COVERED
L6400	Below Elbow Prosth Tiss Shap	COVERED
L6450	Elb Disart Prosth Tiss Shap	COVERED
L6500	Above Elbow Prosth Tiss Shap	COVERED
L6550	Shldr Disar Prosth Tiss Shap	COVERED
L6570	Scap Thorac Prosth Tiss Shap	COVERED
L6580	Wrist/Elbow Bowden Cable Mol	COVERED
L6582	Wrist/Elbow Bowden Cbl Dir F	COVERED
L6584	Elbow Fair Lead Cable Molded	COVERED
L6586	Elbow Fair Lead Cable Dir Fo	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L6588	Shdr Fair Lead Cable Molded	COVERED
L6590	Shdr Fair Lead Cable Direct	COVERED
L6600	Polycentric Hinge Pair	COVERED
L6605	Single Pivot Hinge Pair	COVERED
L6610	Flexible Metal Hinge Pair	COVERED
L6611	Additional Switch, Ext Power	COVERED
L6615	Disconnect Locking Wrist Uni	COVERED
L6616	Disconnect Insert Locking Wr	COVERED
L6620	Flexion/Extension Wrist Unit	COVERED
L6621	Flex/Ext Wrist W/Wo Friction	COVERED
L6623	Spring-Ass Rot Wrst W/ Latch	COVERED
L6624	Flex/Ext/Rotation Wrist Unit	COVERED
L6625	Rotation Wrst W/ Cable Lock	COVERED
L6628	Quick Disconn Hook Adapter O	COVERED
L6629	Lamination Collar W/ Couplin	COVERED
L6630	Stainless Steel Any Wrist	COVERED
L6632	Latex Suspension Sleeve Each	COVERED
L6635	Lift Assist For Elbow	COVERED
L6637	Nudge Control Elbow Lock	COVERED
L6638	Elec Lock On Manual Pw Elbow	COVERED
L6640	Shoulder Abduction Joint Pai	COVERED
L6641	Excursion Amplifier Pulley T	COVERED
L6642	Excursion Amplifier Lever Ty	COVERED
L6645	Shoulder Flexion-Abduction J	COVERED
L6646	Multipo Locking Shoulder Jnt	COVERED
L6647	Shoulder Lock Actuator	COVERED
L6648	Ext Pwr Shlder Lock/Unlock	COVERED
L6650	Shoulder Universal Joint	COVERED
L6655	Standard Control Cable Extra	COVERED
L6660	Heavy Duty Control Cable	COVERED
L6665	Teflon Or Equal Cable Lining	COVERED
L6670	Hook To Hand Cable Adapter	COVERED
L6672	Harness Chest/Shlder Saddle	COVERED
L6675	Harness Figure Of 8 Sing Con	COVERED
L6676	Harness Figure Of 8 Dual Con	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L6677	Ue Triple Control Harness	COVERED
L6680	Test Sock Wrist Disart/Bel E	COVERED
L6682	Test Sock Elbw Disart/Above	COVERED
L6684	Test Socket Shldr Disart/Tho	COVERED
L6686	Suction Socket	COVERED
L6687	Frame Typ Socket Bel Elbow/W	COVERED
L6688	Frame Typ Sock Above Elb/Dis	COVERED
L6689	Frame Typ Socket Shoulder Di	COVERED
L6690	Frame Typ Sock Interscap-Tho	COVERED
L6691	Removable Insert Each	COVERED
L6692	Silicone Gel Insert Or Equal	COVERED
L6693	Lockingelbow Forearm Cntrbal	COVERED
L6694	Elbow Socket Ins Use W/Lock	COVERED
L6695	Elbow Socket Ins Use W/O Lck	COVERED
L6696	Cus Elbo Skt In For Con/Atyp	COVERED
L6697	Cus Elbo Skt In Not Con/Atyp	COVERED
L6698	Below/Above Elbow Lock Mech	COVERED
L6703	Term Dev, Passive Hand Mitt	COVERED
L6704	Term Dev, Sport/Rec/Work Att	COVERED
L6706	Term Dev Mech Hook Vol Open	COVERED
L6707	Term Dev Mech Hook Vol Close	COVERED
L6708	Term Dev Mech Hand Vol Open	COVERED
L6709	Term Dev Mech Hand Vol Close	COVERED
L6711	Ped Term Dev, Hook, Vol Open	COVERED
L6712	Ped Term Dev, Hook, Vol Clos	COVERED
L6713	Ped Term Dev, Hand, Vol Open	COVERED
L6714	Ped Term Dev, Hand, Vol Clos	COVERED
L6715	Term Device, Multi Art Digit	COVERED
L6721	Hook/Hand, Hvy Dty, Vol Open	COVERED
L6722	Hook/Hand, Hvy Dty, Vol Clos	COVERED
L6805	Term Dev Modifier Wrist Unit	COVERED
L6810	Term Dev Precision Pinch Dev	COVERED
L6880	Elec Hand Ind Art Digits	COVERED
L6882	Microprocessor Control Uplmb	COVERED
L6883	Replc Sockt Below E/W Disa	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L6884	Replc Sockt Above Elbow Disa	COVERED
L6885	Replc Sockt Shldr Dis/Interc	COVERED
L6890	Prefab Glove For Term Device	COVERED
L6895	Custom Glove For Term Device	COVERED
L6900	Hand Restorat Thumb/1 Finger	COVERED
L6905	Hand Restoration Multiple Fi	COVERED
L6910	Hand Restoration No Fingers	COVERED
L6915	Hand Restoration Replacmnt G	COVERED
L6920	Wrist Disarticul Switch Ctrl	COVERED
L6925	Wrist Disart Myoelectronic C	COVERED
L6930	Below Elbow Switch Control	COVERED
L6935	Below Elbow Myoelectronic Ct	COVERED
L6940	Elbow Disarticulation Switch	COVERED
L6945	Elbow Disart Myoelectronic C	COVERED
L6950	Above Elbow Switch Control	COVERED
L6955	Above Elbow Myoelectronic Ct	COVERED
L6960	Shldr Disartic Switch Contro	COVERED
L6965	Shldr Disartic Myoelectronic	COVERED
L6970	Interscapular-Thor Switch Ct	COVERED
L6975	Interscap-Thor Myoelectronic	COVERED
L7007	Adult Electric Hand	COVERED
L7008	Pediatric Electric Hand	COVERED
L7009	Adult Electric Hook	COVERED
L7040	Prehensile Actuator	COVERED
L7045	Pediatric Electric Hook	COVERED
L7170	Electronic Elbow Hosmer Swit	COVERED
L7180	Electronic Elbow Sequential	COVERED
L7181	Electronic Elbo Simultaneous	COVERED
L7185	Electron Elbow Adolescent Sw	COVERED
L7186	Electron Elbow Child Switch	COVERED
L7190	Elbow Adolescent Myoelectron	COVERED
L7191	Elbow Child Myoelectronic Ct	COVERED
L7259	Electronic Wrist Rotator Any Type	COVERED
L7360	Six Volt Bat Otto Bock/Eq Ea	COVERED
L7362	Battery Chrgr Six Volt Otto	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L7364	Twelve Volt Battery Utah/Equ	COVERED
L7366	Battery Chrgr 12 Volt Utah/E	COVERED
L7367	Replacemnt Lithium Ionbatter	COVERED
L7368	Lithium Ion Battery Charger	COVERED
L7400	Add Ue Prost Be/Wd, Ultlite	COVERED
L7401	Add Ue Prost A/E Ultlite Mat	COVERED
L7402	Add Ue Prost S/D Ultlite Mat	COVERED
L7403	Add Ue Prost B/E Acrylic	COVERED
L7404	Add Ue Prost A/E Acrylic	COVERED
L7405	Add Ue Prost S/D Acrylic	COVERED
L7499	Upper Extremity Prothes Nos	COVERED
L7510	Prosthetic Device Repair Rep	COVERED
L7520	Repair Prosthesis Per 15 Min	COVERED
L7600	Prosthetic Donning Sleeve	COVERED
L7700	Pros Soc Insert Gasket/Seal	COVERED
L7900	Male Vacuum Erection System	COVERED
L7902	Tension Ring, Vac Erect Dev	COVERED
L8031	Breast Prosthesis W Adhesive	COVERED
L8032	Reusable Nipple Prosthesis	COVERED
L8033	Nipple Prosthesis, Custom Fabricated, Reusable, Any Material	COVERED
L8035	Custom Breast Prosthesis	COVERED
L8039	Breast Prosthesis Nos	COVERED
L8040	Nasal Prosthesis	COVERED
L8041	Midfacial Prosthesis	COVERED
L8042	Orbital Prosthesis	COVERED
L8043	Upper Facial Prosthesis	COVERED
L8044	Hemi-Facial Prosthesis	COVERED
L8045	Auricular Prosthesis	COVERED
L8046	Partial Facial Prosthesis	COVERED
L8047	Nasal Septal Prosthesis	COVERED
L8048	Unspec Maxillofacial Prosth	COVERED
L8049	Repair Maxillofacial Prosth	COVERED
L8300	Truss Single W/ Standard Pad	COVERED
L8310	Truss Double W/ Standard Pad	COVERED
L8320	Truss Addition To Std Pad Wa	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L8330	Truss Add To Std Pad Scrotal	COVERED
L8400	Sheath Below Knee	COVERED
L8410	Sheath Above Knee	COVERED
L8415	Sheath Upper Limb	COVERED
L8417	Pros Sheath/Sock W Gel Cushn	COVERED
L8420	Prosthetic Sock Multi Ply Bk	COVERED
L8430	Prosthetic Sock Multi Ply Ak	COVERED
L8435	Pros Sock Multi Ply Upper Lm	COVERED
L8440	Shrinker Below Knee	COVERED
L8460	Shrinker Above Knee	COVERED
L8465	Shrinker Upper Limb	COVERED
L8470	Pros Sock Single Ply Bk	COVERED
L8480	Pros Sock Single Ply Ak	COVERED
L8485	Pros Sock Single Ply Upper L	COVERED
L8499	Unlisted Misc Prosthetic Ser	COVERED
L8500	Artificial Larynx	COVERED
L8501	Tracheostomy Speaking Valve	COVERED
L8505	Artificial Larynx, Accessory	COVERED
L8507	Trach-Esoph Voice Pros Pt In	COVERED
L8509	Trach-Esoph Voice Pros Md In	COVERED
L8510	Voice Amplifier	COVERED
L8511	Indwelling Trach Insert	COVERED
L8512	Gel Cap For Trach Voice Pros	COVERED
L8513	Trach Pros Cleaning Device	COVERED
L8514	Repl Trach Puncture Dilator	COVERED
L8515	Gel Cap App Device For Trach	COVERED
L8600	Implant Breast Silicone/Eq	COVERED
L8603	Collagen Imp Urinary 2.5 MI	COVERED
L8604	Dextranomer/Hyaluronic Acid	COVERED
L8605	Inj Bulking Agent Anal Canal	COVERED
L8606	Synthetic Implnt Urinary 1MI	COVERED
L8607	Inj Vocal Cord Bulking Agent	COVERED
L8608	Miscellaneous External Component, Supply Or Accessory For Us	COVERED
L8609	Artificial Cornea	COVERED
L8610	Ocular Implant	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L8612	Aqueous Shunt Prosthesis	COVERED
L8613	Ossicular Implant	COVERED
L8614	Cochlear Device	COVERED
L8615	Coch Implant Headset Replace	COVERED
L8616	Coch Implant Microphone Repl	COVERED
L8617	Coch Implant Trans Coil Repl	COVERED
L8618	Coch Implant Tran Cable Repl	COVERED
L8619	Coch Imp Ext Proc/Contr Rplc	COVERED
L8621	Repl Zinc Air Battery	COVERED
L8622	Repl Alkaline Battery	COVERED
L8623	Lith Ion Batt Cid,Non-Earlvl	COVERED
L8624	Lith Ion Batt Cid, Ear Level	COVERED
L8625	Charger Coch Impl/Aoi Battry	COVERED
L8627	Cid Ext Speech Process Repl	COVERED
L8628	Cid Ext Controller Repl	COVERED
L8629	Cid Transmit Coil And Cable	COVERED
L8630	Metacarpophalangeal Implant	COVERED
L8631	Mcp Joint Repl 2 Pc Or More	COVERED
L8641	Metatarsal Joint Implant	COVERED
L8642	Hallux Implant	COVERED
L8658	Interphalangeal Joint Spacer	COVERED
L8659	Interphalangeal Joint Repl	COVERED
L8670	Vascular Graft, Synthetic	COVERED
L8679	Imp Neurosti Pls Gn Any Type	COVERED
L8680	Implt Neurostim Elctr Each	COVERED
L8681	Pt Prgm For Implt Neurostim	COVERED
L8682	Implt Neurostim Radiofq Rec	COVERED
L8683	Radiofq Trsmtr For Implt Neu	COVERED
L8684	Radiof Trsmtr Implt Scrl Neu	COVERED
L8685	Implt Nrostm Pls Gen Sng Rec	COVERED
L8686	Implt Nrostm Pls Gen Sng Non	COVERED
L8687	Implt Nrostm Pls Gen Dua Rec	COVERED
L8688	Implt Nrostm Pls Gen Dua Non	COVERED
L8689	External Recharg Sys Intern	COVERED
L8690	Aud Osseo Dev, Int/Ext Comp	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
L8691	Osseointegrated Snd Proc Rpl	COVERED
L8692	Non-Osseointegrated Snd Proc	NON-COVERED
L8693	Aud Osseo Dev, Abutment	COVERED
L8694	Aoi Transducer/Actuator Repl	NON-COVERED
L8695	External Recharg Sys Extern	COVERED
L8696	Ext Antenna Phren Nerve Stim	COVERED
L8699	Prosthetic Implant Nos	COVERED
L9900	O&P Supply/Accessory/Service	COVERED
M1027	Imaging Of The Head (Ct Or Mri) Was Obtained	NON-COVERED
M1029	Imaging Of The Head (Ct Or Mri) Was Not Obtained, Reason Not	NON-COVERED
M1030	Patients With Clinical Indications For Imaging Of The Head	NON-COVERED
M1031	Patients With No Clinical Indications For Imaging Of The Hea	NON-COVERED
P3000	Screen Pap By Tech W Md Supv	NON-COVERED
P3001	Screening Pap Smear By Phys	NON-COVERED
P9012	Cryoprecipitate Each Unit	COVERED
P9045	Albumin (Human), 5%, 250 MI	COVERED
P9046	Albumin (Human), 25%, 20 MI	COVERED
P9047	Albumin (Human), 25%, 50MI	COVERED
P9070	Pathogen Reduced Plasma Pool	NON-COVERED
P9071	Pathogen Reduced Plasma Sing	NON-COVERED
P9073	Platelets, Pathogen Reduced	COVERED
P9100	Pathogen Test For Platelets	COVERED
P9604	One-Way Allow Prorated Trip	NON-COVERED
P9612	Catheterize For Urine Spec	NON-COVERED
Q0091	Obtaining Screen Pap Smear	NON-COVERED
Q0138	Ferumoxytol, Non-Esrd	COVERED
Q0139	Ferumoxytol, Esrd Use	COVERED
Q0162	Ondansetron Oral	NON-COVERED
Q0163	Diphenhydramine Hcl 50Mg	NON-COVERED
Q0477	Pwr Module Pt Cable Lvad Rpl	COVERED
Q0511	Sup Fee Antiem,Antica,Immuno	NON-COVERED
Q0513	Disp Fee Inhal Drugs/30 Days	NON-COVERED
Q2037	Fluvirin Vacc, 3 Yrs & >, Im	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Q2038	Fluzone Vacc, 3 Yrs & >, Im	NON-COVERED
Q2042	Hydroxyprogesterone Caproate Injection, 1 Mg	COVERED
Q2049	Imported Lipodox Inj	COVERED
Q2050	Doxorubicin Inj 10Mg	COVERED
Q3001	Brachytherapy Radioelements	COVERED
Q4008	Cast Sup Long Arm Ped Fbrgls	NON-COVERED
Q4024	Cast Sup Sht Arm Splnt Ped F	NON-COVERED
Q4038	Cast Sup Shrt Leg Fiberglass	NON-COVERED
Q4051	Splint Supplies Misc	NON-COVERED
Q4101	Apligraf	COVERED
Q4102	Oasis Wound Matrix	COVERED
Q4105	Integra Drt	COVERED
Q4106	Dermagraft	COVERED
Q4107	Graftjacket	COVERED
Q4116	Alloderm	COVERED
Q4124	Oasis Tri-Layer Wound Matrix	COVERED
Q4131	Epifix	COVERED
Q4132	Grafix Core	COVERED
Q4133	Grafix Prime	COVERED
Q4150	Allowrap Ds Or Dry Per Sq Cm	NON-COVERED
Q4152	Dermapure Per Square Cm	NON-COVERED
Q4153	Dermavest Per Square Cm	NON-COVERED
Q4154	Biovance Per Square Cm	COVERED
Q4155	Neoxflo Or Clarixflo 1 Mg	NON-COVERED
Q4156	Neox 100 Per Square Cm	NON-COVERED
Q4157	Revitalon Per Square Cm	NON-COVERED
Q4158	Marigen Per Square Cm	NON-COVERED
Q4159	Affinity1 Per Square Cm	COVERED
Q4160	Nushield Per Square Cm	COVERED
Q4161	Bio-Connekt Wound Matrix, Per Sq Cm	NON-COVERED
Q4162	Amniopro Flow, Bioskin Flow, .5 Cc	NON-COVERED
Q4163	Amniopro, Bioskin, Bior Rnew, 200 Per Sq Cm	NON-COVERED
Q4164	Helicoll, Per Sq Cm	NON-COVERED
Q4165	Keramatrix, Per Sq Cm	NON-COVERED
Q4166	Cytal, Per Square Centimeter	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Q4167	Truskin, Per Sq Centimeter	COVERED
Q4168	Amnioband, 1 Mg	COVERED
Q4169	Artacent Wound, Per Sq Cm	COVERED
Q4170	Cygnus, Per Sq Cm	COVERED
Q4171	Interfyl, 1 Mg	COVERED
Q4172	Puraply Or Puraply Am, Per Sq Cm	COVERED
Q4173	Palingen Or Palingen Xplus	COVERED
Q4174	Palingen Or Promatrx	COVERED
Q4175	Miroderm	COVERED
Q4176	Neopatch, Per Sq Centimeter	COVERED
Q4177	Floweramnioflo, 0.1 Cc	COVERED
Q4178	Floweramniopatch, Per Sq Cm	COVERED
Q4179	Flowerderm, Per Sq Cm	COVERED
Q4180	Revita, Per Sq Cm	COVERED
Q4181	Amnio Wound, Per Square Cm	COVERED
Q4182	Transcyte, Per Sq Centimeter	COVERED
Q4183	Surgigraft, Per Sq Cm	COVERED
Q4184	Cellesta Or Cellesta Duo, Per Sq Cm	COVERED
Q4185	Cellesta Flowable Amnion (25 Mg Per Cc); Per 0.5 Cc	COVERED
Q4186	Epifix, Per Sq Cm	COVERED
Q4187	Epicord, Per Sq Cm	COVERED
Q4188	Amnioarmor, Per Sq Cm	COVERED
Q4189	Artacent Ac, 1 Mg	COVERED
Q4190	Artacent Ac, Per Sq Cm	COVERED
Q4191	Restorigin, Per Sq Cm	COVERED
Q4192	Restorigin, 1 Cc	COVERED
Q4193	Coll-E-Derm, Per Sq Cm	COVERED
Q4194	Novachor, Per Sq Cm	COVERED
Q4195	Puraply, Per Sq Cm	COVERED
Q4196	Puraply Am, Per Sq Cm	COVERED
Q4197	Puraply Xt, Per Sq Cm	COVERED
Q4198	Genesis Amniotic Membrane, Per Sq Cm	COVERED
Q4200	Skinte, Per Sq Cm	COVERED
Q4201	Matrion, Per Sq Cm	COVERED
Q4202	Keroxx (2.5 G/Cc), 1 Cc	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Q4203	Derma-Gide, Per Sq Cm	COVERED
Q4204	Xwrap, Per Sq Cm	COVERED
Q4205	Membrane Gft/Membrane Wrap P Sq Cm	COVERED
Q4206	Fluid Flow Or Fluid Gf 1 Cc	COVERED
Q4208	Novafix Per Sq Cm	COVERED
Q4209	Surgraft Per Sq Cm	COVERED
Q4210	Axolotl Gft/Axolotl Dualgft P Sq Cm	COVERED
Q4211	Amnion Bio/Axobiomembrane Per Sq Cm	COVERED
Q4212	Allogen Per Cc	COVERED
Q4213	Ascent 0.5 Mg	COVERED
Q4214	Cellesta Cord Per Sq Cm	COVERED
Q4215	Axolotl Ambient/Axolotl Cryo 0.1 Mg	COVERED
Q4216	Artacent Cord Per Sq Cm	COVERED
Q4217	Wndfix Biownd Wndfix + X + /X+ P Sc	COVERED
Q4218	Surgicord Per Sq Cm	COVERED
Q4219	Surgigraft-Dual Per Sq Cm	COVERED
Q4220	Bellacell Hd Or Surederm Per Sq Cm	COVERED
Q4221	Amnio Wrap2 Per Sq Cm	COVERED
Q4222	Progenamatrix Per Sq Cm	COVERED
Q4226	Myown Sk Incl Harv & Prep Proc P Sc	COVERED
Q4227	Amniocore, Per Square Centimeter	COVERED
Q4228	Bionextpatch, Per Square Centimeter	COVERED
Q4229	Cogenex Amniotic Membrane, Per Square Centimeter	COVERED
Q4230	Cogenex Flowable Amnion, Per 0.5 Cc	COVERED
Q4231	Corplex P, Per Cc	COVERED
Q4233	Surfactor Or Nudyn, Per 0.5 Cc	COVERED
Q4234	Xcellerate, Per Square Centimeter	COVERED
Q4235	Amniorepair Or Altiply, Per Square Centimeter	COVERED
Q4236	Carepatch, Per Square Centimeter	COVERED
Q4237	Cryo-Cord, Per Square Centimeter	COVERED
Q4238	Derm-Maxx, Per Square Centimeter	COVERED
Q4239	Amnio-Maxx Or Amnio-Maxx Lite, Per Square Centimeter	COVERED
Q4240	Corecyte, For Topical Use Only, Per 0.5 Cc	COVERED
Q4241	Polycyte, For Topical Use Only, Per 0.5 Cc	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Q4242	Amniocyte Plus, Per 0.5 Cc	COVERED
Q4244	Procenta, Per 200 Mg	COVERED
Q4245	Amniotext, Per Cc	COVERED
Q4246	Coretext Or Protect, Per Cc	COVERED
Q4247	Amniotext Patch, Per Square Centimeter	COVERED
Q4248	Dermacyte Amniotic Membrane Allograft, Per Square Centimeter	COVERED
Q4249	Amniply, Per Sq Cm	COVERED
Q4250	Amnioamp-Mp Per Sq Cm	COVERED
Q4254	Novafix DI Per Sq Cm	COVERED
Q4255	Reguard, Topical Use Per Sq	COVERED
Q5004	Hospice In Snf	NON-COVERED
Q5101	Inj Filgrastim G-Csf Biosim, 1 Mg	COVERED
Q5102	Injection, Infliximab, Biosimilar, 10 Mg	COVERED
Q5103	Injection, Inflectra	COVERED
Q5104	Injection, Renflexis	COVERED
Q5106	Inj Retacrit Non-Esrd Use	COVERED
Q5107	Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg 201	COVERED
Q5108	Injection, Fulphila	COVERED
Q5109	Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg	COVERED
Q5110	Nivestym	COVERED
Q5111	Injection, Pegfilgrastim-Cbqv, Biosimilar, (Udenyca), 0.5 Mg	COVERED
Q5112	Injection, Trastuzumab-Dttb, Biosimilar, (Ontruzant), 10 Mg	COVERED
Q5113	Injection, Trastuzumab-Pkrb, Biosimilar, (Herzuma), 10 Mg	COVERED
Q5114	Injection, Trastuzumab-Dkst, Biosimilar, (Ogivri), 10 Mg	COVERED
Q5115	Inj Rituximab-Abbs Bio 10	COVERED
Q5116	Inj Trastuzumab-Qyyp Biosimlr 10 Mg	COVERED
Q5117	Inj Trastuzumab-Anns Biosimlr 10 Mg	COVERED
Q5118	Inj Bevacizumab-Bvcr Biosimlr 10 Mg	COVERED
Q5119	Injection, Rituximab-Pvvr, Biosimilar, (Ruxience), 10 Mg	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Q5120	Injection, Pegfilgrastim-Bmez, Biosimilar, (Ziextenzo), 0.5	COVERED
Q5121	Injection, Infliximab-Axxq, Biosimilar, (Avsola), 10 Mg	COVERED
Q9003	Va Chaplain Counsel Group	COVERED
Q9950	Injection, Sulfur Hexafluoride Lipid Microspheres, Per MI	COVERED
Q9958	Hocm <=149 Mg/MI Iodine, 1MI	COVERED
Q9976	Inj Ferric Pyrophosphate Cit, 0.1Mg	COVERED
Q9978	Netupitant Palonosetron 300/0.5 Mg	COVERED
Q9991	Buprenorph Xr 100 Mg Or Less	COVERED
Q9992	Buprenorphine Xr Over 100 Mg	COVERED
S0032	Injection, Nafcillin Sodium	COVERED
S0077	Injection, Clindamycin Phosp	COVERED
S0140	Saquinavir, 200 Mg	COVERED
S0190	Mifepristone, Oral, 200 Mg	COVERED
S0500	Dispos Cont Lens	COVERED
S0504	Singl Prscrip Lens	COVERED
S0506	Bifoc Prscrip Lens	COVERED
S0508	Trifoc Prscrip Lens	COVERED
S0510	Non-Prscrip Lens	COVERED
S0512	Daily Cont Lens	COVERED
S0514	Color Cont Lens	COVERED
S0515	Scleral Lens Liquid Bandage	COVERED
S0516	Safety Frames	COVERED
S0518	Sunglass Frames	COVERED
S0580	Polycarb Lens	COVERED
S0581	Nonstnd Lens	COVERED
S0590	Misc Integral Lens Serv	COVERED
S0592	Comp Cont Lens Eval	COVERED
S0595	New Lenses In Pts Old Frame	COVERED
S0596	Phakic Iol Refractive Error	COVERED
S0612	Annual Gynecological Examina	NON-COVERED
S0613	Ann Breast Exam	NON-COVERED
S0630	Removal Of Sutures	NON-COVERED
S1016	Non-Pvc Intravenous Administ	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
S1040	Cranial Remolding Orthosis	COVERED
S2083	Adjustment Gastric Band	COVERED
S2202	Echosclerotherapy	COVERED
S2900	Robotic Surgical System	NON-COVERED
S3652	Saliva Test, Hormone Level;	COVERED
S3854	Gene Profile Panel Breast	COVERED
S5102	Adult Day Care Per Diem	COVERED
S5111	Family Homecare Train/Sessio	COVERED
S5130	Homaker Service Nos Per 15M	COVERED
S5498	Hit Simple Cath Care	COVERED
S5501	Hit Complex Cath Care	COVERED
S5520	Hit Picc Insert Kit	COVERED
S8032	Low Dose Ct Lung Screening	COVERED
S8035	Magnetic Source Imaging	COVERED
S8037	Mrcp	COVERED
S8080	Scintimammography	COVERED
S8085	Fluorine-18 Fluorodeoxygluco	COVERED
S8092	Electron Beam Computed Tomog	COVERED
S8096	Portable Peak Flow Meter	NON-COVERED
S8100	Spacer Without Mask	NON-COVERED
S8431	Compression Bandage	NON-COVERED
S9097	Home Visit Wound Care	COVERED
S9123	Nursing Care In Home Rn	COVERED
S9124	Nursing Care, In The Home; B	COVERED
S9131	Pt In The Home Per Diem	COVERED
S9325	Hit Pain Mgmt Per Diem	COVERED
S9326	Hit Cont Pain Per Diem	COVERED
S9327	Hit Int Pain Per Diem	COVERED
S9328	Hit Pain Imp Pump Diem	COVERED
S9329	Hit Chemo Per Diem	COVERED
S9330	Hit Cont Chem Diem	COVERED
S9331	Hit Intermit Chemo Diem	COVERED
S9335	Ht Hemodialysis Diem	COVERED
S9338	Hit Immunotherapy Diem	COVERED
S9340	Hit Enteral Per Diem	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
S9341	Hit Enteral Grav Diem	COVERED
S9342	Hit Enteral Pump Diem	COVERED
S9343	Hit Enteral Bolus Nurs	COVERED
S9346	Hit Alpha-1-Proteinase Diem	COVERED
S9347	Hit Longterm Infusion Diem	NON-COVERED
S9355	Hit Chelation Diem	COVERED
S9359	Hit Anti-Tnf Per Diem	COVERED
S9364	Hit Tpn Total Diem	COVERED
S9365	Hit Tpn 1 Liter Diem	COVERED
S9366	Hit Tpn 2 Liter Diem	COVERED
S9367	Hit Tpn 3 Liter Diem	COVERED
S9368	Hit Tpn Over 3L Diem	COVERED
S9373	Hit Hydra Total Diem	COVERED
S9374	Hit Hydra 1 Liter Diem	COVERED
S9375	Hit Hydra 2 Liter Diem	COVERED
S9376	Hit Hydra 3 Liter Diem	COVERED
S9377	Hit Hydra Over 3L Diem	COVERED
S9379	Hit Noc Per Diem	COVERED
S9433	Medical Food Oral 100% Nutr	COVERED
S9435	Medical Foods For Inborn Err	COVERED
S9443	Lactation Class	NON-COVERED
S9444	Parenting Class	COVERED
S9446	Pt Education Noc Group	NON-COVERED
S9470	Nutritional Counseling, Diet	COVERED
S9494	Hit Antibiotic Total Diem	COVERED
S9497	Hit Antibiotic Q3h Diem	COVERED
S9500	Hit Antibiotic Q24h Diem	COVERED
S9501	Hit Antibiotic Q12h Diem	COVERED
S9502	Hit Antibiotic Q8h Diem	COVERED
S9503	Hit Antibiotic Q6h Diem	COVERED
S9504	Hit Antibiotic Q4h Diem	COVERED
S9901	Christian Sci Nurse Visit, Per Hour	COVERED
T1000	Private Duty/Independent Nsg	COVERED
T1001	Nursing Assessment/Evaluatn	NON-COVERED
T1002	Rn Services Up To 15 Minutes	NON-COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
T1003	Lpn/Lvn Services Up To 15Min	NON-COVERED
T1004	Nsg Aide Service Up To 15Min	NON-COVERED
T1005	Respite Care Service 15 Min	COVERED
T1006	Family/Couple Counseling	COVERED
T1007	Treatment Plan Development	COVERED
T1009	Child Sitting Services	COVERED
T1010	Meals When Receive Services	COVERED
T1012	Alcohol/Substance Abuse Skil	COVERED
T1013	Sign Lang/Oral Interpreter	COVERED
T1016	Case Management	COVERED
T1017	Targeted Case Management	COVERED
T1018	School-Based Iep Ser Bundled	COVERED
T1019	Personal Care Ser Per 15 Min	COVERED
T1020	Personal Care Ser Per Diem	COVERED
T1021	Hh Aide Or Cn Aide Per Visit	COVERED
T1022	Contracted Services Per Day	COVERED
T1023	Program Intake Assessment	COVERED
T1024	Team Evaluation & Management	COVERED
T1025	Ped Compr Care Pkg, Per Diem	COVERED
T1026	Ped Compr Care Pkg, Per Hour	COVERED
T1027	Family Training & Counseling	COVERED
T1028	Home Environment Assessment	COVERED
T1029	Dwelling Lead Investigation	COVERED
T1030	Rn Home Care Per Diem	COVERED
T1031	Lpn Home Care Per Diem	COVERED
T1040	Comm Bh Clinic Svc Per Diem	NON-COVERED
T1502	Medication Admin Visit	COVERED
T1503	Med Admin, Not Oral/Inject	COVERED
T1505	Elec Med Comp Dev, Noc	COVERED
T1999	Noc Retail Items Andsupplies	COVERED
T2002	N-Et; Per Diem	COVERED
T2004	N-Et; Commerc Carrier Pass	COVERED
T2010	Pasrr Level I	COVERED
T2011	Pasrr Level Ii	COVERED
T2012	Habil Ed Waiver, Per Diem	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
T2013	Habil Ed Waiver Per Hour	COVERED
T2014	Habil Prevoc Waiver, Per D	COVERED
T2015	Habil Prevoc Waiver Per Hr	COVERED
T2016	Habil Res Waiver Per Diem	COVERED
T2017	Habil Res Waiver 15 Min	COVERED
T2018	Habil Sup Empl Waiver/Diem	COVERED
T2019	Habil Sup Empl Waiver 15Min	COVERED
T2020	Day Habil Waiver Per Diem	COVERED
T2021	Day Habil Waiver Per 15 Min	COVERED
T2022	Case Management, Per Month	COVERED
T2023	Targeted Case Mgmt Per Month	COVERED
T2024	Serv Asmnt/Care Plan Waiver	COVERED
T2025	Waiver Service, Nos	COVERED
T2026	Special Childcare Waiver/D	COVERED
T2027	Spec Childcare Waiver 15 Min	COVERED
T2028	Special Supply, Nos Waiver	COVERED
T2029	Special Med Equip, Noswaiver	COVERED
T2030	Assist Living Waiver/Month	COVERED
T2031	Assist Living Waiver/Diem	COVERED
T2032	Res Care, Nos Waiver/Month	COVERED
T2033	Res, Nos Waiver Per Diem	COVERED
T2034	Crisis Interven Waiver/Diem	COVERED
T2035	Utility Services Waiver	COVERED
T2036	Camp Overnite Waiver/Session	COVERED
T2037	Camp Day Waiver/Session	COVERED
T2038	Comm Trans Waiver/Service	COVERED
T2039	Vehicle Mod Waiver/Service	COVERED
T2040	Financial Mgt Waiver/15Min	COVERED
T2041	Support Broker Waiver/15 Min	COVERED
T2044	Hospice Respite Care	COVERED
T2045	Hospice General Care	COVERED
T2046	Hospice Long Term Care, R&B	COVERED
T2047	Hab Prevo Waiver Per 15	COVERED
T2048	Bh Ltc Res R&B, Per Diem	COVERED
T2049	N-Et; Stretcher Van, Mileage	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
T2101	Breast Milk Proc/Store/Dist	COVERED
T5001	Position Seat Spec Orth Need	COVERED
T5999	Supply, Nos	COVERED
V2020	Vision Svcs Frames Purchases	COVERED
V2025	Eyeglasses Delux Frames	COVERED
V2100	Lens Spher Single Plano 4.00	COVERED
V2101	Single Visn Sphere 4.12-7.00	COVERED
V2102	Singl Visn Sphere 7.12-20.00	COVERED
V2103	Spherocylindr 4.00D/12-2.00D	COVERED
V2104	Spherocylindr 4.00D/2.12-4D	COVERED
V2105	Spherocylinder 4.00D/4.25-6D	COVERED
V2106	Spherocylinder 4.00D/>6.00D	COVERED
V2107	Spherocylinder 4.25D/12-2D	COVERED
V2108	Spherocylinder 4.25D/2.12-4D	COVERED
V2109	Spherocylinder 4.25D/4.25-6D	COVERED
V2110	Spherocylinder 4.25D/Over 6D	COVERED
V2111	Spherocylindr 7.25D/.25-2.25	COVERED
V2112	Spherocylindr 7.25D/2.25-4D	COVERED
V2113	Spherocylindr 7.25D/4.25-6D	COVERED
V2114	Spherocylinder Over 12.00D	COVERED
V2115	Lens Lenticular Bifocal	COVERED
V2118	Lens Aniseikonic Single	COVERED
V2121	Lenticular Lens, Single	COVERED
V2199	Lens Single Vision Not Oth C	COVERED
V2200	Lens Spher Bifoc Plano 4.00D	COVERED
V2201	Lens Sphere Bifocal 4.12-7.0	COVERED
V2202	Lens Sphere Bifocal 7.12-20.	COVERED
V2203	Lens Sphcyl Bifocal 4.00D/.1	COVERED
V2204	Lens Sphcy Bifocal 4.00D/2.1	COVERED
V2205	Lens Sphcy Bifocal 4.00D/4.2	COVERED
V2206	Lens Sphcy Bifocal 4.00D/Ove	COVERED
V2207	Lens Sphcy Bifocal 4.25-7D/.	COVERED
V2208	Lens Sphcy Bifocal 4.25-7/2.	COVERED
V2209	Lens Sphcy Bifocal 4.25-7/4.	COVERED
V2210	Lens Sphcy Bifocal 4.25-7/Ov	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
V2211	Lens Sphcy Bifo 7.25-12/.25-	COVERED
V2212	Lens Sphcyl Bifo 7.25-12/2.2	COVERED
V2213	Lens Sphcyl Bifo 7.25-12/4.2	COVERED
V2214	Lens Sphcyl Bifocal Over 12.	COVERED
V2215	Lens Lenticular Bifocal	COVERED
V2218	Lens Aniseikonic Bifocal	COVERED
V2219	Lens Bifocal Seg Width Over	COVERED
V2220	Lens Bifocal Add Over 3.25D	COVERED
V2221	Lenticular Lens, Bifocal	COVERED
V2299	Lens Bifocal Speciality	COVERED
V2300	Lens Sphere Trifocal 4.00D	COVERED
V2301	Lens Sphere Trifocal 4.12-7.	COVERED
V2302	Lens Sphere Trifocal 7.12-20	COVERED
V2303	Lens Sphcy Trifocal 4.0/.12-	COVERED
V2304	Lens Sphcy Trifocal 4.0/2.25	COVERED
V2305	Lens Sphcy Trifocal 4.0/4.25	COVERED
V2306	Lens Sphcyl Trifocal 4.00/>6	COVERED
V2307	Lens Sphcy Trifocal 4.25-7/.	COVERED
V2308	Lens Sphc Trifocal 4.25-7/2.	COVERED
V2309	Lens Sphc Trifocal 4.25-7/4.	COVERED
V2310	Lens Sphc Trifocal 4.25-7/>6	COVERED
V2311	Lens Sphc Trifo 7.25-12/.25-	COVERED
V2312	Lens Sphc Trifo 7.25-12/2.25	COVERED
V2313	Lens Sphc Trifo 7.25-12/4.25	COVERED
V2314	Lens Sphcyl Trifocal Over 12	COVERED
V2315	Lens Lenticular Trifocal	COVERED
V2318	Lens Aniseikonic Trifocal	COVERED
V2319	Lens Trifocal Seg Width > 28	COVERED
V2320	Lens Trifocal Add Over 3.25D	COVERED
V2321	Lenticular Lens, Trifocal	COVERED
V2399	Lens Trifocal Speciality	COVERED
V2410	Lens Variab Asphericity Sing	COVERED
V2430	Lens Variable Asphericity Bi	COVERED
V2499	Variable Asphericity Lens	COVERED
V2500	Contact Lens Pmma Spherical	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
V2501	Cntct Lens Pmma-Toric/Prism	COVERED
V2502	Contact Lens Pmma Bifocal	COVERED
V2503	Cntct Lens Pmma Color Vision	COVERED
V2510	Cntct Gas Permeable Sphericl	COVERED
V2511	Cntct Toric Prism Ballast	COVERED
V2512	Cntct Lens Gas Permbbl Bifocl	COVERED
V2513	Contact Lens Extended Wear	COVERED
V2520	Contact Lens Hydrophilic	COVERED
V2521	Cntct Lens Hydrophilic Toric	COVERED
V2522	Cntct Lens Hydrophil Bifocl	COVERED
V2523	Cntct Lens Hydrophil Extend	COVERED
V2530	Contact Lens Gas Impermeable	COVERED
V2531	Contact Lens Gas Permeable	COVERED
V2599	Contact Lens/Es Other Type	COVERED
V2625	Enlargemnt Of Eye Prosthesis	COVERED
V2627	Scleral Cover Shell	COVERED
V2628	Fabrication & Fitting	COVERED
V2629	Prosthetic Eye Other Type	COVERED
V2700	Balance Lens	COVERED
V2702	Deluxe Lens Feature	COVERED
V2710	Glass/Plastic Slab Off Prism	COVERED
V2715	Prism Lens/Es	COVERED
V2718	Fresnell Prism Press-On Lens	COVERED
V2730	Special Base Curve	COVERED
V2744	Tint Photochromatic Lens/Es	COVERED
V2745	Tint, Any Color/Solid/Grad	COVERED
V2750	Anti-Reflective Coating	COVERED
V2755	Uv Lens/Es	COVERED
V2756	Eye Glass Case	COVERED
V2760	Scratch Resistant Coating	COVERED
V2761	Mirror Coating	COVERED
V2762	Polarization, Any Lens	COVERED
V2770	Occluder Lens/Es	COVERED
V2780	Oversize Lens/Es	COVERED
V2781	Progressive Lens Per Lens	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
V2782	Lens, 1.54-1.65 P/1.60-1.79G	COVERED
V2783	Lens, >= 1.66 P/>=1.80 G	COVERED
V2784	Lens Polycarb Or Equal	COVERED
V2786	Occupational Multifocal Lens	COVERED
V2787	Astigmatism-Correct Function	COVERED
V2788	Presbyopia-Correct Function	COVERED
V2790	Amniotic Membrane	NON-COVERED
V2797	Vis Item/Svc In Other Code	COVERED
V2799	Misc Vision Item Or Service	COVERED
V5010	Assessment For Hearing Aid	COVERED
V5011	Hearing Aid Fitting/Checking	COVERED
V5014	Hearing Aid Repair/Modifying	COVERED
V5020	Conformity Evaluation	COVERED
V5030	Body-Worn Hearing Aid Air	COVERED
V5040	Body-Worn Hearing Aid Bone	COVERED
V5050	Hearing Aid Monaural In Ear	COVERED
V5060	Behind Ear Hearing Aid	COVERED
V5070	Glasses Air Conduction	COVERED
V5080	Glasses Bone Conduction	COVERED
V5100	Body-Worn Bilat Hearing Aid	COVERED
V5120	Body-Worn Binaur Hearing Aid	COVERED
V5130	In Ear Binaural Hearing Aid	COVERED
V5140	Behind Ear Binaur Hearing Ai	COVERED
V5150	Glasses Binaural Hearing Aid	COVERED
V5170	Within Ear Cros Hearing Aid	COVERED
V5171	Hearing Aid, Contralateral Routing Device, Monaural, In The	COVERED
V5172	Hearing Aid, Contralateral Routing Device, Monaural, In The	COVERED
V5180	Behind Ear Cros Hearing Aid	COVERED
V5181	Hearing Aid, Contralateral Routing Device, Monaural, In The	COVERED
V5190	Glasses Cros Hearing Aid	COVERED
V5210	In Ear Bicros Hearing Aid	COVERED
V5211	Hearing Aid, Contralateral Routing System, Binaural, Ite/Ite	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
V5212	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc	COVERED
V5213	Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte	COVERED
V5214	Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc	COVERED
V5215	Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte	COVERED
V5221	Hearing Aid, Contralateral Routing System, Binaural, Bte/Bte	COVERED
V5230	Glasses Bicos Hearing Aid	COVERED
V5242	Hearing Aid, Monaural, Cic	COVERED
V5243	Hearing Aid, Monaural, Itc	COVERED
V5244	Hearing Aid, Prog, Mon, Cic	COVERED
V5245	Hearing Aid, Prog, Mon, Itc	COVERED
V5246	Hearing Aid, Prog, Mon, Ite	COVERED
V5247	Hearing Aid, Prog, Mon, Bte	COVERED
V5248	Hearing Aid, Binaural, Cic	COVERED
V5249	Hearing Aid, Binaural, Itc	COVERED
V5250	Hearing Aid, Prog, Bin, Cic	COVERED
V5251	Hearing Aid, Prog, Bin, Itc	COVERED
V5252	Hearing Aid, Prog, Bin, Ite	COVERED
V5253	Hearing Aid, Prog, Bin, Bte	COVERED
V5254	Hearing Id, Digit, Mon, Cic	COVERED
V5255	Hearing Aid, Digit, Mon, Itc	COVERED
V5256	Hearing Aid, Digit, Mon, Ite	COVERED
V5257	Hearing Aid, Digit, Mon, Bte	COVERED
V5258	Hearing Aid, Digit, Bin, Cic	COVERED
V5259	Hearing Aid, Digit, Bin, Itc	COVERED
V5260	Hearing Aid, Digit, Bin, Ite	COVERED
V5261	Hearing Aid, Digit, Bin, Bte	COVERED
V5267	Hearing Aid Sup/Access/Dev	COVERED
V5298	Hearing Aid Noc	COVERED
X0508	Fed Tax Fixed-Wing 6000# +	COVERED
X4300	Sp Ther Language Eval	COVERED
X4301	Sp Ther-Speech Evaluation	COVERED
X4302	Speech-Language Ther Group	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
X4303	Speech-Language Ther Individ	COVERED
X4304	Speech-Language Therapy Indi	COVERED
X4306	Speech Ther Out Of Office Ca	COVERED
X4308	Spch Therapy Prelim Eval Reh	COVERED
X4310	Augmentative/Alt Comm Sp Thr	COVERED
X4312	Aac Recipient Assessment	COVERED
X4320	Unlisted Speech Ther Servs	COVERED
X4500	Sp Hr Diag Audiolog Evaluati	COVERED
X4501	Sp Hr Pure Tone Audiometry	COVERED
X4502	Audiol Prelim Evaluation Reh	COVERED
X4504	Audiometry During Surgery	COVERED
X4520	Visual Evoked Potent Resp Te	COVERED
X4522	Evoked Resp Audiomet Test Ph	COVERED
X4526	Hearing Ther Individ Per Hou	COVERED
X4530	Impedence Audiometry	COVERED
X4532	Electroacoustic Analysis Of	COVERED
X4535	Unlisted Audiological Servs	COVERED
X4542	Electro-Acoustic Analysis	COVERED
X4544	Speech Therapy Handicapped	COVERED
X5988	Cortril Acetate 25Mg/MI Susp	COVERED
X5992	Cryptena Acet/Unit Aq-260Csr	COVERED
X6012	Deferoxamine Mesylate 500 Mg	COVERED
X6018	Delestrgn/Dioval/Valergen 40	COVERED
X6030	Depo-Estradiol Cypionate 5Mg	COVERED
X6036	Depo-Medrol Sus/Pre-Dep-80Mg	COVERED
X6038	Depo-Medrol Sus/Pre-Dep-40Mg	COVERED
X6040	Depo-Medrol 20Mg/MI	COVERED
X6042	Depo Medrol 20Mg/Cc 5Cc Vial	COVERED
X6046	Depo-Provera 400Mg/MI Vial	COVERED
X6048	Depo-Provera-400Mg/MI 2.5MI	COVERED
X6051	Depo-Provera C 150Mgml 1MI V	COVERED
X6060	Dexpanthenol/Ilopan 250Mg/MI	COVERED
X6062	Dhe45/Dihydroerg Mesylate 1M	COVERED
X6064	Diazepam/Valium-5 Mg/MI	COVERED
X6080	Digoxin/Lanoxin 0.25 Mg/MI	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
X6082	Digoxin/Lanoxin 0.1Mg/MI	COVERED
X6084	Dilantin/Phenytoin Sod-50 Mg	COVERED
X6086	Dilaudid/Hydromophone Hci 4M	COVERED
X6098	D-Imune/Gamulin Rh/Hyprho-D	COVERED
X6106	Disodium Edetate 150Mg/MI	COVERED
X6108	Dobutamine 250Mg(As Hci)	COVERED
X6110	Dolophine/Methadone Hci 10Mg	COVERED
X6114	Doxapram Hci/Dropram 20Mg/MI	COVERED
X6116	Doxycycline 200Mg (Hyclate)	COVERED
X6118	Doxycycline100/Vibramycin200	COVERED
X6122	Doxycycline 100Mg(Hyclate)	COVERED
X6126	Droperidol/Inapsine 2.5Mg/MI	COVERED
X6136	Dura/PenicIn Proc-600,000Un	COVERED
X6146	Edrophonium Chlor/Tensilon10	COVERED
X6158	Ephedrine Sulf-50Mg/1MI Amp	COVERED
X6160	Ephedrine Sulf 25Mg/1MI Ampu	COVERED
X6162	Ephedrine Sul 50Mg/MI	COVERED
X6164	Epinephrine Hci 0.1 Mg/MI	COVERED
X6166	Epinephrine,Parenteral-1:200	COVERED
X6168	Ergonovine Maleate 0.2Mg/MI	COVERED
X6174	Erythromycin Iv 1Gm/30MI Via	COVERED
X6178	Erythromycin Iv 500Mg/20MI V	COVERED
X6196	Estrone/Theelin Aqueous-5 Mg	COVERED
X6198	Estrone/Theelin Aqueous-2 Mg	COVERED
X6204	Ethacrynic-50/Sod Edecrin500	COVERED
X6208	Fentanyl Citrate/Droperidol	COVERED
X6214	Flaxedil/Gallamine Tri 20Mg/	COVERED
X6218	Fluax/Fluogen/Fluzone 0.5MI	COVERED
X6220	Fluphenazine/Prolixin Dec-25	COVERED
X6226	Folic Acid/Folvite 5 Mg/MI	COVERED
X6230	Gamastan/Gammagee/Gammar10ml	COVERED
X6232	Gamastan/Gammagee/Gammar-2MI	COVERED
X6234	Intrave Immunoglobulin/Vig	COVERED
X6236	Ganphen/K-Phen/Penazine 50Mg	COVERED
X6240	Garamycin/Gentamicin Sulf 40	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
X6242	Garamycin Ped/Gentamicin Sul	COVERED
X6252	Glucagon-10 Mg/10 MI	COVERED
X6254	Glucagon 1Mg/MI	COVERED
X6258	Glycohyprolate/Robinul-0.2Mg	COVERED
X6262	Gold Sodium Thiomalate 50Mg	COVERED
X6264	Gold Sodium Thiomalate 25Mg	COVERED
X6268	Haemophilus Influenzae-0.5MI	COVERED
X6272	Haemoph.Influen(Prohlbit 0.5	COVERED
X6274	Haldol/Haloperidol 5Mg/MI	COVERED
X6276	Hbig/Hepati B Immun Glob-5MI	COVERED
X6279	Hbig - 1.0 MI	COVERED
X6281	Hbig - 0.5 MI	COVERED
X6286	Heparin/Liquaemin/Pan 40000U	COVERED
X6288	Heparin/Liquaemin/Pan 20000U	COVERED
X6296	Heparin/Liquaemin/Pan-10,000	COVERED
X6298	Heparin Sod Inj(Usp)-7,500Un	COVERED
X6302	Heparin/Liquaemin/Pan 5,000U	COVERED
X6306	Heparin Sodium Inj(Usp)2,500	COVERED
X6308	Heparin/Liquaemin/Pan 1,000U	COVERED
X6314	Hepatitis B Immune Globulin	COVERED
X6326	Histerone/Testaqua-100 Mg/MI	COVERED
X6328	Hydeltra/Norpred/Predniso-20	COVERED
X6330	Hydeltrasol/Prenisolone-20Mg	COVERED
X6336	Hydroxyzine/Vistaril-50Mg/MI	COVERED
X6350	Hyrho-D/Micrhogam Mini Dose	COVERED
X6352	Imipramine Hcl/Tofranil-25Mg	COVERED
X6354	Inderal/Propranolol Hci-1 Mg	COVERED
X6408	Iprenol/Isuprol 1:5000Soluti	COVERED
X6410	Isoniazid/Nydravid 100 Mg/MI	COVERED
X6422	Kanamycin Sulfate 500Mg/2MI	COVERED
X6424	Kanamycin Sulfate 75Mg/2MI V	COVERED
X6426	Kanamycin Sulfate 1Gm/3MI Vi	COVERED
X6434	Ketaject/Ketalar 100Mg/MI	COVERED
X6436	Ketaject/Ketalar 50Mg/MI	COVERED
X6438	Ketaject/Ketalar 10Mg/MI	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
X6442	Largon/Propiomazine Hci-20Mg	COVERED
X6452	Levartrenol(Norepinephrine)	COVERED
X6454	Levo-Dromoran/Levorphanol Ta	COVERED
X6456	Levoid/Levothyroxine/Syn 500	COVERED
X6458	Levoprome/Methotrimeprazine	COVERED
X6460	Levsin/L-Myoscyamine Sulfate	COVERED
X6504	Lincocin 300Mg/2MI U-Ject	COVERED
X6506	Luminal/Phenobarbital 130 Mg	COVERED
X6512	Magnesium Sulfate 50%	COVERED
X6514	Magnesium Sulfate 12.5%	COVERED
X6516	Magnesium Sulfate 10%	COVERED
X6520	Mannitol 25%	COVERED
X6522	Mannitol/Osmitrol-20%	COVERED
X6524	Mannitol/Osmitrol-15%	COVERED
X6526	Mannitol/Osmitrol-10%	COVERED
X6528	Mannitol/Osmitrol-5%	COVERED
X6532	Menadiol Sod Diph/Synka 37.5	COVERED
X6534	Menadiol Sod Diph/Synkayv-5M	COVERED
X6550	Mephentemine/Wyamine Sulf 30	COVERED
X6552	Mephentemine/Wyamine Sulf 15	COVERED
X6556	Mesoridazine/Serentil-25 Mg	COVERED
X6558	Methi/StaphcIn-4Gm P-Back	COVERED
X6562	Methoxamine/Vasoxyl-20Mg/MI	COVERED
X6582	Metocurine Loxide/Lodide 1Mg	COVERED
X6588	Miconazole/Monistat 10Mg/MI	COVERED
X6592	Morphine Sulfate 15 Mg/MI	COVERED
X6594	Morphine Sulfate 10Mg/MI	COVERED
X6596	Morphine Sulfate 8Mg/MI	COVERED
X6598	Mvi 10MI	COVERED
X6600	Mvi Concentrate 5MI	COVERED
X6604	Nafcil/Unipen-2Gm(Pwdr)Vial	COVERED
X6606	Nafcil/Unipen-1Gm(Pwdr)Vial	COVERED
X6610	NafcIn Sod/Unipen-500Mgvial	COVERED
X6612	Nalbuphine Hci/Nubain 10Mg/M	COVERED
X6614	Naloxone Hci/Narcan 0.4Mg/MI	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
X6616	Naloxone Hci/Narcan 0.02Mgml	COVERED
X6618	Navane/Thiothixene-2 Mg/MI	COVERED
X6620	Nebcin/Tobramycin Sulf-40 Mg	COVERED
X6622	Nebcin/Tobramycin Sulf-10 Mg	COVERED
X6626	Neo Syn/Phenylephrine 1% 1MI	COVERED
X6628	Neomycin Im-500Mg/Mycifradin	COVERED
X6630	Neostigmin/Prostigmin 1:4000	COVERED
X6632	Neostigmin/Prostigmin 1:2000	COVERED
X6634	Neostigmin/Prostigmin-1:1000	COVERED
X6636	Nipride/Nitroprusside 50Mg5m	COVERED
Z0100	Neonatal Icu Init 24 Hr	COVERED
Z0102	Neonatal Icu Subse	COVERED
Z0104	Neonatal Icu Subse	COVERED
Z0106	Neonatal Icu Subseq	COVERED
Z0108	Neonatal Icu Subseq	COVERED
Z0306	Polysomnography Ana/Interp	COVERED
Z0308	Psoriasis Day Care	COVERED
Z0310	Epidural Opioid-Fu	COVERED
Z0312	Ecmo-24 Hrs	COVERED
Z0314	Trans Ecg Equip To Home	COVERED
Z4300	Center Coordinator	COVERED
Z4301	Assessment,Nurse	COVERED
Z4302	Case Conf-Allied Health-P	COVERED
Z4303	Patient Report- Complex	COVERED
Z4304	Patient Report-Complex	COVERED
Z4305	Center Coordination,Phys	COVERED
Z4306	Case Conf, Phys Per 1/2 Hour	COVERED
Z4307	Eval/Intervn Social Wrkr-Per	COVERED
Z4308	Assess/Interven,Dietitia	COVERED
Z4309	Assess/Interven, Alld Pro	COVERED
Z4310	Medical Case Conf, Nurse	COVERED
Z4311	Medical Case, Social Wrkr Pe	COVERED
Z4312	Medical Case Conf, Dieti	COVERED
Z4313	Group Counseling, Phsy-Per P	COVERED
Z4314	Group Counseling, Alld Pr	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Z5406	Allied Pro Nec-Tel Consul.15	COVERED
Z5408	Allied Pro Nec-Prog/Cl Consu	COVERED
Z5410	Allied Pro Nec-Travl Time Hr	COVERED
Z5412	Allied Pro Nec-Travl Milge-1	COVERED
Z5414	Travel Expenses	COVERED
Z5416	Technician Services	COVERED
Z5422	Program Consultation/Clinic	COVERED
Z5424	Travel Mileage/Med Per Mile	COVERED
Z5499	Unlisted Service & Proced	COVERED
Z5802	Epsdt Services Dietitian	COVERED
Z5804	Epsdt Registered Nurse	COVERED
Z5805	Epsdt Shared Nursing	COVERED
Z5806	Epsdt Lvd (Individual)	COVERED
Z5807	Epsdt Shared Nursing (Lvn)	COVERED
Z5814	Epsdt Svsmarriage/Family	COVERED
Z5816	Epsdt Services Social Work	COVERED
Z5820	Epsdt Services Case Manag	COVERED
Z5822	Epsdt Services Hearing Aid	COVERED
Z5830	Epsdt-Service Lead Invest	COVERED
Z5832	Epsdt Registered Nurse	COVERED
Z5833	Epsdt Shared Nursing (Rn)	COVERED
Z5834	Epsdtlvn	COVERED
Z5835	Epsdt Shared Nursing (Lvn)	COVERED
Z5836	Epsdtrn Providing Supervis	COVERED
Z5838	Epsdthome Health Aide	COVERED
Z5840	Epsdtrn Case Management	COVERED
Z5850	Epsdt Suppl Individual Ao	COVERED
Z5868	Epsdt Supp Serv-Pediatric	COVERED
Z5900	Epsdtaudio Eval Less Than	COVERED
Z5902	Epsdtaudio Eval 25 Yrs	COVERED
Z5904	Epsdt Audio Eval 6 20 Yrs	COVERED
Z5906	Epsdt Subsequent Audio Eva	COVERED
Z5908	Epsdt Subsequent Audio Eva	COVERED
Z5910	Epsdt Subsequent Audio Eva	COVERED
Z5912	Epsdt Eval Difficult Test	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Z5914	Epsdt Auditory Brainstem	COVERED
Z5916	Audiometry/Behavioral Obs	COVERED
Z5918	Epsdt Speech Threshold Tes	COVERED
Z5920	Speech Discrimination/Wor	COVERED
Z5922	Epsdt Acoustic Immitance T	COVERED
Z5924	Epsdt Acoustic Immitance	COVERED
Z5928	Epsdt Functiona Gain Test	COVERED
Z5930	Epsdt Real Ear Measurement	COVERED
Z5932	Epsdt Real Ear Measurement	COVERED
Z5934	Epsdt-Evoked Otoacoustic	COVERED
Z5936	Evoked Otoacoustic Emissi	COVERED
Z5940	Aural Rehab Conven Hearing	COVERED
Z5942	Aural Rehab Cochlear Implant	COVERED
Z5944	Aural Rehab Altern Hearing	COVERED
Z5946	Epsdt Supplemental Service	COVERED
Z5950	Counseling By Audiologist	COVERED
Z5952	Asst Precochlear Eval By	COVERED
Z5954	Eval By Audiologist Speech	COVERED
Z5956	Speech Perception Testing	COVERED
Z5958	Cochlear Implant By Audio	COVERED
Z5964	Cochlear Implant Recheck/T	COVERED
Z5966	Pt/Caregiver Orientation	COVERED
Z5968	Postcochlear Implant Test	COVERED
Z5999	Epsdt Services-Unlisted/S	COVERED
Z6024	Bldod/Derivatives	COVERED
Z6900	Skilled Nursing Services	COVERED
Z6902	Home Health Aide Services	COVERED
Z6904	Physical Therapy Services	COVERED
Z6906	Occupational Therapy Service	COVERED
Z6908	Speech Therapy Services	COVERED
Z6910	Medical Social Services	COVERED
Z6914	Case Eval&Initial Treat Plan	COVERED
Z6916	Monthly Case Evaluation	COVERED
Z6918	Home Health Unlisted Service	COVERED
Z7110	Hospice-R&B Nursing Fac Levb	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Z7314	Procurement Cost Of Single	COVERED
Z7316	Procurement Cost Of Double	COVERED
Z7514	Rm And Board < 24 Hr Observa	COVERED
Z7600	Polysomnography-Simple Sleep	COVERED
Z7602	Polysomnography,Sleep Eval,C	COVERED
Z7604	Ex Corp Shock Wave Lithrp	COVERED
Z7606	Hyperbaric Oxy Chmbr 1St 15M	COVERED
Z7608	Hyperbaric Oxy Chmbr Ea.Sub	COVERED
Z7612	Unlisted Services	COVERED
Z8550	Ms Sp-Case Management	COVERED
Z8551	Ms Sp-Administration	COVERED
Z8552	Ms Sp-Adult Social Day Care	COVERED
Z8553	Ms Sp-Adult Social Day-Care	COVERED
Z8554	Ms Sp-Adult Day Care-Day	COVERED
Z8555	Ms Sp-Adult Day Care-Hour	COVERED
Z8556	Ms Sp-Housing Assistance	COVERED
Z8557	Ms Sp-Non Med Home Equip	COVERED
Z8558	Ms Sp-Emergency Move	COVERED
Z8559	Ms Sp-lhs S/Chore-Day	COVERED
Z8560	Ms Sp-lhs S/Chore-Hour	COVERED
Z8561	Ms Sp-lhs S/Personal Care-D	COVERED
Z8562	Ms Sp-lhs S/Personal Care-H	COVERED
Z8563	Ms Sp-lhs S/Personal Care-V	COVERED
Z8564	Ms Sp-lhs S/Health Care-Day	COVERED
Z8565	Ms Sp-lhs S/Health Care-Hou	COVERED
Z8566	Ms Sp-lhs S/Health Care-Vis	COVERED
Z8567	Ms Sp-lhs S/Protective Svcs	COVERED
Z8568	Ms Sp-lhs S/Protective Svcs	COVERED
Z8569	Ms Sp-Professional Care As	COVERED
Z8570	Ms Sp-Professional Care As	COVERED
Z8571	Ms Sp-Professional Care As	COVERED
Z8572	Ms Sp-Purchased Assmnt-Vis	COVERED
Z8573	Ms Sp-Purchased Assmnt-Hou	COVERED
Z8574	Ms Sp-Respite In-Home-Day	COVERED
Z8575	Ms Sp-Respite In-Home-Hour	COVERED

Prior Authorizations List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Authorization Status
Z8576	Ms Sp-Respite Out-Of-Home	COVERED
Z8580	Ms Sp-Congregate Meals	COVERED
Z8581	Ms Sp-Home Delivered Meals	COVERED
Z8582	Ms Sp-Food Supplement	COVERED
Z8583	Ms Sp-Social Reassurance-H	COVERED
Z8584	Ms Sp-Therapeutic Counseli	COVERED
Z8585	Ms Sp-Money Mgmt-Visit	COVERED
Z8586	Ms Sp-Money Mgmt-Hour	COVERED
Z8587	Ms Sp-Communication-Trans Sl	COVERED
Z8588	Ms Sp-Comm Device-Install/	COVERED
Z8589	Ms Sp-Comm Device-Monthly	COVERED
Z8590	Ms Sp-Personal Care-Item	COVERED
Z8591	Ms Sp-Respite Out-Of-Home	COVERED
Z8592	Ms Sp Purch Spec. Case Mgm	COVERED
Z8593	Ms Sp Transportation Escor	COVERED
Z8594	Ms Sp Purchase Case Manage	COVERED
Z8595	Ms Sp-Social Reassurance	COVERED
Z8596	Ms Sp-Social Reassurance	COVERED
Z8597	Ms Sp-Transportation-One W	COVERED
Z8598	Ms Sp-Restoration Of Utili	COVERED
Z8599	Ms Sp-Temporary Lodging	COVERED
Z8600	Ms Sp-Tcm-Transition To Wa	COVERED
Z8601	Ms Sp-Tcm-No Transition To	COVERED
Z8602	Ms Sp-Professional Care As	COVERED
Z8603	Ms Sp-Chore	COVERED