

**Prior Authorization Requirements for CHC Medicaid
Effective January 1, 2022**

This list contains prior authorization requirements for participating care providers for Medicaid members for inpatient an outpatient services listed below.

Prior authorization is not required for emergency or urgent care.

For this plan, members have no non-emergent out of network coverage and no coverage outside of the service area.

| Authorization Categories | Covered Service | CPT or HCPCS Codes | Additional Authorization Requirements | Documentation Requirements |
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| Ambulance/ Transportation | AMB SRVC OTSD STATE-MILE TRANSPORT | A0021 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | BLS MILEAGE | A0380 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | BLS ROUTINE DISPOSABLE SUPPLIES | A0382 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | BLS SPCLIZED SRVC DISPBL SPL; DEFIB | A0384 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | ALS MILEAGE | A0390 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | ALS SPCLIZED SRVC DISPBL SPL; DEFIB | A0392 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | ALS SPCLIZED SRVC DISPBL SPL; IV RX | A0394 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | ALS SPCLIZD SRVC DISPBL SPL;INTUBAT | A0396 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | ALS ROUTINE DISPOSABLE SUPPLIES | A0398 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | AMB WAITING TIME 1/2 HR INCREMENTS | A0420 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |

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| Ambulance/ Transportation | AMB OXYGEN&O2 SPL LIFE SUSTAINING | A0422 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | GROUND MILEAGE PER STATUTE MILE | A0425 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | AMB SRVC ALS NONEMERG TRNSPRT LVL 1 | A0426 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | AMB SERVICE BLS NONEMERG TRANSPORT | A0428 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | AMB SRVC AIR TRNSPRT 1 WAY FIX WING | A0430 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | AMB SRVC AIR TRNSPRT 1 WAY ROTARY | A0431 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | PARAMED INTRCPT RURL NO 3 PARTY PAY | A0432 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | ADVANCED LIFE SUPPORT LEVEL 2 | A0433 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | SPECIALTY CARE TRANSPORT | A0434 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | FIX WING AIR MILEAGE-STATUTE MILE | A0435 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | ROTARY WING AIR MILEAGE-STATUT MILE | A0436 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | AMBULANCE RSPN&TREATMENT NO TRNSPRT | A0998 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |
| Ambulance/ Transportation | UNLISTED AMBULANCE SERVICE | A0999 | | Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport |

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| Behavioral Health Services | PSYTX COMPLEX INTERACTIVE | 90785 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYCH DIAGNOSTIC EVALUATION | 90791 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYCH DIAG EVAL W/MED SRVCS | 90792 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYTX W PT 30 MINUTES | 90832 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYTX W PT W E/M 30 MIN | 90833 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYTX W PT 45 MINUTES | 90834 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYTX W PT W E/M 45 MIN | 90836 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYTX W PT 60 MINUTES | 90837 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYTX W PT W E/M 60 MIN | 90838 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYTX CRISIS INITIAL 60 MIN | 90839 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | FAMILY PSYTX W/O PT 50 MIN | 90846 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | FAMILY PSYTX W/PT 50 MIN | 90847 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | MULTIPLE FAMILY GROUP PSYTX | 90849 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |

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| Behavioral Health Services | GROUP PSYCHOTHERAPY | 90853 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | TCRANIAL MAGN STIM TX PLAN | 90867 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | TCRANIAL MAGN STIM TX DELI | 90868 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | TCRAN MAGN STIM REDETERMINE | 90869 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ELECTROCONVULSIVE THERAPY | 90870 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | BHV ID ASSMT BY PHYS/QHP | 97151 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | BHV ID SUPRT ASSMT BY 1 TECH | 97152 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ADAPTIVE BEHAVIOR TX BY TECH | 97153 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | GRP ADAPT BHV TX BY TECH | 97154 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ADAPT BEHAVIOR TX PHYS/QHP | 97155 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | FAM ADAPT BHV TX GDN PHY/QHP | 97156 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | MULT FAM ADAPT BHV TX GDN | 97157 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | GRP ADAPT BHV TX BY PHY/QHP | 97158 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |

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| Behavioral Health Services | OFFICE/OUTPATIENT VISIT EST | 99215 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | OFFICE CONSULTATION | 99241 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | OFFICE CONSULTATION | 99242 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | OFFICE CONSULTATION | 99243 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | OFFICE CONSULTATION | 99244 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | OFFICE CONSULTATION | 99245 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PROLONG E&M/PSYCTX SERV O/P | 99354 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PROLONG E&M/PSYCTX SERV O/P | 99355 | Visits > 30 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALC&/SA STRCT ASMT & BRF INT 5-14 M | G2011 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | OFF/OT OP E&M E PT>56MG ESKTMN N SA | G2083 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | VISIT CPLX INHERENT E&M ASSOC MCS | G2211 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | OTH SPEC CASE MGMT SERVICE NEC | G9012 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | BEHAVIORAL HEALTH CNSL&TX-15 MIN | H0004 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |

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| Behavioral Health Services | ALCOHL&/RX SRVC; GRP CNSL CLINICIAN | H0005 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHL&/RX SRVC;AC DTOX RES PROG IP | H0011 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHL&/RX SRVC; SUB-AC DTOX RES OP | H0012 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHL&/RX SRVC; INTENSV OP; INTRVN | H0015 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHL &OR RX SRVC; MEDICAL/SOMATIC | H0016 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | BHVAL HEALTH; RES W/O ROOM&BD-DIEM | H0017 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | BHVAL HLTH; SHRT-TERM RES PER DIEM | H0018 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHL&/RX SRVC;METHDONE ADMN&/SRVC | H0020 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | MENTAL HEALTH ASSESS NON-PHYSICIAN | H0031 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | MENTL HLTH SRVC PLAN DVLP NON-PHYS | H0032 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | MEDICATION TRN&SUPPORT PER 15 MIN | H0034 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | MENTAL HEALTH PART HOSP TX < 24 HR | H0035 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | SELF-HELP/PEER SERVICES PER 15 MIN | H0038 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |

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| Behavioral Health Services | ALCOHOL &OR OTH DRUG ABS SRVC NOS | H0047 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHOL AND/OR DRUG SCREENING | H0049 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHOL &/ DRUG SRVC BRF PER 15 MIN | H0050 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | COMP MEDICATION SERVICES PER 15 MIN | H2010 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | CRISIS INTERVEN SERVICE PER 15 MIN | H2011 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | BEHAVIORAL HEALTH DAY TX PER HOUR | H2012 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | SKILLS TRAINING&DVLP PER 15 MINUTES | H2014 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PSYCHOSOCIAL REHAB SRVC 15 MINUTES | H2017 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHOL &OR OTH DRUG TX PROGM-HOUR | H2035 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | INJECTION BU EXT-RLSE </= TO 100 MG | Q9991 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | INJ BUPRENORPHINE EXT-RLSE >100 MG | Q9992 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | PT ED NOC NON-MD PROV IND SESSION | S9445 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | INTENSIVE OP PSYC SERVICES PER DIEM | S9480 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |

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| Behavioral Health Services | ALCOHL&/SBSTNC ABS FAM/COUPLE CNSL | T1006 | >\$500.00 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHOL&/SUBSTANCE ABUSE SERVICES | T1007 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | CHILD SIT IND ALC&/SUBSTNC ABS SRVC | T1009 | >\$500.00 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | MEALS REC ALCOHL&/SUBSTNC ABS SRVC | T1010 | >\$500.00 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | ALCOHOL&/SBSTNC ABS SRVC SKL DVLP | T1012 | >\$500.00 Auth required | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Behavioral Health Services | TARGETED CASE MANAGEMENT EA 15 MINS | T1017 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Biofeedback Therapy (All) | BIOFEEDBACK TRAIN ANY METH | 90901 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Biofeedback Therapy (All) | BIOFEEDBACK PERI/URO/RECTAL | 90911 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Biofeedback Therapy (All) | BFB TRAINING 1ST 15 MIN | 90912 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Biofeedback Therapy (All) | BFB TRAINING EA ADDL 15 MIN | 90913 | | History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s) |
| Cardiology | INSERTION OF HEART PACEMAKER | 33206 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | INSERTION OF HEART PACEMAKER | 33207 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | INSERTION OF HEART PACEMAKER | 33208 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Cardiology | ELTRD/INSERT PACE-DEFIB | 33249 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | INSJ SUBQ CAR RHYTHM MNTR | 33285 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | CORONARY ARTERY ANGIO S&I | 93454 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | CORONARY ART/GRFT ANGIO S&I | 93455 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | R HRT CORONARY ARTERY ANGIO | 93456 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | R HRT ART/GRFT ANGIO | 93457 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | L HRT ARTERY/VENTRICLE ANGIO | 93458 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | L HRT ART/GRFT ANGIO | 93459 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | R&L HRT ART/VENTRICLE ANGIO | 93460 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiology | R&L HRT ART/VENTRICLE ANGIO | 93461 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiovascular | ILIAC REVASC W/STENT | 37221 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiovascular | FEM/POPL REVAS W/TLA | 37224 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiovascular | FEM/POPL REVAS W/ATHER | 37225 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Cardiovascular | FEM/POPL REVASC W/STENT | 37226 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiovascular | FEM/POPL REVASC STNT & ATHER | 37227 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiovascular | TIB/PER REVASC W/TLA | 37228 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiovascular | TIB/PER REVASC W/ATHER | 37229 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiac Services | ECHO EXAM OF FETAL HEART | 76825 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiac Services | ECHO EXAM OF FETAL HEART | 76826 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiac Services | ECHO EXAM OF FETAL HEART | 76827 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiac Services | ECHO EXAM OF FETAL HEART | 76828 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiac Services | TRANSCATH CLOSURE OF ASD | 93580 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiac Services | Comprehensive electrophysiologic evaluation including insert | 93653 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cardiac Services | Comprehensive electrophysiologic evaluation including transs | 93656 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cochlear Implants and other auditory Implants | IMPLANT TEMPLE BONE W/STIMUL | 69714 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Cochlear Implants and other auditory Implants | TEMPLE BNE IMPLNT W/STIMULAT | 69715 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Cochlear Implants and other auditory Implants | IMPLANT COCHLEAR DEVICE | 69930 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYRINGE W/NEEDLE STERIL 1 CC/< EACH | A4206 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYRINGE W/NEEDLE STERILE 2 CC EACH | A4207 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYRINGE W/NEEDLE STERILE 3 CC EACH | A4208 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYRINGE W/NEEDLE STERILE 5 CC/> EA | A4209 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NEEDLE-FREE INJECTION DEVICE EACH | A4210 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SUPPLIES SELF-ADMINED INJECTIONS | A4211 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONCORING NEEDLE/STYLET W/WO CATH | A4212 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYRINGE STERILE 20 CC/GREATER EACH | A4213 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NEEDLE STERILE ANY SIZE EACH | A4215 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STERL H2O SALINE & OR DXT DIL 10 ML | A4216 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STERILE WATER/SALINE 500 ML | A4217 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STERL SALINE/WATR METRD DOSE 10 ML | A4218 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | REFILL KIT IMPLANTABLE INFUS PUMP | A4220 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SUPS MAINT NON-INS RX INFUS CATH PW | A4221 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INFUS SPL EXT RX INFUS PUMP CAS/BAG | A4222 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INFUS SPL NO EXT INFUS PUMP CAS/BAG | A4223 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPL MAINT INSULIN INFUS CATH PER WK | A4224 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPL EXT INS INF PMP SYR T CART ST E | A4225 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | S MNT INS IP DR ADJ TX CNT G SNS PW | A4226 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INFUS SET EXT INSULIN PUMP NONNDLE | A4230 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INFUS SET EXT INSULIN PUMP NEEDLE | A4231 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYRINGE NDLE EXT INSULIN PUMP STERL | A4232 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL BATT ALK NOT J CELL HOM BG MON | A4233 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL BATT ALK J CELL HOM BG MON | A4234 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL BATT LITHIUM HOM BG MON OWN PT | A4235 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | REPL BATT SILVER OXIDE HOM BG MON | A4236 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALCOHOL OR PEROXIDE PER PINT | A4244 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALCOHOL WIPES PER BOX | A4245 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BETADINE/PHISOHEX SOLUTION PER PINT | A4246 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BETADINE/IODINE SWABS/WIPES PER BOX | A4247 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHLORHEXIDINE CONTAINING ANTISEPTIC | A4248 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URINE TEST/REAGENT STRIPS/TABLETS | A4250 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BLOOD KETONE TEST/REAGENT STRIP EA | A4252 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BLD GLU TST/REAGT STRIPS HOM MON-50 | A4253 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PLATFORMS HOM BLD GLU MON 50-BOX | A4255 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NORMAL LOW&HI CALIBRATOR SOL/CHIPS | A4256 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL LENS SHIELD CARTRIDGE LASR SKN | A4257 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPRING-POWERED DEVICE LANCET EACH | A4258 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | LANCETS PER BOX OF 100 | A4259 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERVICAL CAP FOR CONTRACEPTIVE USE | A4261 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PERM IMPL CONTRCPTV TUBAL OCCL DEV | A4264 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARAFFIN PER POUND | A4265 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIAPHRAGM FOR CONTRACEPTIVE USE | A4266 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTRACEPTIVE SUPPLY CONDOM MALE EA | A4267 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTRACEPT SUPPLY CONDOM FEMALE EA | A4268 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTRACEPTIVE SUPPLY SPERMICIDE EA | A4269 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHES SKN SUPP ATTCH BRST PROSTH EA | A4280 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TUBING FOR BREAST PUMP REPLACEMENT | A4281 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADAPTER FOR BREAST PUMP REPLACEMENT | A4282 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAP BREAST PUMP BOTTLE REPLACEMENT | A4283 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BRST SHIELD&SPLSH PROTCTR PUMP REPL | A4284 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | POLYCARBATE BOTTLE BREAST PUMP REPL | A4285 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LOCKING RING BREAST PUMP REPLACEMENT | A4286 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SACRAL NERVE STIM TEST LEAD EACH | A4290 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPL ACSS CATHETER EXTERNAL ACCESS | A4300 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPL ACSS TOTAL CATH PORT/RESERVOIR | A4301 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPBL RX DEL SYS RATE 50 ML/>-HR | A4305 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPOSABL RX DEL SYS FLW < 50 ML HR | A4306 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRTION TRAY W/O DRN BAG&W/O CATH | A4310 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRTION TRAY W/O BAG 2-WAY LATEX | A4311 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRTION TRAY W/O BAG 2-WAY SILCON | A4312 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRT TRAY W/O BAG 3-WAY CNT IRRIG | A4313 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRTION TRAY W/BAG 2-WAY LATEX | A4314 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRTION TRAY W/BAG 2-WAY SILCON | A4315 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | INSRTION TRAY W/BAG 3-WAY CONT IRRG | A4316 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IRRIG TRAY W/BULB/PISTON SYRINGE | A4320 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IRRIGATION SYRINGE BULB/PISTON EACH | A4322 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MALE EXT CATH CLCT CHAMB ANY TYPE | A4326 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FE EXT URIN CLCT DEVICE; POUCH EA | A4328 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PERIAN FECAL CLCT POUCH W/ADHES EA | A4330 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXT DRN TUBING W/CNCTOR/ADAPTR EA | A4331 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LUBRICNT INDIVIDUAL STERL PACKET EA | A4332 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URIN CATH ANCHR DEVC ADHES ATTCH EA | A4333 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URIN CATH ANCHR DEVICE LEG STRAP EA | A4334 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCONTINENCE SUPPLY; MISCELLANEOUS | A4335 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INDWLL CATH; 2-WAY LATEX W/COAT EA | A4338 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INDWELL CATHETER; SPECIALTY TYPE EA | A4340 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | INDWLL CATH FOLEY 2-WAY SILCON EA | A4344 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INDWLL CATH; FOLY 3-WAY CONT IRRIG | A4346 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MALE EXT CATH W/WO ADHES DISPBL EA | A4349 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERMIT URIN CATH; STRAIT TIP EA | A4351 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERMIT URIN CATH; COUDE TIP EA | A4352 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERMIT URIN CATH W/INSERTION SPL | A4353 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRTION TRAY W/DRN BAG W/O CATH | A4354 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IRRIG TUBING CONT 3-WAY CATH EA | A4355 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXT URETHRAL CLAMP/COMPRS DEVICE EA | A4356 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BEDSID DRN BAG DAY/NGT W/WO TUBE EA | A4357 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URINARY LEG BAG; VINYL W/WO TUBE EA | A4358 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISP EXT URETHRAL CLAMP/COMP DEV EA | A4360 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY FACEPLATE EACH | A4361 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SKN BARRIER; SOLID 4X4/EQUVALNT; EA | A4362 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY CLAMP ANY TYPE REPL ONLY EA | A4363 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHES LIQUID/EQUAL ANY TYPE-OUNCE | A4364 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY VENT ANY TYPE EACH | A4366 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY BELT EACH | A4367 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY FILTER ANY TYPE EACH | A4368 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY SKIN BARRIER LIQUID PER OZ | A4369 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY SKIN BARRIER POWDER PER OZ | A4371 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKIN BARR SOL 4X4/EQUV STD EA | A4372 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARR W/FLNGE BUILT-IN CONVX | A4373 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABLE W/FCEPLAT PLST EA | A4375 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABLE W/FCEPLAT RUBR EA | A4376 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABLE FCEPLAT PLSTC EA | A4377 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRAINABLE FCEPLAT RUBR EA | A4378 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN W/FCEPLAT PLSTC EA | A4379 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN W/FCEPLAT RUBR EA | A4380 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN USE FCEPLAT PLSTC EA | A4381 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN FCEPLAT HVY PLSTC EA | A4382 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN USE FCEPLAT RUBR EA | A4383 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST FCEPLAT EQUVALNT SILCON RING EA | A4384 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARRIER 4X4 EXT W/O CONVXTY | A4385 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLOS BARR BUILT-IN CONVX | A4387 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABL W/EXT WEAR BARR EA | A4388 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNBL BARR BUILT-IN CONVX | A4389 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABLE EXT W/CONVXITY EA | A4390 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN W/EXT WEAR BARR EA | A4391 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN STD W/CONVXITY EA | A4392 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN EXT W/CONVXITY EA | A4393 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY DEODORANT W/WO LUB PER FL OZ | A4394 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST DEODORANT OST POUCH SOLID-TAB | A4395 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY BELT W/PERISTOMAL HERN SUP | A4396 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IRRIGATION SUPPLY; SLEEVE EACH | A4397 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY IRRIGATION SUPPLY; BAG EACH | A4398 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST IRRIG SPL; CONE/CATH W/WO BRUSH | A4399 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY IRRIGATION SET | A4400 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LUBRICANT PER OUNCE | A4402 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY RING EACH | A4404 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARRIER NONPECTIN PASTE-OZ | A4405 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARRIER PECTIN PASTE-OZ | A4406 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OST SKN BARRIER W/CONVXITY 4X4 IN/< | A4407 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARRIER W/CONVXITY > 4X4 IN | A4408 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARR EXT W/O CONVX 4X4 IN/< | A4409 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARR EXT W/O CONVX >4X4 IN | A4410 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARR SOLID 4X4/EQ W/CONVXTY | A4411 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNBL BARR FLNGE W/O FLTR | A4412 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABL BARRIER FLNGE/FLTR | A4413 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARRIER W/O CONVX 4X4 IN/< | A4414 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST SKN BARRIER W/O CONVX >4X4 IN | A4415 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLO BARR ATTCH W/FILTR EA | A4416 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLO BARR W/BLT-IN CONVXIT | A4417 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLOS; W/O BARR W/FILTR EA | A4418 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLOS; BARRIER W/NON-LOCK | A4419 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLO;USE BARR LOCK FLNG EA | A4420 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY SUPPLY; MISCELLANEOUS | A4421 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST ABSORB MATL THICKN LQD STOML OP | A4422 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLOS; BARR W/LOCK FLNG EA | A4423 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNBL BARR ATTCH FILTR EA | A4424 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNBL; BARR NON-LOCK FLNG | A4425 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNBL;BARR W/LOCK FLNG EA | A4426 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRN;BARR LOCK FLNG FLTR | A4427 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN W/FAUCET TAP W/VALVE | A4428 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN W/BLT-IN CONVX VALVE | A4429 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URN BLT-IN CNVX FAUCT VLV | A4430 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN;BARR FAUCT TAP VLV | A4431 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URN;NO-LCK FLNG FAUCT VLV | A4432 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN; BARR W/LOCK FLNG EA | A4433 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URN;LOCK FLNG FAUCT VLV | A4434 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRN HI OP EXT WR BARR EA | A4435 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TAPE NON-WATERPROOF 18 SQUARE IN | A4450 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TAPE WATERPROOF PER 18 SQUARE IN | A4452 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHESIVE REMOVER/SOLVENT PER OUNCE | A4455 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHESIVE REMOVER WIPES ANY TYPE EA | A4456 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURG DRESSING HOLDR NON-REUSABLE EA | A4461 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONELASTIC BINDER FOR EXTREMITY | A4465 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BELT STRAP SLV GARMENT/COV ANY TYPE | A4467 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRAVLEE JET WASHER | A4470 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VABRA ASPIRATOR | A4480 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMA FLTR TYPE SZ EA | A4481 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | MOISTR EXCHGR DISPBL W/INVASV VENT | A4483 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURG STOCKING ABOVE KNEE LENGTH EA | A4490 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGICAL STOCKING THIGH LENGTH EACH | A4495 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURG STOCKING BELOW KNEE LENGTH EA | A4500 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGICAL STOCKING FULL-LENGTH EACH | A4510 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGICAL TRAYS | A4550 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NON-DISPOSABLE UNDERPADS ALL SIZES | A4553 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPOSABLE UNDERPADS ALL SIZES | A4554 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELECTRODES PER PAIR | A4556 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD WIRES PER PAIR | A4557 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONDUCTVE GEL/PASTE USE W/ELEC DEVC | A4558 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PESSARY RUBBER ANY TYPE | A4561 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PESSARY NON RUBBER ANY TYPE | A4562 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SLINGS | A4565 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SHOULDR SLING/VEST ABD RSTRN PREFAB | A4566 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPLINTS | A4570 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TOPICAL HYPRBR OXYGEN CHAMB DISPBL | A4575 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SUPPLIES | A4580 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPECIAL CASTING MATERIAL | A4590 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELEC STIM SUPPLIES 2 LEAD PER MONTH | A4595 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SLEEVE INTERMITT LIMB COMP REPL EA | A4600 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL BA EXT IP OWND PT LI 1.5 V EA | A4602 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TUBING W/INTGR HEAT ELEM W/PAP DEVC | A4604 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEAL SUCTION CATH CLOS SYS EA | A4605 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 PROBE W/OXIMETER DEVICE REPLCMT | A4606 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BATTRY HEVY DUTY; REPL PT-OWND VENT | A4611 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | BATTERY CABLES; REPL PT-OWNED VENT | A4612 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BATTERY CHARGER; REPL PT-OWNED VENT | A4613 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PEAK EXPIRATORY FLW METER HAND HELD | A4614 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CANNULA NASAL | A4615 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TUBING PER FOOT | A4616 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MOUTHPIECE | A4617 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BREATHING CIRCUITS | A4618 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VARIABLE CONCENTRATION MASK | A4620 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMY INNER CANNULA | A4623 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEAL SUCTN CATH NOT CLOS SYS EA | A4624 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOST CARE KIT NEW TRACHEOST | A4625 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMY CLEANING BRUSH EACH | A4626 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OROPHARYNGEAL SUCTION CATHETER EACH | A4628 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TRACHEOST CARE KIT EST TRACHEOST | A4629 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL BATTERY TRNSQ ELEC STIM OWND PT | A4630 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UNDERARM PAD CRUTCH REPLACEMENT EA | A4635 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL TIP CANE CRUTCH WALKER EA | A4637 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL PAD W/ALTRNAT PRSS PAD OWND PT | A4640 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RADIOPHARMACEUTICAL DIAGNOSTIC NOC | A4641 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TISSUE MARKER IMPLANTBL ANY TYPE EA | A4648 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGICAL SUPPLY; MISCELLANEOUS | A4649 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPLANTABLE RADIATION DOSIMETER EA | A4650 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CALIBRATED MICROCAPILLARY TUBE EACH | A4651 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MICROCAPILLARY TUBE SEALANT | A4652 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYRINGE WITH OR WITHOUT NEEDLE EACH | A4657 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BLOOD PRESSURE CUFF ONLY | A4663 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | AUTOMATIC BLOOD PRESSURE MONITOR | A4670 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPBL CYCLR SET USED W/CYCLR DIALY | A4671 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIALYSATE FL>1999<=2999CC DIALYSIS | A4722 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BLD GLU TEST STRIPS DIALYSIS PER 50 | A4772 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPBL CATH TIP PERITON DIALYSIS-10 | A4860 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTRACTS REPR&MAINT HEMODIAL EQP | A4890 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GLOVES NON-STERILE PER 100 | A4927 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGICAL MASK PER 20 | A4928 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GLOVES STERILE PER PAIR | A4930 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ORL THERMOMETER REUSBL ANY TYPE EA | A4931 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLOS; W/BARRIER ATTCH EA | A5051 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLOS; W/O BARR ATTACH EA | A5052 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOMY POUCH CLOS; USE FACEPLATE EA | A5053 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OST POUCH CLOS; BARRIER W/FLNGE EA | A5054 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STOMA CAP | A5055 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRAIN EXT BARRIER FLTR EA | A5056 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRAIN BARR CONVX FLTR EA | A5057 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABLE; W/BARR ATTCH EA | A5061 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABL; W/O BARR ATTCH EA | A5062 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH DRNABLE; BARR W/FLNGE EA | A5063 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN; W/BARRIER ATTCH EA | A5071 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN; W/O BARR ATTCH EA | A5072 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OST POUCH URIN; BARRIER W/FLNGE EA | A5073 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STOMA PLUG OR SEAL ANY TYPE | A5081 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTINENT DEVC;CATH CONTINENT STOMA | A5082 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONT DEVICE STOMA ABSORPTIVE COVER | A5083 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OSTOMY ACCESSORY; CONVEX INSERT | A5093 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BEDSIDE DRN BOTTLE W/WO TUBING EA | A5102 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URIN SUSPENSRY LEG BAG W/WO TUBE EA | A5105 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URINARY DRAIN BAG LEG/ABD LATEX EA | A5112 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEG STRAP; LATEX REPLCMT ONLY-SET | A5113 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEG STRAP; FOAM/FABRIC REPL-SET | A5114 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKIN BARRIER WIPES OR SWABS EACH | A5120 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKN BARRIER; SOLID 6X6/EQUVALNT EA | A5121 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKN BARRIER; SOLID 8X8/EQUVALNT EA | A5122 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHES/NON-ADHES; DISK/FOAM PAD | A5126 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | APPLINC CLNR INCONT&OST APPLN-16 OZ | A5131 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PERQ CATH/TUBE ANCHR DEVC ADHES SKN | A5200 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DM ONLY CSTM PREP SHOE MX DNS INSRT | A5500 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | DM ONLY CSTM PREP SHOE MOLD PTS FT | A5501 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOR DIAB ONLY MX DNSITY INSRT PRFAB | A5512 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIA ONLY MX DN INSRT CSTM MLD P F E | A5513 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIA MX DEN INS DIR CARV CSTM FAB EA | A5514 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLLEGEN WOUND FILLR DRY FORM PER G | A6010 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLLEGEN WOUND FIL GEL/PASTE PER G | A6011 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLL DRESS PAD SIZE 16 SQ/LESS EA | A6021 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLL DRSG STRL>16 BUT</=48 SQ IN EA | A6022 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLL DRSG STERILE SZ >48 SQ IN EA | A6023 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLL DRESS WND FIL STERL PER 6 IN | A6024 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GEL SHEET DERMAL/EPIDRMAL APPLIC EA | A6025 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WOUND POUCH EACH | A6154 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA | A6196 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ALGINAT/OTH FIBR GELL >16<=48 SQEA | A6197 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALGINAT/OTH FIBR GELL PAD >48 SQ EA | A6198 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALGINAT/OTH FIBR GELL DRESS FIL-6IN | A6199 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPOS DRESS 16 SQ/< W/ADHES BORDR | A6203 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPOS DRESS >16 <=48 SQ W/ADHES | A6204 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPOS DRESS >48SQ W/ADHES BORDR EA | A6205 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CNTCT LAYR STERL 16 SQ IN/<EA DRESS | A6206 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CNTC LAYER > 16 SQ BUT <= 48 SQ EA | A6207 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTACT LAYER > 48 SQ EACH DRESSING | A6208 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOAM DRESS STERL 16 SQ/< NO ADHES | A6209 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOAM DRESS >16 <=48SQ W/O ADHES EA | A6210 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOAM DRESS STERL > 48 SQ NO ADHES | A6211 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOAM DRESS 16 SQ/< W/ADHES BORDR EA | A6212 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | FOAM DRESS >16 <= 48 SQ W/ADHES EA | A6213 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOAM DRESS > 48 SQ W/ADHES BORDR EA | A6214 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOAM DRESSING WOUND FIL STERL PER G | A6215 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZE NON-IMPREG NONSTERL 16 SQ/< | A6216 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZE NON-IMPREG NONSTRL >16<=48SQ | A6217 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZE NON-IMPREG NONSTERL > 48 SQ | A6218 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZE NON-IMPREG STERL 16 SQ/<ADHES | A6219 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZE NON-IMPREG >16 <=48 SQ ADHES | A6220 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZE NON-IMPREG > 48 SQ W/ADHES | A6221 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/< | A6222 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG NOT H2O/HYDRGL >16<=48 | A6223 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ | A6224 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG WATR/NL SALINE > 16 SQ | A6228 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG WATR/SALINE >16<=48 SQ | A6229 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG H2O/SALINE STERL >48 SQ | A6230 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG HYDRGEL DIR WND 16 SQ/< | A6231 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG HYDRGEL DIR >16 <= 48 | A6232 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPREG HYDRGEL DIR WND > 48 SQ | A6233 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDRCOLLOID DRESS 16 SQ/< W/O ADHES | A6234 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDRCOLLOID DRESS >16<=48 NO ADHES | A6235 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROCOLLOID DRESS >48 SQ W/O ADHES | A6236 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROCOLLOID DRESS 16 SQ/< W/ADHES | A6237 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDRCOLLOID DRESS >16<= 48 W/ADHES | A6238 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROCOLLOID DRESS > 48 SQ W/ADHES | A6239 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROCOLLOID DRESS FIL PASTE-FL OZ | A6240 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROCOLLOID DRESS DRY FORM PER G | A6241 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HYDROGEL DRESS 16 SQ/< W/O ADHES EA | A6242 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROGEL DRESS >16 <=48SQ NO ADHES | A6243 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROGEL DRESS > 48 SQ W/O ADHES EA | A6244 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROGEL DRESS 16 SQ/< W/ADHES EA | A6245 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROGEL DRESS >16 <=48 SQ W/ADHES | A6246 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROGEL DRESS STERL >48 SQ ADHES | A6247 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROGEL DRESS WOUND FIL GEL FL OZ | A6248 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKN SEALNT PROTCT MOISTURZR OINTMNT | A6250 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPCLTY ABSORB DRESS 16SQ/< NO ADHES | A6251 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPCL ABSORB DRESS >16<=48 NO ADHES | A6252 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPCLTY ABSORB DRESS >48 SQ NO ADHES | A6253 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPCLTY ABSORB DRESS 16 SQ/< W/ADHES | A6254 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPCL ABSORB DRESS >16<= 48 W/ADHES | A6255 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SPCLTY ABSORB DRESS > 48 SQ W/ADHES | A6256 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRNSPRT FILM STERL 16 SQ/< EA DRESS | A6257 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRNSPRT FILM >16 SQ BUT <=48 SQ EA | A6258 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRNSPRT FILM STERL > 48 SQ EA DRESS | A6259 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WOUND CLEANSERS ANY TYPE ANY SIZE | A6260 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WOUND FILLR GEL/PASTE PER FL OZ NOS | A6261 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WOUND FILLER DRY FORM PER G NOS | A6262 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ IMPRG NOT H2O SAL/ZINC LINR YD | A6266 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ NON-IMPREG STERL 16 SQ/< NO AD | A6402 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ NON-IMPREG STERL >16 <= 48 SQ | A6403 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAUZ NON-IMPREG STRL >48SQ NO ADHES | A6404 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PACK STRIPS NON-IMPREGNTD UP 2 IN | A6407 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EYE PAD STERILE EACH | A6410 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | EYE PAD NON-STERILE EACH | A6411 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EYE PATCH OCCLUSIVE EACH | A6412 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHESIVE BANDAGE FIRST-AID TYPE EA | A6413 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PADD BANDGE NON-ELAST NON-WOVEN/NON | A6441 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONFORMING BANDGE NON-ELAST KNITTED | A6442 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONFORMING BANDGE NON-ELAST KNITTED | A6443 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONFORMING BANDGE NON-ELAST KNITTED | A6444 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONFORMING BANDGE NON-ELAST KNITTED | A6445 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONFORMING BANDGE NON-ELAST KNITTED | A6446 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONFORMING BANDGE NON-ELAST KNITTED | A6447 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LT COMPRS BANDGE ELAST WIDTH < 3 IN | A6448 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LT COMPRS BANDGE WIDTH >= 3 & <5 IN | A6449 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LT COMPRS BANDGE WIDTH >= 5 IN | A6450 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | MOD COMPRS BANDGE WD >/= 3 & <5 IN | A6451 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HI COMPRS BANDGE WD >/= 3 & <5 IN | A6452 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SELF-ADHERENT BANDGE WDTN </= 3 IN | A6453 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SLF ADHERNT BANDGE WD >/= 3 & <5 IN | A6454 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SELF-ADHERENT BANDGE WDTN >/= 5 IN | A6455 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ZINC PAST BANDGE WD >/= 3 & <5 IN | A6456 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TUBULR DRSG W/WO ELAST WDTN LINR YD | A6457 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYN RSRB W DR STRL P 16 SI/< NO A E | A6460 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | S RSRB ST PD SZ >16 SI </= 48 SI E | A6461 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPRS BRN GARMNT GLOV WRST CSTM | A6504 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPRS BURN GARMNT GLOV AX CSTM FAB | A6506 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADIENT COMPRS STK BK 30-40 MMHG | A6531 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRD CMPRS WRP NONELST BK 30-50 MMHG | A6545 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | GRADIENT COMP STOCKING/SLEEVE NOS | A6549 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WND CARE SET NEG PRSS WND TX PUMP | A6550 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CANISTER DISPBL USED W/SUCTN PUMP | A7000 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CANISTR NONDISPBL USED W/SUCTN PUMP | A7001 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TUBING USED WITH SUCTION PUMP EACH | A7002 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADMN SET SM VOL NONFILTR NEB DISPBL | A7003 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SM VOL NONFILTR PNEUMAT NEB DISPBL | A7004 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADMN SET SM VOL NONFLTR NEB NONDISP | A7005 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADMN SET W/SM VOL FILTR NEBULIZR | A7006 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LG VOL NEBULIZR DISPBL UNFIL COMPRS | A7007 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RESRVOR BOTTLE LG VOL US NEBULIZR | A7009 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CORUG TUBE DISPBL LG VOL NEB 100 FT | A7010 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WATER COLLEC DEV USE W/LG VOL NEB | A7012 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | FILTER DISP W/AREO COMPRESS/US GEN | A7013 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AREO MASK USED W/ DME NEB | A7015 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DOME&MOUTHPECE W/SM VOL US NEBULIZR | A7016 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | H2O DIST USE W/LG VOL NEB 1000 ML | A7018 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERFACE COUGH STIM DEVC REPL ONLY | A7020 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HI FREQ CHST WALL OSCILAT VEST REPL | A7025 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HI FREQ CHST WALL OSCILAT HOSE REPL | A7026 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMB ORAL/NASAL MASK W/CPAP EACH | A7027 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ORAL CUSH ORAL/NASAL MASK REPL EA | A7028 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NASL PILLOW ORL/NASL MASK REPL PAIR | A7029 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FULL FCE MASK POS ARWAY PRSS DEV EA | A7030 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FCE MASK INTERFCE REPL FULL MASK EA | A7031 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSHN NASAL MASK INTF REPL ONLY EA | A7032 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PILLW NASL CANNULA TYPE INTF REPL | A7033 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NASL INTERFCE POS ARWAY PRSS DEVC | A7034 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEADGEAR USED W/POS ARWAY PRSS DEVC | A7035 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHINSTRAP USE W/POS ARWAY PRSS DEVC | A7036 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TUBING USED W/POS ARWAY PRESS DEVC | A7037 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FLTR DISPBL W/POS ARWAY PRSS DEVC | A7038 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FLTR NON DISPBL POS ARWAY PRSS DEVC | A7039 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXHALATION PORT REPLACEMENT ONLY | A7045 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WATR CHAMB HUMDIFIR USED W/POS ARWA | A7046 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VACUUM DRN CLCT U & TUBING KIT EA | A7048 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FLTR HOLDER/CAP REUSBL TRACHEOSTOMA | A7503 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOUS REUSABL W/O ADHES EXCHG SYS | A7505 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHES DISC EXCHG SYS&/ W/TRACH VALV | A7506 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | FLTR HLDR&INTGR FLTR TRACHEOSTOMA | A7507 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOUS&INTGR ADHES EXCHG SYS &/ VALV | A7508 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FLTR HLDR&INTGR FLTR HOUS&ADHES | A7509 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOST/LARYNGECT TUBE NON-CUFFED | A7520 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOST/LARYNGECT TUBE CUFF PVC | A7521 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOST/LARYNGECT TUBE STNLESS ST | A7522 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMY SHOWER PROTECTOR EACH | A7523 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMA STENT/STUD/BUTTON EACH | A7524 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMY MASK EACH | A7525 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMY TUBE COLLAR/HOLDER EA | A7526 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HELMET PROTECTIVE SOFT PREFAB | A8000 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HELMET PROTECTIVE HARD PREFAB | A8001 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HELMET PROTECTIVE SOFT CUSTOM FAB | A8002 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HELMET PROTECTIVE HARD CUSTOM FAB | A8003 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SOFT INTERFACE FOR HELMET REPL ONLY | A8004 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONPRESCRIPTION DRUG | A9150 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | 1 VIT/MINERL/TRACE ELEM ORLDOSE NOS | A9152 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLD/HOT FL BTL IC/C HT&/CLD W ANY | A9273 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXT AMB INSULIN DEL SYS DISPOSBL EA | A9274 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME GLU DISPBL MON W/TEST STRIPS | A9275 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SENSOR; INVSV INTRSTL GLU MON SYS | A9276 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRANSMTR; EXT INTRSTL CONT GLU MON | A9277 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RECEIVER MON; EXT INTRSTL GLU MON | A9278 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MON FEATURE/DEVC ALONE/INTEGRAT NOC | A9279 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WIG ANY TYPE EACH | A9282 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INVERSION/EVERSION CORRECTION DEVC | A9285 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HYG I/DVC DISPBL/NON-DISPBL ANY T E | A9286 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GALLIUM GA-68 DOTATATE DX 0.1 MCI | A9587 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FLUCICLOVINE F-18 DIAGNOSTIC 1 MCI | A9588 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSTILLATION HAL HCI 100 MG | A9589 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DME SUP/ACCESS/SRV-COMPON/OTH HCPCS | A9900 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DME DEL SET&/DSPNS SRVC ANOTH HCPCS | A9901 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MISCELLANEOUS DME SUPPLY/ACCESS NOS | A9999 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTERAL FEED SPL KIT; SYRINGE DAY | B4034 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTERAL FEED SPL KIT; PUMP FED-DAY | B4035 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTERAL FD SPL KIT; GRAVITY FED-DAY | B4036 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NASOGASTRIC TUBING WITH STYLET | B4081 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NASOGASTRIC TUBING WITHOUT STYLET | B4082 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STOMACH TUBE - LEVINE TYPE | B4083 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | GASTROSTOMY/J-TUBE STANDARD EACH | B4087 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GASTROSTOMY/J-TUBE LOW-PROFILE EA | B4088 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOOD THICKENER ADMINED ORALLY-OUNCE | B4100 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F ADLT REPL FL&LYTES 500 ML | B4102 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F PED REPL FL&LYTES 500 ML | B4103 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITIVE FOR ENTERAL FORMULA | B4104 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IN-LINE CART CTG DIG ENZYME EF EACH | B4105 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F MANF BLNDRIZD NAT FOODS | B4149 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F NUTRITIONALLY COMPLETE | B4150 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F NUTRITION CMPL CAL DENSE | B4152 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRL F NUTRTN CMPL HYDROLYZD PROTS | B4153 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F CMPL NO INHERITED DZ METAB | B4154 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F NUTRITN INCMPL/MOD NUTRNTS | B4155 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ENTRAL F CMPL INHERITED DZ METAB | B4157 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F PED NUTRITION COMPLETE | B4158 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F PED NUTRITN CMPL SOY BASD | B4159 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F PED NUTRITN CMPL CAL DENSE | B4160 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F PED HYDROLYZED/AA PROTEINS | B4161 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRAL F PED INHERITED DZ METAB | B4162 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT SOL; CARBS 50%/< HOM | B4164 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT SOL; AMINO ACID 3.5% | B4168 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT SOL; AMINO ACID 5.5-7% | B4172 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT SOL; AMINO ACID 7-8.5% | B4176 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT SOL; AMINO ACID > 8.5% | B4178 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT SOL; CARBS > 50% HOM | B4180 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARENTERAL NUTR SOL NOS 10 G LIPIDS | B4185 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT;AMINOACID&CARB 10-51GM | B4189 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT;AMINOACID&CARB 52-73GM | B4193 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRL NUT;AMINOACID&CARB 74-100GM | B4197 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT;AMINO ACID&CARB >100GM | B4199 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT; ADDITIVES-HOM MIX-DAY | B4216 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUTRIT SPL KIT; PREMIX-DAY | B4220 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT SPL KIT; HOM MIX-DAY | B4222 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUTRITION ADMIN KIT-DAY | B4224 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUT; AMINO ACID&CARBS RENL | B5000 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARENTERL NUT SOL AMINO ACID & CARB | B5100 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRL NUT AMINO ACID & CARS STRSS | B5200 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTERAL NUTR INFUSION PUMP ANY TYPE | B9002 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUTRIT INFUS PUMP PRTBLE | B9004 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PARNTRAL NUTRIT INFUS PUMP STATION | B9006 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NOC FOR ENTERAL SUPPLIES | B9998 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NOC FOR PARENTERAL SUPPLIES | B9999 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN | C1713 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH TRNSLUM ATHERECT DIRECTIONAL | C1714 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BRACHYTHERAPY NEEDLE | C1715 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH TRNSLUM ATHERECT ROTATIONAL | C1724 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER TRNSLUM ANGLPLSTY NON-LASER | C1725 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER BALLOON DILAT NON-VASCULAR | C1726 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH BALLN TISS DISSECTOR NON-VASC | C1727 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER BRACHYTHERAPY SEED ADMIN | C1728 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER DRAINAGE | C1729 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH EP DX OTH THAN 3D MAP 19/< | C1730 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CATH EP DX OTH THAN 3D MAP 20/> | C1731 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH EP DX/ABLAT 3D/VECTOR MAP | C1732 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH EP DX/ABLAT NOT MAP/COOL-TIP | C1733 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH HEMODIAL/PERITON LONG-TERM | C1750 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH INFUS INSRT PERIPH CNTRL/MIDLN | C1751 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER HEMODIALYSIS SHORT-TERM | C1752 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER INTRAVASCULAR ULTRASOUND | C1753 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER INTRADISCAL | C1754 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER INTRASPINAL | C1755 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER PACING TRANSESOPHAGEAL | C1756 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER THROMBECTOMY/EMBOLECTOMY | C1757 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER URETERAL | C1758 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER INTRACARD ECHOCARDIOGRAPHY | C1759 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CLOSURE DEVICE VASCULAR | C1760 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER TRANSLUM IVASC LITHOTR COR | C1761 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADHESION BARRIER | C1765 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GUIDE WIRE | C1769 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMAGING COIL MAGNETIC RESONANCE | C1770 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPR DEVICE URIN INCONT W/SLING GFT | C1771 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RETRIEVAL DEVICE INSERTABLE | C1773 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL | C1777 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD PACEMKR TRNS VDD SINGLE PASS | C1779 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LENS INTRAOCULAR | C1780 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PACEMKR DUAL CHAMB RATE-RESPONSIVE | C1785 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKIN SUBST SYNTH RESORB PER SQ CM | C1849 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VENA CAVA FILTER | C1880 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CATHETER TRNSLUM ANGLSTY LASER | C1885 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH EXTRAVASCULAR TISS ABLAT MODAL | C1886 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER GUIDING | C1887 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH ABLATION NON-CARDIAC ENDOVASC | C1888 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPLANTABLE/INSERTABLE DEVICE NOC | C1889 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTRDUCR/SHEATH EP CURVE PEEL-AWAY | C1892 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTRDUCR/SHEATH EP CURVE NOT PEEL | C1893 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTRDUCR/SHEATH NOT GUID NON-LASR | C1894 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD CARDIOVRT-DFIB ENDOCARD DUL | C1895 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD CARDIOVRT-DFIB NOT ENDOCARD | C1896 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD NEUROSTIMULATOR TEST KIT | C1897 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD PACEMKR NOT TRNS VDD 1 PASS | C1898 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEAD PACEMKR/CARDIOVERT-DEFIB COMB | C1899 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | LEAD LT VENTRICULAR CORON VENUS SYS | C1900 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROBE PERCUT LUMBAR DISCECTOMY | C2614 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEALANT PULMONARY LIQUID | C2615 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROBE/NEEDLE CRYOABLATION | C2618 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER TA DRUG-COATED NON-LASER | C2623 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER SUPRAPUBIC/CYSTOSCOPIC | C2627 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATHETER OCCLUSION | C2628 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CATH EP DX/ABLAT NOT MAP COOL-TIP | C2630 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CANE ALL MATL ADJUSTBLE/FIXED W/TIP | E0100 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CANE QUAD/3-PRONG ALL MATL W/TIPS | E0105 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRTCHES FORARM VARIOUS MATL PAIR | E0110 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRTCH UNDARM WOOD EA ADJUSTBL/FIX | E0113 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRTCHES UNDARM OTH THAN WOOD PAIR | E0114 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CRTCH UNDARM OTH THAN WOOD ADJ/FIX | E0116 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRTCH UNDERARM ARTIC SPRNG ASSTD EA | E0117 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRUTCH SUBSTITUTE LW LEG PLATFORM | E0118 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALKER RIGID ADJUSTBLE/FIXED HEIGHT | E0130 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALKER FOLDING ADJUSTBLE/FIX HEIGHT | E0135 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALK W/TRNK SUPP ADJUSTBL/FIX HT | E0140 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALKER RIGID WHEELD ADJUSTBL/FIX HT | E0141 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALKER FOLD WHEELED ADJUSTBL/FIX HT | E0143 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALKER ENCLOS 4 SIDE WHL POST SEAT | E0144 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALKR HEVY DUTY MX BRAKE VARIBL WHL | E0147 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALK HEVY DUTY NO WHLS RIGD/FOLD EA | E0148 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WALKER HEVY DUTY WHEELD ANY TYPE EA | E0149 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PLATFORM ATTACHMENT WALKER EACH | E0154 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | WHL ATTCH PCK-UP WLK- PER PAIR SEAT | E0155 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEAT ATTACHMENT WALKER | E0156 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEG EXTENSIONS WALKER PER SET FOUR | E0158 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BRAKE ATTCH WHEELED WALK REPLCMT EA | E0159 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMMODE CHAIR WITH FIXED ARMS | E0163 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMMODE CHAIR WITH DETACHABLE ARMS | E0165 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMMODE CHAIR XTRA WIDE&/HEVY DUTY | E0168 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR PRESS RED MATTRESS PAD W/PUMP | E0181 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DRY PRESSURE MATTRESS | E0184 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GEL/GEL-LIKE PRSS PAD MATTRSS STD | E0185 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SYNTHETIC SHEEPSKIN PAD | E0188 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LAMBSWOOL SHEEPSKIN PAD ANY SIZE | E0189 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEEL OR ELBOW PROTECTOR EACH | E0191 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HEAT LAMP W/O STAND W/INFRARD ELEM | E0200 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHOTOTHERAPY LIGHT WITH PHOTOMETER | E0202 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TX LTBOX MINI 10000 LUX TABLE TOP | E0203 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEAT LAMP W/STAND W/INFRARD ELEM | E0205 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELECTRIC HEAT PAD MOIST | E0215 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INFRARED HEATING PAD SYSTEM | E0221 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NON-CNTC WND WARM DEVC W/CARD&COVR | E0231 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WOUND WARMING WOUND COVER | E0232 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PUMP FOR WATER CIRCULATING PAD | E0236 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HYDROCOLLATOR UNIT PORTABLE | E0239 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BATH/SHOWER CHAIR W/WO WHLS ANY SZ | E0240 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BATHTUB WALL RAIL EACH | E0241 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BATHTUB RAIL FLOOR BASE | E0242 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TRNSF BENCH TUB/TOILET W/WO COMMODE | E0247 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PAD H2O CIRC HEAT UNIT REPLCMT ONLY | E0249 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED FIX HT W/RAIL W/O MATTRSS | E0251 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED VARIBL HT W/RAIL W/MATTRSS | E0255 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED VARIBL HT W/RAIL NO MATTRSS | E0256 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED SEMI-ELEC W/RAIL W/MATTRSS | E0260 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED SEMI-ELEC W/RAIL NO MATTRSS | E0261 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED TOT ELEC W/RAIL W/MATTRSS | E0265 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED TOT ELEC W/RAIL W/O MATTRSS | E0266 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOSP BED INST TYPE: W/MATTRSS | E0270 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MATTRESS FOAM RUBBER | E0272 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BED BOARD | E0273 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OVER-BED TABLE | E0274 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | POWER PRESSURE-REDUCING AIR MATTRSS | E0277 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED FIX HT W/O RAIL W/MATRSS | E0290 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED FIX HT W/O RAIL W/O MATTRSS | E0291 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED VARIBL HT NO RAIL W/MATRSS | E0292 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED VARIBL HT W/O RAIL/MATRSS | E0293 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED SEMI-ELEC NO RAIL W/MATRSS | E0294 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED SEMI-ELEC W/O RAIL/MATRSS | E0295 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED TOT ELEC W/O RAIL W/MATRSS | E0296 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED TOT ELEC W/O RAIL/MATRSS | E0297 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PED CRIB HOS GRADE ENC W/NO TOP ENC | E0300 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED HEVY DUTY W/WT CAP >350 PDS | E0301 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED WT CAP>600 W/O MATTRESS | E0302 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOS BED HEVY DUTY WT CAP >350<=600 | E0303 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HOS BED XTRA HD WT CAP>600 MTRSS | E0304 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BEDSIDE RAILS HALF-LENGTH | E0305 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BEDSIDE RAILS FULL-LENGTH | E0310 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BED ACCESS: BOARD/TABL/SUPPRT DEVC | E0315 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SFTY ENCLOS FRME/CANOPY W/HOSP BED | E0316 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URINAL; MALE JUG-TYPE ANY MATERIAL | E0325 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | URINAL; FE JUG-TYPE ANY MATERIAL | E0326 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOSP BED PED MANUAL INCL MATTRESS | E0328 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOSP BED PED ELECTRIC INCL MATTRESS | E0329 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CNTRL U ELEC BOWEL IRRIG/EVAC SYS | E0350 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPBL PACK W/ELEC BOWEL IRRIG/EVAC | E0352 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AIR PRESSURE ELEVATOR FOR HEEL | E0370 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONPWR PRSS RDUC OVRLAY MATTRSS STD | E0371 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR AIR OVRLAY MATRSSH STD LEN&WDTH | E0372 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONPWR ADVL PRESS REDUCING MATRSSH | E0373 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STATION COMPRS GASOUS O2 SYS RENT; | E0424 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STATION COMPRS GAS SYS PURCHASE; | E0425 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PRTBLE GASEOUS O2 SYS PURCHASE; | E0430 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PRTBLE GASEOUS O2 SYS RENTAL; | E0431 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PORTBL LIQ O2 SYS RENT; HOME LIQUIF | E0433 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PRTBLE LIQUID O2 SYS RENTAL; | E0434 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PRTBLE LIQUID O2 SYS PURCHASE; | E0435 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STATION LIQUID O2 SYS RENTAL; | E0439 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STATION LIQUID O2 SYS PURCHASE; | E0440 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STATIONARY O2 CONT GAS 1 MO SPL=1 U | E0441 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STATIONARY O2 CONT LQD 1 MO SPL=1 U | E0442 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PORTBL O2 CONTENT GAS 1 MO SPL= 1 U | E0443 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PORTBL O2 CONTENT LIQ 1 MO SPL=1 U | E0444 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OXIMETER MSR BLD O2 LEVEL NON-INVASV | E0445 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TOPICAL OXYGEN DELIVERY SYSTEM NOS | E0446 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | P O C L 1M SPL=1U PRSC R/N XCD 4LPM | E0447 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 TENT EXCLD CROUP/PEDIATRIC TENTS | E0455 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ROCKING BED W/WO SIDE RAILS | E0462 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME VENT ANY TYPE USED INVASV INTF | E0465 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME VENT TYPE USED NON-INVASV INTF | E0466 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME VENTILATOR MULTI-FUNC RESP DVC | E0467 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RESP ASST DEVC BI-LEVEL PRSS CAPABIL | E0470 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RESP ASST DEVC BI-LEVEL PRSS CAPABIL | E0471 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PERCUSSOR ELEC/PNEUMAT HOME MODEL | E0480 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | INTRAPULM PERCUSS VENT SYS&REL ACSS | E0481 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COUGH STIM DEVC ALTRNAT POS&NEG | E0482 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIGH FREQ CHEST WALL OSC SYS EACH | E0483 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSCILLAT POS EXPIRTORY PRSS NO-ELEC | E0484 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ORL DEVC/APPL RDUC UA COLLAPS PRFAB | E0485 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ORL DEVC/APPL RDUC UA COLLAPS CSTM | E0486 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPIROMETER ELECTRONIC INCL ACCESS | E0487 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2 | E0550 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL | E0555 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HUMDIFIR SUPLMNTL DUR IPPB TX/O2 | E0560 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HUMDIFIR NON-HEAT USED W/POS AIRWAY | E0561 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HUMDIFIR HEAT USED W/POS ARWAY PRSS | E0562 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPRS AIR PWR EQP NOT SLF-CONTAIND | E0565 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | NEBULIZER WITH COMPRESSOR | E0570 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AROSL COMPRS ADJUSTBL PRSS INTERMIT | E0572 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NEBULIZER W/COMPRESSOR AND HEATER | E0585 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RESP SUCTN PUMP HOME MODEL ELEC | E0600 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTINUOUS POS AIRWAY PRESSURE DEVC | E0601 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BREAST PUMP MANUAL ANY TYPE | E0602 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BREAST PUMP ELECTRIC ANY TYPE | E0603 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BREAST PUMP HEVY DUTY HOSP GRADE | E0604 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME BLOOD GLUCOSE MONITOR | E0607 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | APNEA MONITOR W/RECORDING FEATURE | E0619 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKN PIERC DEVC CLCT CAPLRY BLD LASR | E0620 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SLING/SEAT PT LIFT CANVAS/NYLON | E0621 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEAT LIFT MECH COMB LIFT-CHAIR MECH | E0627 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PATIENT LIFT HYRAULIC/MECH | E0630 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PATIENT LIFT ELECTRIC W/SEAT/SLING | E0635 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MX PSTN PT SUPP SYS LIFT PT CNTRL | E0636 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMB SIT STAND FRAME/TABLE SEATLIFT | E0637 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PT LIFT MOVEABLE DISASSMBL&REASSMBL | E0639 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PT LIFT FIX SYS ALL CMPNTS/ACCESS | E0640 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STAND FRAME/TABLE SYS MX-POS ANY SZ | E0641 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PNEUMAT COMPRS NONSEG HOME MODEL | E0650 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PNEUMAT COMPRS NO CALBRT GRDNT PRSS | E0651 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PNEUMAT COMPRS W/CALBRT GRADNT PRSS | E0652 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEG PNEUMAT APPLINC W/COMPRS TRUNK | E0656 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONSEG PNEUMAT APPLINC FULL LEG | E0660 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONSEG PNEUMAT APPLINC FULL ARM | E0665 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | NONSEG PNEUMAT APPLINC HALF LEG | E0666 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEG PNEUMAT APPLINC COMPRS FULL LEG | E0667 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEG PNEUMAT APPLINC COMPRS FULL ARM | E0668 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEG PNEUMAT APPLINC COMPRS HALF LEG | E0669 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEG PNEU APPL P C INT 2 F LEG TRNK | E0670 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEG GRAD PRSS PNUMAT APPLNC FUL LEG | E0671 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEG GRAD PRSS PNUMAT APPLNC HLF LEG | E0673 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PNEUMAT COMPRS DEVC HI PRESS RAPID | E0675 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERMITT LIMB COMPRESSION DEVC NOS | E0676 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UV LIGHT TX BULB/LAMP; TX 2 SQ FT/< | E0691 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UV LT TX SYS PANL W/LAMP 4 FT PANEL | E0692 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UV LT TX SYS PANL W/LAMP 6 FT PANEL | E0693 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UV MX DIR LT TX SYS 6 FT CABINET | E0694 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SAFETY EQP DEVICE/ACCESSRY ANY TYPE | E0700 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRANSFER DEVICE ANY TYPE EACH | E0705 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TENS DEVICE 2 LEAD LOCALIZED STIM | E0720 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TENS DEVICE 4/> LEADS MX NERVE STIM | E0730 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FORM FIT CONDUCT GARM TENS/NMES | E0731 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NEUROMUSCULAR STIMULATOR SCOLIOSIS | E0744 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NEUROMUSC STIM ELEC SHOCK UNIT | E0745 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELECTROMYOGRAPHY BIOFEEDBACK DEVICE | E0746 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOGNS STIM NONINVASV NOT SP APPLC | E0747 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOGNS STIM NONINVASV SP APPLIC | E0748 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELEC SALIVARY REFLEX STIMULATOR | E0755 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTOGNS STIM LW INTENS US NONINVASV | E0760 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NON-THRML PULS RADIOWAVE ELECMAGNET | E0761 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | FDA APPRVD NRV STIM TX NAUSA&VOMIT | E0765 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELEC STM DVC CA TX ALL ACC ANY TYPE | E0766 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ESTIM/ELECMAGNET WOUND TX DEVC NOC | E0769 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FES TRANSQ STIM NERV&/MUSC CMPL NOS | E0770 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IV POLE | E0776 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMB INFUS PUMP MECH INFUS 8 HR/> | E0779 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMB INFUS PUMP 1/MX CHANNL W/ADMIN | E0781 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXTERNAL AMB INFUSION PUMP INSULIN | E0784 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPLANT INTRASPINL CATH PUMP-REPL | E0785 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXT AMB INFUS PUMP INSULIN D R ADJ | E0787 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PAR INFUS PUMP STAT SINGLE/MXCHANEL | E0791 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMB TRACTION DEVICE ALL TYPES EACH | E0830 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRAC EQP CERV FREESTND FRME PNEUMAT | E0849 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TRACTION EQUIPMENT OVERDOOR CERV | E0860 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACT FRAME FOOTBOARD EXTREM TRACT | E0870 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRAC FRAME ATTCH FOOTBRD PELV TRAC | E0890 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRAPEZ BAR PT HLPR ATTCH BED W/GRAB | E0910 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRAPEZ BAR PT WT >250 LBS BED GRAB | E0911 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRAPEZ BAR PT WT >250 LBS FREE STND | E0912 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONT PSV MOT EXER DEVC KNEE ONLY | E0935 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONT PASS MOTION EXER DEVC NOT KNEE | E0936 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRAPEZ BAR FREESTND CMPL W/GRAB BAR | E0940 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FX FRAME ATTCH CMLPX PELV TRAC | E0947 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FX FRAME ATTCH CMLPX CERV TRAC | E0948 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR ACCESSORY TRAY EACH | E0950 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEEL LOOP/HOLDER ANY TYPE EACH | E0951 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | WC AC LAT THIGH/KNEE SUPP ANY TY EA | E0953 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS HEADREST CUSHND HARDWARE EA | E0955 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS LAT TRNK/HIP HARDWARE EA | E0956 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS MED THI SUPP HARDWARE EA | E0957 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACCSS ADAPTER FOR AMPUTEE EA | E0959 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS SHLDR HRNSS/STRAPS/CHST STR | E0960 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACCESS WHL LOCK BRAKE EXT EA | E0961 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACCESS HEADREST EXTENSION EA | E0966 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC AC HND RIM PROJ REPL ONL EA | E0967 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMMODE SEAT WHEELCHAIR | E0968 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS ANTI-TIPPING DEVC EA | E0971 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACCSS ADJ HT DTACH ARMST EA | E0973 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS PSTN/SFTY BELT/PELV STRP EA | E0978 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SAFETY VEST WHEELCHAIR | E0980 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS SEAT UPHLSTER REPL ONLY EA | E0981 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS BACK UPHLSTER REPL ONLY EA | E0982 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS PWR ADD-ON CNVRT MNL WC | E0983 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS PWR ADD-ON CNVRT MNL WC | E0984 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR ACCESS SEAT LIFT MECH | E0985 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS PSH-RM ACT PWR ASST SYS | E0986 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACCSS ELEV LEG REST CMPL ASSMBL | E0990 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WHLCHAIR ACCSS SOLID SEAT INSRT | E0992 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS PWR SEATING SYS TILT ONLY | E1002 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACSS TILT&RECLIN MECH SHEAR RDUC | E1007 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACCESS PWR SEAT SYS CNTR MNT EA | E1012 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RECLIN BACK ADD PED SIZE WHLCHAIR | E1014 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | RES LIMB SUP SYS WHEELCHAIR ANY TYP | E1020 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACCSS MANL SWINGAWAY OTH CNTRL | E1028 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR ACCESS VENT TRAY FIX | E1029 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHLCHAIR ACCESS VENT TRAY GIMBALED | E1030 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ROLLABOUT CHAIR W/CASTRS 5 IN/GT | E1031 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MX-PSTN PT TRNSF SYS PT > 300 LBS | E1036 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRANSPORT CHAIR PEDIATRIC SIZE | E1037 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRNSPRT CHAIR PT WT CAP TO&= 300 LB | E1038 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRNSPRT CHAIR ADLT PT WT CAP>300 LB | E1039 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FULL RECLINE WC FIX ARM DETACH LEGS | E1050 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FULL RECLN WHLCHAR;DTACH ARM LEGRST | E1060 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FULL RECLN WHLCHR;DTACH ARM FOOTRST | E1070 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEMI-W/C; FIXED ARM DETACH LEGREST | E1083 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST | E1084 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST | E1085 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST | E1086 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HI-STRGTH WHLCHAIR; FIX ARMS LEGRST | E1087 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HI-STRGTH WHLCHAIR;DTACH ARM LEGRST | E1088 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HI-STRGTH WHLCHAIR; FIX ARM FOOTRST | E1089 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HI-STRGTH WHLCHAR;DTACH ARM FOOTRST | E1090 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WIDE HEVY-DUT WHLCHR; DTACH ARM LEG | E1092 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT | E1093 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEMI-RECLN WHLCHR;FIX ARM DTACH LEG | E1100 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEMI-RECLN WHLCHR; DTACH ARM LEGRST | E1110 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STD WHLCHAIR; FIX ARM DTACH FOOTRST | E1130 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHLCHAIR; DTACHBLE ARMS FOOTRESTS | E1140 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | WHLCHAIR; DTACHBLE ARMS LEGRESTS | E1150 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHLCHAIR; FIX ARMS DTACHBL LEGRESTS | E1160 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MANUAL ADLT SZ WC INCL TILT SPACE | E1161 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMP WHLCHAIR; FIX ARM DTACH LEGREST | E1170 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST | E1171 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMP WHLCHR;DTACH ARM NO FOOT/LEGRST | E1172 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS | E1180 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMP WHLCHAIR; DTACHBL ARMS LEGRESTS | E1190 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HVY DUT WHLCHR;FIX ARM DTACH LEGRST | E1195 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR; SPCL SIZED/CONSTRUCTED | E1220 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR WITH FIXED ARM FOOTRESTS | E1221 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR W/FIX ARM ELEV LEGRESTS | E1222 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHLCHAIR W/DETACHBLE ARMS FOOTRESTS | E1223 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | WHLCHAIR W/DTACHBL ARMS ELEV LEGRST | E1224 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACCESS MNL SEMIRECLINING BACK EA | E1225 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACCESS MNL FULL RECLIN BACK EA | E1226 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPECIAL HEIGHT ARMS FOR WHEELCHAIR | E1227 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPECIAL BACK HEIGHT FOR WHEELCHAIR | E1228 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR PEDIATRIC SIZE NOS | E1229 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR OP VEH SPEC BRAND&MODEL NUMBER | E1230 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC PED SZ TILT-IN-SPACE RIGD W/SEAT | E1231 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC PED SZ TILT-IN-SPACE FOLD W/SEAT | E1232 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC PED SZ TILT-IN-SPCE RIGD NO SEAT | E1233 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC PED SZ TILT-IN-SPCE FOLD NO SEAT | E1234 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC PED SZ RIGD ADJUSTBL W/SEAT SYS | E1235 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC PED SZ FOLD ADJUSTBL W/SEAT SYS | E1236 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | WC PED SZ RIGD ADJUSTBL NO SEAT SYS | E1237 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC PED SZ FOLD ADJUSTBL NO SEAT SYS | E1238 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POWER WHEELCHAIR PEDIATRIC SIZE NOS | E1239 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS | E1240 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LGHTWT WHLCHR;FIX ARM DTACH FOOTRST | E1250 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LGHTWT WHLCHAIR; DTACH ARMS FOOTRST | E1260 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LGHTWT WHLCHR; FIX ARM DTACH LEGRST | E1270 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEVY-DUTY WHLCHR; DTACH ARMS LEGRST | E1280 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT | E1285 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEVY-DUTY WHLCHR; DTACH ARM FOOTRST | E1290 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST | E1295 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPECIAL WHEELCHAIR SEAT HT FROM FLR | E1296 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR | E1297 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR | E1298 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OXYGEN ACC FLW REG CPBL POS INSP PR | E1352 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REGULATOR | E1353 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 ACCESS CART PRTBLE CYL/CONC REPL | E1354 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STAND/RACK | E1355 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 ACCESS BTRY PACK/CRTRDGE REPL | E1356 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 ACCESS BATTERY CHARGER REPL EA | E1357 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 ACCESS DC POWER ADAPTER REPL EA | E1358 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMMERSION EXTERNAL HEATER NEBULIZER | E1372 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 CONC 85%/>O2 CONC PRSC FLW RATE | E1390 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 CONC 2 DEL 85%/>O2 CONC FLW RATE | E1391 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PORTABLE OXYGEN CONCENTRATOR RENTAL | E1392 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DME MISCELLANEOUS | E1399 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | O2&WATR VAPR ENRICH SYS W/HEAT DEL | E1405 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2&WATR VAPR ENRCH SYS NO HEAT DEL | E1406 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CENTRIFUGE FOR DIALYSIS | E1500 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CYCLR DIALYSIS MACH PERITON DIALYS | E1594 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DEL &OR INSTL CHARGES HEMODIAL EQP | E1600 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RVRS OSMOSIS H2O PURIF SYS HEMODIAL | E1610 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DEIONIZER H2O PURIF SYS HEMODIAL | E1615 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WATER SOFTENING SYSTEM HEMODIALYSIS | E1625 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PERITONEAL DIALYSIS CLAMPS EACH | E1634 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SORBENT CARTRIDGES HEMODIAL PER 10 | E1636 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | JAW MOTION REHABILITATION SYSTEM | E1700 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DYN ADJUSTABLE ELB EXT/FLX DEVC | E1800 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DYN ADJUSTBL FORARM PRON/SUPIN DEVC | E1802 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | DYN ADJUSTABLE WRIST EXT/FLX DEVC | E1805 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DYN ADJUSTABLE KNEE EXT/FLX DEVC | E1810 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DYN KNEE EXT/FLEX DEVC RESIST CNTRL | E1812 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DYN ADJ ANK EXT/FLX DVC W/INTF MATL | E1815 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DYN ADJUSTABLE TOE EXT/FLX DEVC | E1830 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STATIC PROGRS STRETCH SHOULDER DEVC | E1841 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CMNCT BD NON-ELEC AUG/ALTERNTV DEVC | E1902 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GASTR SUCTN PUMP HOME MODEL ELEC | E2000 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BLD GLU MON INTEGRT VOICE SYNTHESZR | E2100 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BLD GLU MON INTGRT LANCING/BLD SAMP | E2101 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PULSE GEN SYS TYMPANIC TX INNR EAR | E2120 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS SEAT WPTH >/=20 IN &<24 | E2201 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS SEAT DEPTH 20 < 11 IN | E2203 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | MNL WC HANDRIM W/O PROJ REPL EACH | E2205 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MANL WC AC WL ASM CMPL REPL ONLY EA | E2206 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR ACCESS CYL TANK CARR EA | E2208 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ARM TROUGH W/WO HAND SUPPORT EACH | E2209 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACCESS BEARINGS ANY TYPE REPL EA | E2210 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACCESS PNEUMAT PROPULSN TIRE | E2211 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC INSRT PNEUMAT PROPULSN TIRE | E2213 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACCSS FOAM PROPULSION TIRE | E2218 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS FOAM CASTER TIRE ANY SZ | E2219 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC AC SLD C TIRE I WHL SZ RPL E | E2222 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC AC P WHL EXCL T SZ RPL ONL E | E2224 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC CASTR WHL EXCLD TIRE REPL | E2225 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACSS CASTR FORK REPL ONLY | E2226 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | MNL WHEELCHAIR ACCESS MNL STAND SYS | E2230 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACCESS SOLID SEAT SUPP BASE | E2231 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BACK PLANR PED WC FIX ATTCH HARDWRE | E2291 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEAT PLANR PED WC FIX ATTCH HARDWRE | E2292 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BACK CONTRD PED WC ATTCH HARDWARE | E2293 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SEAT CONTRD PED WC ATTCH HARDWARE | E2294 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MNL WC ACCESS PED SIZE WC SEAT FRME | E2295 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ACC PWR SEAT ELEV SYS ANY TYPE | E2300 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR ACC PWR STND SYS ANY TYP | E2301 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS ELEC CNCT BETWN WC CNTR | E2310 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS ELEC CNCT BETWN WC CNTR | E2311 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POWER WC HAND/CHIN CONTRL INTERFACE | E2312 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POWER AC HARNESS UPGRD EXP CONTRLLR | E2313 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS HND CNTRL NO PRPRTNL | E2321 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS MX MECH SWTCH NOPRPTNL | E2322 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS SPCLTY JOYSTCK HND PRFB | E2323 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS ATDANT CNTRL PROPRTNAL | E2331 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 34 SEALED LA BATT EA | E2359 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS 22 NF NON-SEALED BATTRY | E2360 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS 22NF SEALED LEAD BATTRY | E2361 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS GRP 24 NON-SEALED BATT | E2362 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS GRP 24 SEALED BATTRY | E2363 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS U-1 NON-SEALED BATTRY | E2364 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS U-1 SEALED BATTRY | E2365 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS BATTRY CHARGER 1 MODE | E2366 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC ACSS BATTRY CHARGER DUL MODE | E2367 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 27 NONSEAL LED ACID BATT | E2372 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC EXPANDBL CONTROLLER UPGRADE | E2377 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC S CASTR TIRE INTEGRT REPL EA | E2392 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POWER WC LITHIUM BASED BATTERY EACH | E2397 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR AC DYN POS HARDWARE BACK | E2398 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NEG PRSS WND TX PUMP STATN/PRTBL | E2402 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPCH GEN DVC SYNTHSIZD MX METH MESS | E2510 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ACSS SPCH GEN DEVICE MOUNTING SYS | E2512 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ACCESS SPEECH GENERATING DEVICE NOC | E2599 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GEN WC SEAT CUSHN WIDTH < 22 DEPTH | E2601 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GEN WC SEAT CSHN WDTH 22 IN/GT DPTH | E2602 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKN PROTCT WC SEAT WDTH<22IN DPTH | E2603 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PSTN WC SEAT CUSHN WIDTH < 22 DEPTH | E2605 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PSTN WC SEAT CSHN WDH 22IN/GT DPTH | E2606 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKN PROTCT&PSTN WC SEAT WDH <22IN | E2607 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKN PROTCT&PSTN WC SEAT WDH 22IN/> | E2608 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE | E2609 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR SEAT CUSHION POWERED | E2610 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GEN WC BACK CUSHN WIDTH < 22 IN HT | E2611 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GEN WC BACK CUSHN WIDTH 22 IN/GT HT | E2612 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PSTN WC BACK CUSHN POST WDH <22 IN | E2613 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PSTN WC BACK CUSHN POSTLAT WD<22 IN | E2615 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CSTM FAB WC BACK CUSHION ANY SIZE | E2617 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL COVER WC SEAT/BACK CUSHN EA | E2619 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PSTN WC BACK CUSHN PLANAR WD <22 IN | E2620 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PSTN WC BACK CUSHN PLANAR WD 22IN/> | E2621 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SKIN PROTECT WC CUSH WIDTH <22 IN | E2622 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKIN PROTECT WC CUSH WIDTH 22 IN/> | E2623 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKIN PROTCT&POSITION WC CUSH WD <22 | E2624 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKIN PROTCT&POSITION WC CUSH W 22/> | E2625 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC SHLDR ELB MOBIL SUPP RECLINING | E2628 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WC ADD MOBIL ARM SUPP ELEV PROX ARM | E2631 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAIT TRAINER PED SZ POST SUPP | E8000 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAIT TRAINER PED SZ UPRIGHT SUPP | E8001 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GAIT TRAINER PED SZ ANT SUPP | E8002 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STANDARD WHEELCHAIR | K0001 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STANDARD HEMI WHEELCHAIR | K0002 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LIGHTWEIGHT WHEELCHAIR | K0003 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIGH STRENGTH LIGHTWEIGHT WHLCHAIR | K0004 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ULTRALIGHTWEIGHT WHEELCHAIR | K0005 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEAVY-DUTY WHEELCHAIR | K0006 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXTRA HEAVY-DUTY WHEELCHAIR | K0007 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSTOM MANUAL WHEELCHAIR/BASE | K0008 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OTHER MANUAL WHEELCHAIR/BASE | K0009 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STD-WT FRME MOTRIZED/PWR WHLCHAIR | K0010 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STD FRME MOTRIZD WHLCHAIR W/PROG | K0011 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR | K0012 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPL ALLOW TX CGM1 MO SPL = 1 U SRVC | K0553 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RECEIVER DEDICATED TX GCM SYS | K0554 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AED W/INTGR ECG ANALY GARMNT TYPE | K0606 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR OP VEH GRP 1 STD PT TO 300 LBS | K0800 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR OP VEH GRP 1 HVY PT 301-450 LBS | K0801 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR OP VEH GRP 1 HVY PT 451-600 LBS | K0802 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR OP VEH GRP 2 STD PT TO 300 LBS | K0806 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR OP VEH GRP 2 HVY PT 301-450 LBS | K0807 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR OP VEH GRP 2 PT 451-600 LBS | K0808 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POWER OPERATED VEHICLE NOC | K0812 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 1 SLING SEAT PT TO 300 | K0813 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 1 CAPT CHAIR PT TO 300 | K0814 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 1 SLING PT UP TO 300 | K0815 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 1 CAPT CHAIR PT TO 300 | K0816 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 SLING SEAT PT TO 300 | K0820 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 CAPT CHAIR TO 300 | K0821 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 SLING SEAT PT TO 300 | K0822 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 CAPT CHAIR PT TO 300 | K0823 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 SLING SEAT PT 301-450 | K0824 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 CAPT CHAIR PT 301-450 | K0825 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 SLING SEAT PT 451-600 | K0826 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 CAPT CHAIR PT 451-600 | K0827 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 SLING SEAT PT 601/> | K0828 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2X HVY DUTY CHR PT 601/> | K0829 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 2 SEAT ELEV SLING PT TO 300 | K0830 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 2 SEAT ELEV CAPT PT TO 300 | K0831 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 1 PWR SLING PT TO 300 | K0835 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 2 1 PWR CAPT CHAIR PT TO 300 | K0836 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 1 PWR SLING PT 301-450 | K0837 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 2 1 PWR CAPT CHR PT 301-450 | K0838 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 2 1 PWR SLNG SEAT PT 451-600 | K0839 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 1 PWR SLING PT 601/> | K0840 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 2 MX PWR SLING PT TO 300 | K0841 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 2 MX PWR CAPT CHR PT TO 300 | K0842 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 2 MX PWR SLING PT 301-450 | K0843 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 SLING SEAT PT TO &=300 | K0848 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 CAPT CHAIR PT TO &=300 | K0849 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 SLING SEAT PT 301-450 | K0850 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 CAPT CHAIR PT 301-450 | K0851 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 SLING SEAT PT 451-600 | K0852 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 CAPT CHAIR PT 451-600 | K0853 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 SLING SEAT PT 601 LB/> | K0854 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 3 CAPT CHAIR PT 601 LB/> | K0855 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 1 PWR SLING SEAT PT TO 300 | K0856 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 1 PWR CAPT CHAIR PT TO 300 | K0857 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 1 PWR SLNG SEAT PT 301-450 | K0858 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 1 CAP CHAIR PT 301-450 | K0859 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 1 PWR SLNG SEAT PT 451-600 | K0860 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 MX PWR SLNG SEAT PT TO 300 | K0861 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 MX PWR SLING PT 301-450 | K0862 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 MX PWR SLING PT 451-600 | K0863 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 3 MX PWR SLNG SEAT PT 601/> | K0864 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 4 SLING SEAT PT TO &=300 | K0868 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 4 CAPT CHAIR PT TO &=300 | K0869 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 4 SLING SEAT PT 301-450 | K0870 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC GRP 4 SLING SEAT PT 451-600 | K0871 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 4 1 PWR SLING SEAT PT TO 300 | K0877 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PWR WC 4 1 PWR CAPT CHAIR PT TO 300 | K0878 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 4 1 PWR SLNG SEAT PT 301-450 | K0879 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 4 1 PWR SLNG SEAT PT 451-600 | K0880 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 4 MX PWR SLNG SEAT PT TO 300 | K0884 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 4 MX PWR CAP CHAIR PT TO 300 | K0885 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 4 MX PWR SLING PT 301-450 | K0886 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 5 PED 1 PWR SLING PT TO 125 | K0890 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR WC 5 PED MX PWR SLING PT TO 125 | K0891 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POWER WHEELCHAIR NOC | K0898 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR MOBILTY DEVC NOT CODED DME PDAC | K0899 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRANIL CERV ORTHOS CONGN TORTICOLLI | L0112 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRANIL CERV ORTHOS TORTICOLLI PRFB | L0113 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERVICAL FLEX NONADJUSTABLE PREFAB | L0120 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CERV FLXBL THRMOPPLSTC COLLR MOLD PT | L0130 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERVICAL SEMI-RIGID ADJUSTABLE | L0140 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV SEMI-RIGD ADJUST MOLD CHIN CUP | L0150 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV SEMI-RIGID OCCIP/MAND PREFAB | L0160 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV COLLAR MOLDED PATIENT MODEL | L0170 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV COLLAR SEMI-RIGID FOAM PREFAB | L0172 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV COLLR SEMI-RGD THOR EXT PREFAB | L0174 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV MX POST COLLR SUPPS ADJ | L0180 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV MX POST COLLR ADJ CERV BARS | L0190 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CERV COLLR ADJ CERV BARS&THOR EXT | L0200 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | THORACIC RIB BELT CUSTOM FABRICATED | L0220 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO FLEX TRUNK SUPP UP THOR PREFAB | L0450 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO FLEX TRUNK SUPP UP THOR CUSTOM | L0452 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TLSO FLEX SC JUNC T-9 PRFAB CUSTOM | L0454 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO FLEX SC JUNC TO T-9 PREFAB | L0455 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO FLEX SC SCAP SPN PRFAB CUSTOM | L0456 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO FLX SC JUNC TRM INF SCAP SPINE | L0457 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANR 2 SHELL ANT-XIPHOID | L0458 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANR 2 SHELL ANT-STERNL | L0460 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANR 3 SHELL ANT-STERNL | L0462 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANR 4 SHELL ANT-STERNL | L0464 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO SAGITTAL CONTROL PREFAB CUSTOM | L0466 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO SAGITTAL CONTROL RIGD PREFAB | L0467 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO SAGITTAL-CORONAL PREFAB CUSTOM | L0468 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO SAGITTAL-CORONAL CONTRL PREFAB | L0469 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANAR FRME&APRON W/STRAP | L0470 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANAR HYPREXT RIGD FRME | L0472 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANR 1 PC NO INTERFCE CSTM | L0480 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANAR 1 PC W/INTERFCE CSTM | L0482 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANR 2 PC NO INTERFCE CSTM | L0484 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANAR 2 PC W/INTERFCE CSTM | L0486 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO TRIPLANR 1 PC W/INTERFCE PRFAB | L0488 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO SAGIT-CORONAL REINFORCE PRFAB | L0490 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO 2 RIGID PLASTIC SHELLS PREFAB | L0491 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO 3 RIGID PLASTIC SHELLS PREFAB | L0492 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SACROILIAC ORTHOSIS FLEXIBLE PREFAB | L0621 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SACROILIAC ORTHOSIS FLEXIBLE CUSTOM | L0622 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SACROILIAC ORTHOSIS RIGID PREFAB | L0623 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SACROILIAC ORTHOSIS RIGID CUSTOM | L0624 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | LUMBAR ORTHOSIS FLEXIBLE PREFAB | L0625 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LUMB ORTHOS RIGID POST PREFAB CUSTM | L0626 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LUMB ORTHOS RIGD A&P PNL PRFAB CSTM | L0627 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO FLEXIBLE PREFAB OFF THE SHELF | L0628 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO FLEXIBLE CUSTOM FABRICATED | L0629 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGIT CONTROL RIGID POST PREFAB | L0630 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGIT CNTRL RIGID POST CUSTOM | L0631 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGIT CNTRL RIGID A&P CUSTOM | L0632 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL RIGID POST PREFAB | L0633 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL RIGID POST CUSTOM | L0634 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL LUMB FLEX PREFAB | L0635 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL LUMB FLEX CUSTOM | L0636 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL RIGID A&P PREFAB | L0637 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL RIGID A&P CUSTOM | L0638 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL RIGD SHELL PREFAB | L0639 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAG-COR CNTRL RIGD SHELL CUSTOM | L0640 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LUMB ORTHOS SAGIT CTRL RIGD PST PNL | L0641 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LUMB ORTHOS SAGIT CTRL ANT POST PNL | L0642 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGITTAL CNTRL RIGID POST PANEL | L0643 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGIT CNTRL RIGD ANT POST PANEL | L0648 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGIT-CORNL CNTRL RIGD PST PANL | L0649 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGIT-CORNL CNTRL ANT PST PANL | L0650 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL | L0651 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CTL SO ANT-POST-LAT CNTRL MOLD PT | L0700 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CTL SO-MOLD PT-INTERFACE MATERIAL | L0710 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HALO PROC CERV HALO IN JACKT VEST | L0810 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HALO PROC CERV HALO-PLAST BDY JACKT | L0820 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HALO PROC CERV HALO-MLWAKEE ORTHOS | L0830 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RINGS&PINS | L0859 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD HALO PROC REPLCMT LINER/INTERFC | L0861 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO CORSET FRONT | L0970 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO CORSET FRONT | L0972 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO FULL CORSET | L0974 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LSO FULL CORSET | L0976 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AXILLARY CRUTCH EXTENSION | L0978 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PERONEAL STRAPS PREFAB PAIR | L0980 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STOCKING SUPPORT GRIPS PREFAB SET 4 | L0982 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROTECTIVE BODY SOCK PREFAB EACH | L0984 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITION TO SPINAL ORTHOSIS NOS | L0999 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CTLSO INCL FURNISH INIT ORTHOS-MDL | L1000 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CTLS IMMOBILIZER INFANT SZ PREFAB | L1001 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TENSION BASED SCOLIOSIS ORTHOSIS | L1005 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIO ORTHOS AX SLING | L1010 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD | L1020 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD | L1025 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIO ORTHOS LUMB PAD | L1030 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD | L1040 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIOS ORTHOS STERNL PAD | L1050 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIOS ORTHOS THOR PAD | L1060 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG | L1070 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG | L1080 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT | L1085 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIOS ORTHOS LUMB SLING | L1090 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIOS RING PLSTC/LEATHR | L1100 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO/SCOLIOS RING MOLD PT MDL | L1110 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD CTLSO SCOLIO ORTHO COVR UPRT EA | L1120 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TLSO INCL FURNISH INIT ORTHOS ONLY | L1200 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITION TLSO LATERAL THORACIC EXT | L1210 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITION TLSO ANT THORACIC EXT | L1220 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD TLSO MLWAKEE TYPE SUPERSTRCT | L1230 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITION TLSO LUMBAR DEROTATION PAD | L1240 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITION TO TLSO ANTERIOR ASIS PAD | L1250 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD TLSO ANT THOR DEROTATION PAD | L1260 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITION TO TLSO ABDOMINAL PAD | L1270 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADDITION TO TLSO RIB GUSSET EACH | L1280 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADDITION TLSO LAT TROCHANTERIC PAD | L1290 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OTH SCOLIOS PROC BDY JACKT MOLD PT | L1300 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OTH SCOLIOSIS PROC POSTOP BDY JACKT | L1310 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPINAL ORTHOSIS NOS | L1499 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS ABDUCT FLX FREJKA PREFAB | L1600 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS ABDUCT CNTRL FLEX PREFAB | L1610 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB | L1620 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOSIS ABDUCT CONTRL/SEMI-FLX | L1630 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOSIS-PELV BAND/SPRDR BAR | L1640 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ | L1650 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS BIL THI CUFF ADLT PRFAB | L1652 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS ABDUCT CNTRL-STATC PLSTC | L1660 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS DYN PELV CNTRL THI CSTM | L1680 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS POSTOP HIP ABDCT CSTM | L1685 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP ORTHOS POSTOP HIP ABDCT PRFAB | L1686 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMB BIL LUMBO-SAC HIP FEM ORTHOS | L1690 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEGG PERTHES ORTHOSIS TORONTO CSTM | L1700 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEGG PERTHES ORTHOS NEWINGTON CSTM | L1710 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEGG PERTHES ORTHO TRILAT TACHDIJAN | L1720 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEGG PERTHES ORTHOSIS SCOTTISH RITE | L1730 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LEGG PERTHES ORTHOS PATTEN BOTTOM | L1755 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | KNEE ORTHOS SNG UPRT THIGH & CALF | L1851 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PART FT SHOE INSRT W/LNGTUDNL ARCH | L5000 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PART FT MOLD SOCKT ANK HT W/TOE FIL | L5010 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PART FT MOLD SOCKET TIB TUBERCLE HT | L5020 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ANKLE SYMES MOLDED SOCKET SACH FOOT | L5050 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ANK SYMS METL FRME MOLD LEATHR SCKT | L5060 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BELW KNEE MOLD SOCKT SHIN SACH FOOT | L5100 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BK PLSTC SCKT JNT&THI LACER SACH FT | L5105 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | KNEE DISRTC MOLD SCKT EXT KNEE JNT | L5150 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | KNEE DISARTIC MOLD SOCKT BENT KNEE | L5160 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AK MOLD SOCKT 1 AXIS CONSTANT FRICT | L5200 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AK SHRT PROS NO KNEE JNT-ANK JNT EA | L5210 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AK SHRT PROSTH W/ARTIC ANK/FOOT DYN | L5220 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AK PROX FEM FOCAL DEFIC SACH FOOT | L5230 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP DISRTC CANADIAN; MOLD SCKT HIP | L5250 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP DISRTC TLT TABL; MOLD SCKT LOCK | L5270 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEMIPELVECT CANADIAN; MOLD SOCKT | L5280 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BK MOLD SCKT SHIN SACH FT ENDO SYS | L5301 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | KNEE DISART MOLD SOCKET 1 AXIS KNEE | L5312 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AK OPEN END SACH FT ENDO SYS 1 AXIS | L5321 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | JOINT SINGLE AXIS KNEE SACH FOOT | L5331 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SINGLE AXIS KNEE SACH FOOT | L5341 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMMED POSTSURG RIGD DRSG W/1 CHG BK | L5400 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMMED POSTSURG RIGD DRS BK-EA CAST | L5410 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMMED POSTSURG RIGD DRSG 1 CHG AK | L5420 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMMED POSTSURG RIGD DRSG AK EA CAST | L5430 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMMED POSTSURG NONWT BEAR RIGD BK | L5450 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMMED POSTSURG NONWT BEAR RIGD AK | L5460 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INIT BK PTB SCKT NON-ALIGN DIR FORM | L5500 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INIT AK-DISRTC ISCH LEVL NON-ALIGN | L5505 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP BK PTB SCKT NON-ALIGN MOLD MDL | L5510 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PREP BK PTB THERMOPLSTC/=DIR FORM | L5520 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP BK PTB THERMOPLSTC/=MOLD MODEL | L5530 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP BK PTB PRFAB ADJ OPEN END SCKT | L5535 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP BK PTB LAMINATED SCKT MOLD MDL | L5540 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP AK-DISARTIC PLASTER MOLD MODEL | L5560 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP AK-DISRTC THRMOPSTC/=DIR FORM | L5570 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP AK-DISARTIC THERMOPLSTC/=MOLD | L5580 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP AK-DISARTIC PRFAB ADJ OPEN END | L5585 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP AK-DISARTIC LAMINATD SCKT MOLD | L5590 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP HIP DISARTIC THERMOPLSTC/=MOLD | L5595 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP HIP DISARTIC LAMINATD SCKT MOLD | L5600 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM ENDO AK HYDRACADENCE | L5610 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT AK-DISARTIC W/FRICT CNTRL | L5611 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL | L5613 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL | L5614 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT AK UNIVRSL MXPLX FRICT | L5616 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTREM QUICK CHANGE AK/BK EA | L5617 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM TEST SOCKT SYMES | L5618 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM TEST SOCKT BELW KNEE | L5620 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM TST SOCKT KNEE DISARTC | L5622 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM TEST SOCKT ABVE KNEE | L5624 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM TST SOCKT HIP DISARTIC | L5626 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM TST SOCKT HEMIPELVECT | L5628 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM BELW KNEE ACRYLC SOCKT | L5629 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT SYMS TYPE XPND WALL SCKT | L5630 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT ABVE KNEE/DISARTC ACRYLC | L5631 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT SYMS PTB BRIM DESN SOCKT | L5632 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT SYMS POST OPENING SOCKT | L5634 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT SYMS MED OPENING SOCKT | L5636 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM BELW KNEE TOTAL CNTC | L5637 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM BELW KNEE LEATHR SOCKT | L5638 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM BELW KNEE WOOD SOCKT | L5639 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT KNEE DISARTC LEATHR SCKT | L5640 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM ABVE KNEE LEATHR SOCKT | L5642 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT HIP DISRTC FLX EXT FRAME | L5643 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM ABVE KNEE WOOD SOCKT | L5644 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM BK FLX INNRR EXT FRME | L5645 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT BELOW KNEE CUSHN SOCKT | L5646 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM BELW KNEE SUCTN SOCKT | L5647 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT ABOVE KNEE CUSHN SOCKET | L5648 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT ISCHIAL CONTAINMENT SCKT | L5649 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM TOT CONTACT AK/DISARTC | L5650 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM AK FLX INNRR EXT FRME | L5651 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM SUCTN SUSP AK/DISARTC | L5652 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT KNEE DISRTC XPNDABL WALL | L5653 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM SOCKT INSERT SYMES | L5654 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM SOCKT INSRT BELW KNEE | L5655 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT SOCKT INSRT KNEE DISARTC | L5656 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM SOCKT INSRT ABVE KNEE | L5658 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT INSRT MXIDUROMETER SYMES | L5661 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT INSRT MXDROMTR BELW KNEE | L5665 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM BELOW KNEE CUFF SUSP | L5666 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM BK MOLD DISTAL CUSHION | L5668 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM BK MOLD SUPRACOND SUSP | L5670 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM BK/AK SUSP LOCK MECH | L5671 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM BK REMV MED BRIM SUSP | L5672 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT BK/AK CSTM FAB XST MOLD | L5673 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT BK KNEE JNT 1 AXIS PAIR | L5676 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT BK KNEE JNT POLYCNTRC PR | L5677 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT BELW KNEE JNT COVRS PAIR | L5678 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT BK/AK CSTM FAB XST MOLD | L5679 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM BK THI LACER NONMOLD | L5680 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT BK/AK CONGN/AMPUTEE INIT | L5681 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM BK THIGH LACER MOLD | L5682 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT BK/AK NO CONGN/AMP INIT | L5683 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM BELW KNEE FORK STRAP | L5684 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT PROS BELW KNEE SLEEVE | L5685 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTREM BELW KNEE BACK CHECK | L5686 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOWER EXTRM BK WAIST BELT WEBNG | L5688 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRMITY BK WAIST BELT PAD | L5690 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM AK PELVIC CONTROL BELT | L5692 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM AK PELV CNTRL BELT PAD | L5694 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXT AK PELV CNTRL SLV NEOPRN | L5695 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM AK/DISARTIC PELV JNT | L5696 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXTRM AK/DISARTIC PELV BAND | L5697 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM AK/KD SILESIA BANDAGE | L5698 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LOW EXTREM PROSTH SHLDR HARNESS | L5699 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL SOCKET BELOW KNEE MOLD PT MDL | L5700 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | REPL SCKT AK/DISARTIC W/ ATTCH PLAT | L5701 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL SCKT HIP DISRTC W/HIP JNT MOLD | L5702 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ANK SYMES MLD PT MDL SACH FT REPL | L5703 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSTOM SHAP PROTVE COVER BELOW KNEE | L5704 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSTOM SHAP PROTVE COVER ABOVE KNEE | L5705 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSTOM SHAPED COVER KNEE DISARTIC | L5706 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSTOM SHAPED COVER HIP DISARTIC | L5707 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK | L5710 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT | L5711 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN FRICT SWING CNTRL | L5712 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN VARBL FRICT SWING | L5714 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN MECH STANCE LOCK | L5716 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN FRICT SWING CNTRL | L5718 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN PNUMAT SWNG FRICT | L5722 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD KNEE-SHIN 1 AXIS FL SWING PHASE | L5724 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN EXT JNT FL SWING | L5726 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN FL SWING&STANCE | L5728 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXO KNEE-SHIN PNEUMAT/HYDRA | L5780 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW LIMB PROS LIMB MGMT SYS | L5781 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW LIMB PROS LIMB MGMT HVY DUTY | L5782 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXOSKEL BELW KNEE ULTRA-LT MATL | L5785 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXOSKEL ABVE KNEE ULTRA-LT MATL | L5790 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD EXOSKEL HIP DISARTIC ULTRA-LGHT | L5795 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT | L5811 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO KNEE-SHIN FRICT SWNG CNTRL | L5812 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO KNEE-SHN HYDRAUL MECH LOCK | L5814 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD ENDO KNEE-SHIN FL SWING&STANCE | L5828 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDOSKL KNEE-SHIN STANC FLX ADJ | L5845 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDOSKEL KNEE-SHIN FLUID EXT | L5848 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO AK/HIP DSRTC KNEE EXT ASST | L5850 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LOW EXT PROS KN-SHN SWING&STNCE | L5856 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDOSKEL BELOW KNEE ALIGNBL SYS | L5910 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDOSKEL AK/HIP DISRTC ALIGNBL | L5920 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO AK/HIP DISARTIC MNL LOCK | L5925 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO HI ACTV KNEE CNTRL FRAME | L5930 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDOSKEL BELOW KNEE ULTRA-LGHT | L5940 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDOSKEL ABOVE KNEE ULTRA-LGHT | L5950 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDOSKL HIP DISARTIC ULTRA-LGHT | L5960 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO SYS POLYCNTRC HIP JOINT | L5961 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD ENDO BK FLEX PROTVE OUTER COVER | L5962 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO AK FLXBL PROTVE OUTR COVER | L5964 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD ENDO HIP DISRTC FLX PROTVE COVR | L5966 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW LIMB PROSTH MX-AXIAL ANKLE | L5968 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXTRM PROSTH FOOT SACH FOOT | L5970 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXT PROS SACH FOOT REPL ONLY | L5971 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LOW EXT PROS FOOT FLEXIBLE KEEL | L5972 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENDO ANK FOOT MICROPROCSS CNTRL PWR | L5973 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT | L5974 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXTRM PROSTH COMB 1 AXIS ANK | L5975 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXTRM PROSTH ENERGY STOR FT | L5976 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXTRM PRSTH FT MX-AXL ANK/FT | L5978 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW XTRM PRSTH MX-AXL ANK 1 PECE | L5979 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ALL LOW EXTREM PROSTH FLX-FOOT SYS | L5980 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LOW EXTRM PROSTH FLX-WALK SYS/= | L5981 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL EXOSKEL LW EXT PROS AXIAL ROTAT | L5982 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL ENDOSKEL LW EXT PRSTH AXL ROTAT | L5984 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL ENDOSKL LW XTRM PROSTH DYNAMIC | L5985 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXTRM PROSTH MX-AXIAL ROT U | L5986 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALL LW EXTRM PROSTH SHANK FOOT SYS | L5987 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW LMB PRSTH VERTCL SHOCK RDUC | L5988 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD LW EXTRM PROSTH USE ADJ HEEL HT | L5990 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LOWER EXTREMITY PROSTHESIS NOS | L5999 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARTIAL HAND THUMB REMAINING | L6000 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PART HAND LITTLE &/ RING FINGER REM | L6010 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARTIAL HAND NO FINGER REMAINING | L6020 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TRANSCARPL/MC/PART HAND DISART PROS | L6026 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WRST DSRTC MOLD SOCKET FLEX ELB HNG | L6050 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WRST DSRTC MOLD SCKT W/XPND INTRFCE | L6055 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BELW ELB MOLD SOCKT FLXIBLE ELB HNG | L6100 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BELOW ELBOW MOLDED SOCKET | L6110 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BELW ELB STEP-UP HINGES HALF CUFF | L6120 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BELW ELB STMP ACTV LCK HNG 1/2 CUFF | L6130 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELB DSRTC MOLD SCKT OTSD LCK FORARM | L6200 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELB DSRTC MOLD SCKT XPND INTRFC ARM | L6205 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ABOVE ELB INTERNAL LOCK ELB FOREARM | L6250 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SHLDR DISARTC INTRL LOCK ELB FORARM | L6300 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SHLDR DISART PASS REST COMPL PROSTH | L6310 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SHLDR DISART PASS REST SHLDR CAP | L6320 | | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | BE MOLD SCKT ENDOSKEL-SFT PROS TISS | L6400 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELB DISARTIC MOLD SOCKET ENDOSKEL | L6450 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ABOVE ELBOW MOLD SOCKET ENDOSKEL | L6500 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SHLDR DISARTC MOLD SOCKET ENDOSKEL | L6550 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTRSCAP THOR MOLD SOCKET ENDOSKEL | L6570 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP WRST DISARTIC PLSTC SOCKT MOLD | L6580 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP WRST DISARTC ELB SCKT DIR FORM | L6582 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP ELB DISARTC PLASTIC SOCKT MOLD | L6584 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP ELB DISARTIC SOCKET DIR FORM | L6586 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP SHLDR DISRTC THOR PLSTC SOCKT | L6588 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PREP SHLDR DSRTC THOR SCKT DIR FORM | L6590 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD DISCNCT LOCK WRST U | L6615 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD-DSCNCT INSRT LCK WRST EA | L6616 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD FLEX/EXT WRIST UNIT | L6620 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM PROS ADD FLEX/EXTEN WRIST | L6621 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD ROTATL WRST W/LATCH RLSE | L6623 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD FLX/EXT ROT WRIST UNIT | L6624 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD ROTAT WRST W/CABLE LOCK | L6625 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTRM ADD QUICK DISCNCT HOOK | L6628 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD QUIK DSCNCT LAMNAT COLLR | L6629 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD STAINLESS STEEL WRIST | L6630 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD LATX SUSP SLEEVE EA | L6632 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UPPER EXTREM ADD LIFT ASSIST ELB | L6635 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD NUDGE CNTRL ELB LOCK | L6637 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD PROS LOCK W/MNL PWR ELB | L6638 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD SHLDR ABDUCT JNT PAIR | L6640 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | UP EXTRM ADD EXCURSN AMPL PULLEY | L6641 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTRM ADD EXCURSN AMPL LEVER | L6642 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD SHLDR FLX-ABDUCT JNT EA | L6645 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD SHLDR JNT MX PSTN SYS | L6646 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD SHLDR LOCK MECH BDY PWR | L6647 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD SHLDR LOCK MECH EXT PWR | L6648 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTRM ADD SHLDR UNIVERSAL JNT EA | L6650 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD STD CNTRL CABLE XTRA | L6655 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD HEVY DUTY CNTRL CABLE | L6660 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD TEFLON/= CABLE LINING | L6665 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD HOOK HND CABLE ADAPTR | L6670 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD HRNSS CHST/SHLDR SADDLE | L6672 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD HARNESS 1 CABLE DESIGN | L6675 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD HARNESS 2 CABLE DESIGN | L6676 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB | L6677 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTRM ADD TST SCKT WRIST DISARTC | L6680 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTRM ADD TST SOCKT ELB DISARTIC | L6682 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTRM ADD TST SCKT SHLDR DISARTC | L6684 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UPPER EXTREM ADDITION SUCTION SOCKT | L6686 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD FRME TYPE SCKT BELW ELB | L6687 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD FRME TYPE SOCKT ABVE ELB | L6688 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD FRAME SCKT SHLDR DISARTC | L6689 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UPPER EXTREM ADD REMV INSERT EA | L6691 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXTREM ADD SILCON GEL INSRT/=EA | L6692 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UP EXT ADD LOCK ELB FORARM CNTRBAL | L6693 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD UP EXT PROS CSTM W/LOCK MECH | L6694 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD UP EXT PROS CSTM W/O LOCK MECH | L6695 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD UP EXT PROS CNGN/TRAUMAT AMP | L6696 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD UP EXT PROS NOT CNGN/TRAUM AMP | L6697 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD UP EXT PROS LOCK MECH EXC INSRT | L6698 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERMINAL DEVICE PASSIVE HAND/MITT | L6703 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERMINAL DEVC SPORT/REC/WORK ATTACH | L6704 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERMINAL DEVC HOOK MECH VOL OPENING | L6706 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERMINAL DEVC HOOK MECH VOL CLOSING | L6707 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERMINAL DEVC HAND MECH VOL OPENING | L6708 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERMINAL DEVC HAND MECH VOL CLOSING | L6709 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERM DVC HOOK MECH VOL OPN PED | L6711 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERM DVC HOOK MECH VOL CLOS PED | L6712 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERM DVC HAND MECH VOL OPN PED | L6713 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TERM DEVC HAND MECH VOL CLOS PED | L6714 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERM DEVC MX ARTC DIG INIT ISS/REPL | L6715 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERM DEVC HOOK/HAND HD MECH VOL OPN | L6721 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TERM DEVC HOOK/HND HD MECH VOL CLOS | L6722 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD TERM DEVICE MODIFIER WRIST UNIT | L6805 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD TERM DEVC PRECISION PINCH DEVC | L6810 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELEC HAND SW/MYOELEC CNTRL ARTC DIG | L6880 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AUTO GRASP ADD UPPER LIMB PROS DEVC | L6881 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MICRPROCSS CNTRL ADD UP LIMB PROSTH | L6882 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL SOCKET BE/WD MOLDED TO PT MDL | L6883 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL SOCKT ABOVE ELB DISART MOLD PT | L6884 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPL SOCKT SD/INTRSCAP THOR MOLD PT | L6885 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADD UP EXT PROSTH GLOV TERM PRFAB | L6890 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ADD UP EXT PROSTH GLOV TERM CSTM | L6895 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REP PROS DEVC REP/REPL MINOR PART | L7510 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GKT/SEAL USE PROS SOC INS ANY TY EA | L7700 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEO-ESOPH VOICE PROS INSRT PROV | L8509 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AQUEOUS SHUNT | L8612 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSSICULA IMPLANT | L8613 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COCHLR IMPL SPCH PRCSSR/CNTRLR REPL | L8619 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LIB CI/AO DVC SP EAR LEVEL REPL EA | L8624 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | METACARPOPHALANGEAL JOINT IMPLANT | L8630 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MPJ REPLCMT TWO/MORE PECES METL CER | L8631 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | METATARSAL JOINT IMPLANT | L8641 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HALLUX IMPLANT | L8642 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IP JOINT SPACER SILICONE/= EA | L8658 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | IP FNGR JNT REPL TWO/> PECES METAL | L8659 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VASC GRAFT MATERIAL SYNTH IMPLANT | L8670 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPL NEUROSTIMULATOR PULSE GEN ANY | L8679 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AO D EXT SP EXCL TRNDCR/ACTR RPL EA | L8691 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROSTHETIC IMPLANT NOS | L8699 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR UE ROM AD ELB WR H 1/DBL UP CUS | L8701 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PWR UE ROM AD E WR H F 1/DBL UP CUS | L8702 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ORTHO/PROSTH SUPP ACCES &/ SERV | L9900 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MISC SUPL/ACCSSRY USE W/IMPLANT VAD | Q0508 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LONG ARM CAST ADLT FIBRGLS | Q4006 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG ARM CAST PED FIBRGLS | Q4008 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT ARM CAST ADLT PLASTR | Q4009 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT ARM CAST ADLT FIBRGLS | Q4010 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT ARM CAST PED PLASTR | Q4011 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT ARM CAST PED FIBRGLS | Q4012 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL GAUNTLT CAST ADULT PLASTR | Q4013 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL GAUNTLET CAST ADLT F-GLASS | Q4014 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL GAUNTLT CAST PED PLASTR | Q4015 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL GAUNTLET CAST PED F-GLASS | Q4016 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG ARM SPLINT ADLT PLASTR | Q4017 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG ARM SPLINT ADLT FIBRGLS | Q4018 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG ARM SPLINT PED PLASTR | Q4019 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG ARM SPLINT PED FIBRGLS | Q4020 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT ARM SPLINT ADLT PLAST | Q4021 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT ARM SPLINT ADLT F-GLSS | Q4022 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT ARM SPLINT PED PLAST | Q4023 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT ARM SPLNT PED FIBRGLS | Q4024 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL HIP SPICA ADULT PLASTR | Q4025 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL HIP SPICA ADULT FIBRGLS | Q4026 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL HIP SPICA PEDIATRIC PLASTR | Q4027 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL HIP SPICA PED FIBRGLS | Q4028 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LONG LEG CAST ADULT PLASTR | Q4029 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LONG LEG CAST ADLT FIBRGLS | Q4030 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG LEG CAST PED PLASTR | Q4031 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG LEG CAST PED FIBRGLS | Q4032 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST LNG LEG CYCLE CAST ADLT PLAST | Q4033 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST LNG LEG CYCLE CAST ADLT F-GLSS | Q4034 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST LNG LEG CYCLE CAST PED PLAST | Q4035 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST LNG LEG CYCLE CAST PED F-GLSS | Q4036 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT LEG CAST ADLT PLASTR | Q4037 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT LEG CAST ADLT FIBRGLS | Q4038 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT LEG CAST PED PLASTR | Q4039 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT LEG CAST PED FIBRGLS | Q4040 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG LEG SPLINT ADLT PLASTR | Q4041 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG LEG SPLINT ADLT FIBRGLS | Q4042 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG LEG SPLINT PED PLASTR | Q4043 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL LNG LEG SPLINT PED FIBRGLS | Q4044 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT LEG SPLINT ADLT PLAST | Q4045 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT LEG SPLINT ADLT F-GLSS | Q4046 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHORT LEG SPLINT PED PLAST | Q4047 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAST SPL SHRT LEG SPLINT PED FIBRGLS | Q4048 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FINGER SPLINT STATIC | Q4049 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CAST SPL UNLIST TYPES&MATL CASTS | Q4050 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPLINT SUPPLIES MISCELLANEOUS | Q4051 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | THERASKIN PER SQ CM | Q4121 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | E-Z DERM PER SQUARE CENTIMETER | Q4136 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGIGRAFT PER SQ CM | Q4183 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CELLESTA OR CELLESTA DUO PER SQ CM | Q4184 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CELLESTA FLOWABLE AMNION;PER 0.5 CC | Q4185 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EPIFIX PER SQ CM | Q4186 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EPICORD PER SQ CM | Q4187 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIOARMOR PER SQ CM | Q4188 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ARTACENT AC 1 MG | Q4189 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ARTACENT AC PER SQ CM | Q4190 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RESTORIGIN PER SQ CM | Q4191 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | RESTORIGIN 1 CC | Q4192 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLL-E-DERM PER SQ CM | Q4193 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NOVACHOR PER SQ CM | Q4194 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PURAPLY PER SQ CM | Q4195 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PURAPLY AM PER SQ CM | Q4196 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PURAPLY XT PER SQ CM | Q4197 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENESIS AMNIOTIC MEMBRANE PER SQ CM | Q4198 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SKINTE PER SQ CM | Q4200 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MATRION PER SQ CM | Q4201 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | KEROXX (2.5G/CC) 1CC | Q4202 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DERMA-GIDE PER SQ CM | Q4203 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | XWRAP PER SQ CM | Q4204 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MEMBRANE GFT/MEMBRANE WRAP P SQ CM | Q4205 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | FLUID FLOW OR FLUID GF 1 CC | Q4206 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NOVAFIX PER SQ CM | Q4208 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGRAFT PER SQ CM | Q4209 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM | Q4210 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNION BIO/AXOBIOMEMBRANE PER SQ CM | Q4211 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ALLOGEN PER CC | Q4212 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ASCENT 0.5 MG | Q4213 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CELLESTA CORD PER SQ CM | Q4214 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AXOLOTL AMBIENT/AXOLOTL CRYO 0.1 MG | Q4215 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ARTACENT CORD PER SQ CM | Q4216 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WNDFIX BLOWND WNDFIX + X + /X+ P SC | Q4217 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGICORD PER SQ CM | Q4218 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURGIGRAFT-DUAL PER SQ CM | Q4219 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | BELLACELL HD OR SUREDERM PER SQ CM | Q4220 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIO WRAP2 PER SQ CM | Q4221 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROGENAMATRIX PER SQ CM | Q4222 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MYOWN SK INCL HARV & PREP PROC P SC | Q4226 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIOCORETM PER SQ CM | Q4227 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BIONEXTPATCH PER SQ CM | Q4228 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COGENEX AMNIOTIC MEMBRANE PER SQ CM | Q4229 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COGENEX FLOWABLE AMNION PER 0.5 CC | Q4230 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CORPLEX P PER CC | Q4231 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CORPLEX PER SQ CM | Q4232 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURFACTOR OR NUDYN PER 0.5 CC | Q4233 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | XCELLERATE PER SQ CM | Q4234 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIOREPAIR OR ALTIPLY PER SQ CM | Q4235 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CAREPATCH PER SQ CM | Q4236 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRYO-CORD PER SQ CM | Q4237 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DERM-MAXX PER SQ CM | Q4238 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIO-MAXX/AMNIO-MAXX LITE P-SQ CM | Q4239 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CORECYTE TOP USE ONLY PER 0.5 CC | Q4240 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POLYCYTE TOP USE ONLY PER 0.5 CC | Q4241 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIOCYTE PLUS PER 0.5 CC | Q4242 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROCENTA PER 200 MG | Q4244 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIOTEXT PER CC | Q4245 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CORETEXT OR PROTEXT PER CC | Q4246 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMNIOTEXT PATCH PER SQ CM | Q4247 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DERMACYTE AM ALLOGFT PER SQ CM | Q4248 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIALYS/STRESS VIT SUPL ORAL 100 CAP | S0194 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PRENATAL VITAMINS 30-DAY SUPPLY | S0197 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MED INDUCED AB ORAL INGEST MED | S0199 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARAMED INTERCEPT NON-HOS-BASED ALS | S0207 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARAMED INTRCPT ALS NON-TRNSPRT | S0208 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WHEELCHAIR VAN MILEAGE PER MILE | S0209 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NON-EMERG TRANSPORTATION; PER MILE | S0215 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MED CONF MD W/TEAM HLTH PROF;30 MIN | S0220 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MED CONF MD W/TEAM HLTH PROF;60 MIN | S0221 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMP GERIATRIC ASSESS&TX PLANNING | S0250 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BY NRS SOCL WRKER/OTH DESNATD STAFF | S0255 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CNSL&DISCUSS AD/EOL PT&/SURROGATE | S0257 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HX & PHYS RELATED TO SURGICAL PROC | S0260 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC CNSL PHYS SUP EA 15 MINS | S0265 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PHYS MGT PT HOME CARE STD MON RATE | S0270 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHYS MGT PT HM CARE HOSPICE MO RATE | S0271 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHYS MGT PT HM CARE EPISODC MO RATE | S0272 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHYS VST MEMBER HOME OUT CAPITATION | S0273 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NP VST MEMBR HOM OUTSIDE CAPITATION | S0274 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MED HOME PROG COMP CARE COORD INIT | S0280 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MED HOME PROGRAM CARE COORD MAINT | S0281 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CMPL EARLY PRD SCREEN DX&TX SRVC | S0302 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOSPITALIST SERVICES | S0310 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMP MGMT&CARE COORD ADV ILL CAL MO | S0311 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DZ MGMT PROGM; INIT ASSESS&INIT PRO | S0315 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DZ MGMT PROGM FOLLOW-UP/REASSESS | S0316 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISEASE MANAGEMENT PROGM; PER DIEM | S0317 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TEL CALLS RN DZ MGMT MEMB MONITR;MO | S0320 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LIFESTYL MOD MGMT COR ART DZ; 1 QTR | S0340 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LIFESTYL MOD MGMT CAD; 2ND/3RD QTR | S0341 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LIFESTYL MOD MGMT COR ART DZ; 4 QTR | S0342 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TX PLAN CARE COORD MGMT CA INIT TX | S0353 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TX PLAN CARE MGMT CA EST PT CHG REG | S0354 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ROUTINE FOOT CARE; PER VISIT | S0390 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPRESSION CAST FOOT-PRACTITIONER | S0395 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GLOBL FEE XTRACORP SHOCK WAVE LITH | S0400 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPOSABLE CONTACT LENS PER LENS | S0500 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SINGLE VISION PRSC LENS PER LENS | S0504 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BIFOCAL VISION PRSC LENS PER LENS | S0506 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRIFOCAL VISION PRSC LENS PER LENS | S0508 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | NON-PRESCRIPTION LENS PER LENS | S0510 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DAILY WEAR SPCLTY CNTC LENS-LENS | S0512 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COLOR CONTACT LENS PER LENS | S0514 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SCLERAL LENS LQD BANDGE DEVICE-LENS | S0515 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SAFETY EYEGLOSS FRAMES | S0516 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SUNGLASSES FRAMES | S0518 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | POLYCARBONATE LENS | S0580 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NONSTANDARD LENS | S0581 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTEGRL LENS SRVC MISC REPORTED SEP | S0590 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMP CONTACT LENS EVALUATION | S0592 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPNS NEW SPCTCL LENS PT SPL FRME | S0595 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHAKIC IOL CORRECT REFRACTIVE ERROR | S0596 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SCREENING PROCTOSCOPY | S0601 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | ANNUAL GYN EXAMINATION NEW PATIENT | S0610 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ANNUAL GYN EXAMINATION EST PATIENT | S0612 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ANNUAL GYN EX CLIN BRST EX NO PELV | S0613 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AUDIOMETRY FOR HEARING AID EVAL | S0618 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ROUTINE OPHTH EX W/REFRAC; NEW PT | S0620 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ROUTINE OPHTH EX W/REFRAC; EST PT | S0621 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHYSICAL EXAM COLLEGE NEW/EST PT | S0622 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LASER IN SITU KERATOMILEUSIS | S0800 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHOTOREFRACTIVE KERATECTOMY | S0810 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHOTOTHERAPEUTIC KERATECTOMY | S0812 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DELUXE ITEM PATIENT AWARE | S1001 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CUSTOMIZED ITEM | S1002 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IV TUBING EXTENSION SET | S1015 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | NON-PVC IV ADMN SET RX NOT STABLE | S1016 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONT NONINVAS GLU MON DEVC PURCHASE | S1030 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONT NONINVAS GLU MON DEVC RENTAL | S1031 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ARTIF PANC DEVC SYS CMNCT ALL DEVC | S1034 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SNSR;INVASV DSPBL ART PANC DEVC SYS | S1035 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRANSMTRR;EXT USE ART PANC DEVC SYS | S1036 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RECVR; EXT USE ARTIF PANC DEVC SYS | S1037 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRANIAL REMOLD ORTHOT PED CUST FAB | S1040 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MOMETASONE FUROATE SS IMPL 370 MCG | S1090 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CYSTO; LASER TX URETERAL CALC | S2070 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LAP ESOPHAGOMYOTOMY HELLER TYPE | S2079 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LASER-ASSISTED UVULOPALATOPLASTY | S2080 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADJ GASTRIC BAND DIAM SUBQ PORT | S2083 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC | S2095 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADOPTIVE IMMUNOTX COURSE TREATMENT | S2107 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ARTHROSCOPY KNEE SURG HARVEST CART | S2112 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OSTEOT PERIACETABULAR W/INTRL FIX | S2115 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ARTHROEREISIS SUBTALAR | S2117 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM | S2118 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LDL APHERES HEPARN XTRCRP LDL PRECP | S2120 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ECHOSCLEROTHERAPY | S2202 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MIN INVAS DIR CAB; ART GFT 1 CAG | S2205 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MIN INVAS DIR CAB; ART GFT 2 CAG | S2206 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MIN INVAS DIR CAB; VEN ONLY 1 CVG | S2207 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MIN INVAS DIR CAB; 1 ART&VG 1 VG | S2208 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MIN INVAS DIR CAB; 2 ART GFT&1 VG | S2209 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | MYRINGOTOMY LASER-ASSISTED | S2225 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC | S2230 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IMPL AUDITRY BRAIN STEM IMPLANT | S2235 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INDUCD AB 17-24 WEEKS ANY SURG METH | S2260 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INDUCED ABORTION 25 TO 28 WEEKS | S2265 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INDUCED ABORTION 29 TO 31 WEEKS | S2266 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INDUCED ABORTION 32 WEEKS/GREATER | S2267 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SCOPE SHLDR;W/THERML-INDUCD CPSLORR | S2300 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIP CORE DECOMPRESSION | S2325 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHEMODNERVAT ABDUCTR MUSC VOCL CORD | S2340 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHEMODENERVAT ADDUCT MUSC VOCAL CRD | S2341 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NASL ENDO POSTOP DEBRID UNI/BIL | S2342 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DECOMP PERQ DISC RF 1/MX LUMB | S2348 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | DISKCT ANT-OSTEOPHYT;LUMB 1 INTRSP | S2350 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP | S2351 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPAIR CONGEN HERNIA FETUS-UTERO | S2400 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPAIR URIN TRACT OBST FETUS-UTERO | S2401 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPAIR CONGEN CYST MALF FETUS-UTERO | S2402 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPAIR EPS IN THE FETUS IN UTERO | S2403 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPR MYELOMENINGO FETUS PROC-UTERO | S2404 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPR SACROCOC TRATOMA FETUS IN UTRO | S2405 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REP CONGN MALFORM FETUS-UTERO NOC | S2409 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FETOSCOPIC LASER THERAPY TX OF TTTS | S2411 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURG TECH RQR USE ROBOTIC SURG SYS | S2900 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIAB IND; RET EYE EX DILAT BIL | S3000 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PRFRM MSR EVAL PT SELF ASSESS DPRSS | S3005 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | STAT LABORATORY REQUEST | S3600 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EMERG STAT LAB CHRGT HB/NRS FACL | S3601 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EOSINOPHIL COUNT BLOOD DIRECT | S3630 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIV-1 ANTIBOD TEST MUCOS TRANSUDATE | S3645 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SALIVA TEST HORMONE LEVEL;MENOPAUSE | S3650 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SLIVA TST HORMONE LEVL;PRTERM LABOR | S3652 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ANTISPERM ANTIBODIES TEST | S3655 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GASTROINTESTINAL FAT ABSORB STUDY | S3708 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DOSE OPTIMIZATION AUC ANAL INF 5-FU | S3722 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TESTING ALS | S3800 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DNA ANALYSIS RET PROTO-ONCOGENE | S3840 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TESTING FOR RETINOBLASTOMA | S3841 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TST VON HIPPEL-LINDAU DZ | S3842 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | DNA ANALY GJB2 CONGN PFND DEAFNESS | S3844 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TESTING ALPHA-THALASSEMIA | S3845 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TST HGB E BETA-THALASSEMIA | S3846 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TESTING NIEMANN-PICK DZ | S3849 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TESTING SICKLE CELL ANEMIA | S3850 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DNA ANALY APOE EPSILON 4 ALLELE ALZ | S3852 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TST MYOTONIC MUSC DYSTROPHY | S3853 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENE EXPRESSION PROFILING PANEL | S3854 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC TEST SCN5A&VARIANTS SPCT BS | S3861 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMP GENE SEQUENCE ANALYSIS HCM | S3865 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GENETIC ANALYSIS GENE MUTAT HCM | S3866 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CGH MICROARRAY TEST DD ASD &/OR ID | S3870 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SURFACE ELECTROMYOGRAPHY | S3900 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | BALLISTOCARDIOGRAM | S3902 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MASTERS TWO STEP | S3904 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERIM LABOR FACILITY GLOBAL | S4005 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IN VITRO FERTILIZATION; | S4011 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPLETE CYCLE GIFT CASE RATE | S4013 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPLETE CYCLE ZIFT CASE RATE | S4014 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPLETE IVF CYCLE CASE RATE NOS | S4015 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FROZEN IVF CYCLE CASE RATE | S4016 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCPL CYCL TX CANCEL D PRIOR TO STIM | S4017 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FRZN EMB TRANS CANCL CASE RATE | S4018 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IVF PROC CANCL BEFR ASPIR CASE RATE | S4020 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | IVF PROC CANCL AFTR ASPIR CASE RATE | S4021 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ASSIST OOCYTE FERTILIZ CASE RATE | S4022 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | DONOR EGG CYCLE INCPL CASE RATE | S4023 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DONOR SRVC IN VITRO FERTILIZATION | S4025 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROCUREMENT DONR SPERM SPERM BANK | S4026 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STORAGE PREVIOUSLY FROZEN EMBRYOS | S4027 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MICSURG EPIDIDYMAL SPERM ASPIR | S4028 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPERM PROCUREMENT&CRYOPRES; 1 VISIT | S4030 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPERM PROCURE&CRYOPRES; SUBSQT VST | S4031 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STIM INTRAUTERINE INSEMIN CASE RATE | S4035 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CRYOPRESERVD EMBRYO TRNSF CASE RATE | S4037 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MON & STOR CRYOPRESRV EMBRYOS 30 DA | S4040 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MGMT OVULATION INDUCTION PER CYCLE | S4042 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSRT LEVONORGESTREL INTRAUTRN SYS | S4981 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTRACEPT IUD INCL IMPL&SUPPLIES | S4989 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | NICOTINE PATCHES LEGEND | S4990 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NICOTINE PATCHES NON-LEGEND | S4991 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CONTRACEPTIVE PILLS BIRTH CONTROL | S4993 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SMOKING CESSATION GUM | S4995 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PRESCRIPTION DRUG GENERIC | S5000 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PRESCRIPTION DRUG BRAND NAME | S5001 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | 5% DXTROS & 0.45% NL SALINE 1000 ML | S5010 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | 5% DXTROS W/K+ CHLORID 1000 ML | S5012 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | 5% DXTROS/0.45% S KCL&MGSO4 1000 ML | S5013 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | 5% DXTRS/0.45% NS KCI&MGSO4 1500 ML | S5014 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME INFUS TX ROUTINE INFUS DEVC | S5035 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME INFUS TX REPAIR INFUS DEVICE | S5036 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DAY CARE SERVICES ADULT; PER 15 MIN | S5100 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | DAY CARE SRVC ADULT; PER HALF DAY | S5101 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DAY CARE SERVICES ADULT; PER DIEM | S5102 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DAY CARE CNTR-BASD; SRVC NOT W/FEE | S5105 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOM CARE TRN HOM CARE CLIENT 15 MIN | S5108 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME CARE TRN HOME CARE CLIENT SESS | S5109 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME CARE TRAINING FAM; PER 15 MIN | S5110 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME CARE TRAINING FAM; PER SESSION | S5111 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME CARE TRN NON-FAM; PER 15 MIN | S5115 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME CARE TRN NON-FAM; PER SESSION | S5116 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHORE SERVICES; PER 15 MINUTES | S5120 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHORE SERVICES; PER DIEM | S5121 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ATTENDANT CARE SERVICES; PER 15 MIN | S5125 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ATTENDANT CARE SERVICES; PER DIEM | S5126 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HOMEMAKER SERVICE NOS; PER 15 MIN | S5130 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOMEMAKER SERVICE NOS; PER DIEM | S5131 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPANION CARE ADULT; PER 15 MIN | S5135 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPANION CARE ADULT ; PER DIEM | S5136 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOSTER CARE ADULT; PER DIEM | S5140 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOSTER CARE ADULT; PER MONTH | S5141 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOSTER CARE THERAPEUTIC CHLD; DIEM | S5145 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FOSTER CARE THERAPEUTIC CHLD; MONTH | S5146 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UNSKLD RESPITE CARE NOT HOSPICE; 15 | S5150 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | UNSKLD RESPITE CARE NOT HOSPICE;PER | S5151 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EMERG RESPONSE SYSTEM; INSTL&TST | S5160 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EMERG RESPONSE SYS; SRVC FEE-MONTH | S5161 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EMERG RESPONSE SYS; PURCHASE ONLY | S5162 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HOME MODIFICATIONS; PER SERVICE | S5165 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME DEL MEALS INCL PREP; MEAL | S5170 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LAUNDRY SERVICE EXT PROF; ORDER | S5175 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME HEALTH RESP TX INIT EVALUATION | S5180 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME HEALTH RESP TX NOS PER DIEM | S5181 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MED REMINDR SRVC NON-FCE-TO-FCE; MO | S5185 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WELLNESS ASSESS PRFRM NON-PHYSICIAN | S5190 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PERSONAL CARE ITEM NOS EACH | S5199 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME INFUS TX CATH CARE NOC; DIEM | S5497 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME INFUS TX CATH CARE SIMPLE DIEM | S5498 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME INFUS TX CATH CARE COMPLX DIEM | S5501 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT CATH CARE IMPL ACSS DEVC PD | S5502 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT SPL RESTOR CATH PATENCY/DEClOT | S5517 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HIT ALL SPL NECES FOR CATH REPAIR | S5518 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT ALL SPL NECES PICC LINE INSERT | S5520 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT SPL NECES MIDLINE CATH INSERT | S5521 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT INSRT PICC NURSE SRVC ONLY | S5522 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT INSRT ML VEN CATH NRS SRVC ONLY | S5523 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN RAPID ONSET; 5 UNITS | S5550 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN MOST RAPID ONSET; 5 UNITS | S5551 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN INTERMED ACTING; 5 UNITS | S5552 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN LONG ACTING; 5 UNITS | S5553 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN DEVC REUSABLE PEN;1.5 ML SZ | S5560 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN DEVC REUSABLE PEN; 3 ML SZ | S5561 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN CARTRIDGE NOT PUMP; 150 U | S5565 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN CARTRIDGE NOT PUMP; 300 U | S5566 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | INSULIN DISPOSABLE PEN; 1.5 ML SZ | S5570 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN DISPOSABLE PEN; 3 ML SZ | S5571 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SCLERAL APPLICATION TANTALUM RING | S8030 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MAGNETIC SOURCE IMAGING | S8035 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MR CHOLANGIOPANCREATOGRAPHY | S8037 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TOPOGRAPHIC BRAIN MAPPING | S8040 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MAGNETIC RESONANCE IMAG LOW-FIELD | S8042 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | US GUID MXIFETL PG RDUC TECH CMPNT | S8055 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SCINTIMAMMO UNI W/SPL RADIOPHARM | S8080 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | F-18 FDG IMAG 2-HD COINCDCNC DETCT | S8085 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ELECTRON BEAM COMPUTED TOMOGRAPHY | S8092 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PORTABLE PEAK FLOW METER | S8096 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ASTHMA KIT | S8097 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | HOLD CHAMB W/INHAL/NEBULIZR;NO MASK | S8100 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOLD CHAMB W/INHAL/NEBULIZR; W/MASK | S8101 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PEAK EXPIRATORY FLOW RATE | S8110 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT | S8120 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | O2 CONTENTS LQD 1 U EQUALS 1 POUND | S8121 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERFERENTIAL CURR STIM 2 CHANNEL | S8130 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INTERFERENTIAL CURR STIM 4 CHANNEL | S8131 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FLUTTER DEVICE | S8185 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SWIVEL ADAPTOR | S8186 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRACHEOSTOMY SUPPLY NOC | S8189 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MUCUS TRAP | S8210 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HABERMAN FEEDER CLEFT LIP/PALATE | S8265 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENURESIS ALARM BUZZ&/VIBRATION DEVC | S8270 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SUPPLIES HOME DELIVERY OF INFANT | S8415 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID SLEEVE&GLOVE CSTM | S8420 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID SLV&GLOV RDY MADE | S8421 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID SLEEV CSTM MED WT | S8422 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID SLEEV CSTM HVY WT | S8423 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID SLEEVE READY MADE | S8424 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID GLOVE CSTM MED WT | S8425 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID GLOVE CSTM HVY WT | S8426 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID GLOVE READY MADE | S8427 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADENT PRESS AID GAUNTLET RDY MADE | S8428 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GRADIENT PRESSURE EXTERIOR WRAP | S8429 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PADDING COMPRESSION BANDAGE ROLL | S8430 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPRESSION BANDAGE ROLL | S8431 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SPLINT PREFABRICATED DIGIT | S8450 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPLINT PREFABRICATED WRIST OR ANKLE | S8451 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPLINT PREFABRICATED ELBOW | S8452 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CAMISOLE POST-MASTECTOMY | S8460 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN SYRINGES | S8490 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT | S8930 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EQUESTRIAN/HIPPOTHERAPY PER SESSION | S8940 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | APPLIC MODAL 1/MORE AREAS; LW-LEVL | S8948 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMPLEX LYMPHEDEMA TX EA 15 MIN | S8950 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RESUSCITATION BAG | S8999 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME UTERIN MON W/WO ASSOC NRS SRVC | S9001 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ULTRAFILTRATION MONITOR | S9007 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARANASAL SINUS ULTRASOUND | S9024 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | OMNICARDIOGRAM/CARDIOINTEGRAM | S9025 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ESWL FOR GALL STONES | S9034 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PROCUREN/OTH GROWTH FACTOR PREP | S9055 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMA STIMULATION PER DIEM | S9056 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME ADMIN AEROSOLIZED DRUG TX DIEM | S9061 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | GLOBAL FEE URGENT CARE CENTERS | S9083 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VERT AXIAL DECOMPRS PER SESSION | S9090 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME VISIT FOR WOUND CARE | S9097 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME VISIT PHOTOTHERAPY SRVC DIEM | S9098 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TELEMON PT HOME ALL EQUIP; PER MTH | S9110 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BACK SCHOOL PER VISIT | S9117 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOM HLTH AIDE/CNA PROV CARE HOM; HR | S9122 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NRS CARE HOM; REGISTERED NURSE-HOUR | S9123 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | NURSING CARE THE HOME; LPN PER HOUR | S9124 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | RESPITE CARE IN THE HOME PER DIEM | S9125 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOSPICE CARE IN THE HOME PER DIEM | S9126 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SOCIAL WORK VISIT THE HOME PER DIEM | S9127 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SPEECH THERAPY IN THE HOME PER DIEM | S9128 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | OCCUPATIONAL THERAPY HOME PER DIEM | S9129 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PHYSICAL THERAPY; HOME PER DIEM | S9131 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DM MGMT PROGM F/U VST NON-MD PROV | S9140 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIAB MGMT PROGM F/U VISIT MD PROV | S9141 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INSULIN PUMP INIT INSTRUCT USE PUMP | S9145 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EVALUATION BY OCCULARIST | S9150 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DEL/HI RISK REQ ESCRT/PROTECT VST | S9381 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ANTICOAGULAT CLIN NO LAB PER SESS | S9401 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PHARM COMPOUNDING & DISPENSING SERV | S9430 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MED FOOD NUTR ORAL 100% NUTR INTAKE | S9433 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MOD SOLID FOOD SUP INBORN ERR METAB | S9434 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MEDICAL FOODS INBORN ERRORS METAB | S9435 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHLDBRTH PREP/LAMAZE CLASS PER SESS | S9436 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CHILDBIRTH REFRESH CLASS PER SESS | S9437 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CESAREAN BRTH CLASS NON-MD PER SESS | S9438 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VBAC CLASSES NON-MD PER SESSION | S9439 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ASTHMA ED NON-MD PROV PER SESSION | S9441 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | BIRTHING CLASSES NON-PHYS PROV-SESS | S9442 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LACTATION CLASS NON-PHYS PROV-SESS | S9443 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PARENTING CLASSES NON-MD PER SESS | S9444 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PT ED NOC NON-MD PROV GROUP SESSION | S9446 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | INFANT SAFETY CLASS NON-MD PER SESS | S9447 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | WEIGHT MGMT CLASS NON-PHYS PER SESS | S9449 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EXERCISE CLASSES NON-PHYS PER SESS | S9451 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NUTRITION CLASSES NON-PHYS PER SESS | S9452 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SMOKING CESSATION CLASS NON-MD SESS | S9453 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | STRESS MGMT CLASS NON-PHYS PER SESS | S9454 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NUTRITIONAL CNSL DIETITIAN VISIT | S9470 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CARD REHAB PROGM NON-PHYS PROV DIEM | S9472 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PULM REHAB PROGM NON-PHYS PROV DIEM | S9473 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ENTRSTML TX RN CERT ENTRSTML TX DAY | S9474 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMB SET SBSTNC ABS TX/DTOX SRVC DAY | S9475 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | VESTIBULR REHAB NON-PHYS PROV-DIEM | S9476 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FAMILY STABILIZATN SRVC PER 15 MIN | S9482 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | CRISIS INTERVEN MENTL HLTH SRVC-HR | S9484 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT CORTICOSTEROID INFUS; ADMN SRVC | S9490 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT ANTIBIOTIC/ANTIFUNGAL; DIEM | S9494 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS | S9497 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME OR SNF PATIENT | S9529 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOM TX HEMATOPOIETIC H INJ TX;-DIEM | S9537 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME TRANSFUSION BLOOD PROD; DIEM | S9538 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HOME THERAPY; NOC PER HOUR | S9810 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SRVC JOUR-LISTED CS PRACT HEAL-DIEM | S9900 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SERVICES JNL-LISTED CS NURSE PER HR | S9901 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMB SERVC AIR NON-ER 1 WAY FIX WING | S9960 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | AMB SERVC AIR NON-ER 1 WAY ROT WING | S9961 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEALTH CLUB MEMBERSHIP ANNUAL | S9970 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | TPLNT REL LODG MEALS & TRNSPRT DIEM | S9975 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LODGING PER DIEM NOS | S9976 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MEALS PER DIEM NOS | S9977 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MEDICAL RECORDS COPYING FEE ADMIN | S9981 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MEDICAL RECORDS COPYING FEE-PAGE | S9982 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | NOT MEDICALLY NECESSARY SERVICE | S9986 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SERV PART OF PHASE 1 CLINICAL TRIAL | S9988 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SERVICES PROVIDED OUTSIDE USA | S9989 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SRVC PROV PART PHASE II CLIN TRIAL | S9990 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SRVC PROV PART PHASE III CLIN TRIAL | S9991 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TRNSPRT COSTS CLIN TRIAL PRTCP&COMP | S9992 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | LODGE COST CLIN TRIAL PRTCP&CAREGVR | S9994 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MEALS CLIN TRIAL PRTCP&ONE CAREGIVR | S9996 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | SALES TAX | S9999 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SIGN LANGE/ORAL INTEPR SRVC-15 MIN | T1013 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | TELEHEALTH TRANS MIN PROF SRVC | T1014 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CLINIC VST/ENCOUNTER ALL-INCLUSIVE | T1015 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SCHOOL-BASD IND ED PROG SERV BUNLD | T1018 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SCR IND PARTICIP SPEC PROG PROJ/TX | T1023 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | EVAL&TX TEAM MX/SEV HANDICAP CHILD | T1024 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MXDISCIPLIN CHILD CMLPX IMPAIR DIEM | T1025 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MXDISCIPLIN CHILD W/CMLPX IMPAIR HR | T1026 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | FAM TRAIN & CNSL CHILD DVLP 15 MINS | T1027 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ASSESS HOME PHYSICAL & FAMILY ENVIR | T1028 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | COMP ENVIR LEAD INVESTIGAT-DWELL | T1029 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | MEDICAID CERT COM BH CLINIC SRVC PD | T1040 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | MEDICAID CERT COM BH CLINIC SRVC PM | T1041 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADMN ORL IM&/SUBQ MED HLTH PROF | T1502 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT SZ DISPBL INCONT BRF/DIAPER SM | T4521 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT SZ DISPBL INCONT BRF/DIAPER MD | T4522 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT SZ DISPBL INCONT BRF/DIAPER LG | T4523 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT DISPBL INCONT BRF/DIAPER X-LG | T4524 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT SZD DISPBL INCONT UNDWEAR SM | T4525 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT SZD DISPBL INCONT UNDWEAR MED | T4526 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT SZD DISPBL INCONT UNDWEAR LG | T4527 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADLT SZD DISPBL INCONT UNDWEAR X-LG | T4528 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PED SZ DISPBL INCONT BRF/DIAPER S/M | T4529 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PED SZ DISPBL INCONT BRF/DIAPER LG | T4530 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PED SZ DISPBL INCONT UNDWEAR SM/MED | T4531 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | PED SZ DISPBL INCONT UNDWEAR LG EA | T4532 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | YOUTH SZD DISPBL INCONT BRF/DIAPER | T4533 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | YOUTH SZD DISPBL INCONT UNDWEAR EA | T4534 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DISPBL LINER/PAD/UNDGRMNT INCONT EA | T4535 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCONT PROD UNDWEAR/PULLON REUSE SZ | T4536 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCONT PROD UNDPAD REUSBL BED SZ EA | T4537 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | DIAPER SRVC REUSBL DIAPER EA DIAPER | T4538 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCONT PROD DIAPER/BRF REUSBL SZ EA | T4539 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCONT PROD UNDPAD REUSBL CHAIR SZ | T4540 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCONT PRODUCT DISPBL UNDPAD LG EA | T4541 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | INCONT PROD DISPBL UNDPAD SM SZ EA | T4542 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADULT DISP INCONTINENCE PROD ABV XL | T4543 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | ADULT SIZE DISPBL PULLUP ABVE XL EA | T4544 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |

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| Durable Medical Equipment (DME) and Prostheses | INCONTIN PROD DISP PENILE WRAP EA | T4545 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | PSTN SEAT PERSON SPECL/ORTHO NEEDS | T5001 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | SUPPLY NOT OTHERWISE SPECIFIED | T5999 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | CNTC LENS SCLERAL GAS PERMEABLE PER | V2531 | >\$500.00 Auth required | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | REPAIR/MODIFICATION OF HEARING AID | V5014 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HA CONTRALAT RTE DVC MONAURAL BTE | V5181 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HA CONTRA ROUT SYS BINAURAL ITC/BTE | V5221 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEARING AID DIGITAL MONAURAL CIC | V5254 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEARING AID DIGITAL MONAURAL ITC | V5255 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEARING AID DIGITAL MONAURAL BTE | V5257 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEARING AID DIGITAL BINAURAL CIC | V5258 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEARING AID DIGITAL BINAURAL ITC | V5259 | | History and physical with any clinical information that support medical necessity |
| Durable Medical Equipment (DME) and Prostheses | HEARING AID DIGITAL BINAURAL BTE | V5261 | | History and physical with any clinical information that support medical necessity |

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| Genetic/Molecular Testing | ONC DLBCL MRNA 20 GENES ALG | 0017M | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IDH1 COMMON VARIANTS | 81120 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IDH2 COMMON VARIANTS | 81121 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | DMD DUP/DELET ANALYSIS | 81161 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1&2 GEN FULL SEQ DUP/DEL | 81162 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1&2 GENE FULL SEQ ALYS | 81163 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1&2 GEN FUL DUP/DEL ALYS | 81164 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1 GENE FULL SEQ ALYS | 81165 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1 GENE FULL DUP/DEL ALYS | 81166 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA2 GENE FULL DUP/DEL ALYS | 81167 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ABL1 GENE | 81170 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | AFF2 GENE DETC ABNOR ALLELES | 81171 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | AFF2 GENE CHARAC ALLELES | 81172 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | AR GENE FULL GENE SEQUENCE | 81173 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | AR GENE KNOWN FAMIL VARIANT | 81174 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ASXL1 GENE TARGET SEQ ALYS | 81176 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ATN1 GENE DETC ABNOR ALLELES | 81177 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ATXN1 GENE DETC ABNOR ALLELE | 81178 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ATXN2 GENE DETC ABNOR ALLELE | 81179 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ATXN3 GENE DETC ABNOR ALLELE | 81180 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ATXN7 GENE DETC ABNOR ALLELE | 81181 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ATXN8OS GEN DETC ABNOR ALLEL | 81182 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ATXN10 GENE DETC ABNOR ALLEL | 81183 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CACNA1A GEN DETC ABNOR ALLEL | 81184 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CACNA1A GENE FULL GENE SEQ | 81185 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CACNA1A GEN KNOWN FAMIL VRNT | 81186 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | CNBP GENE DETC ABNOR ALLELE | 81187 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CSTB GENE DETC ABNOR ALLELE | 81188 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CSTB GENE FULL GENE SEQUENCE | 81189 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CSTB GENE KNOWN FAMIL VRNT | 81190 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NTRK1 TRANSLOCATION ANALYSIS | 81191 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NTRK2 TRANSLOCATION ANALYSIS | 81192 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NTRK3 TRANSLOCATION ANALYSIS | 81193 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NTRK TRANSLOCATION ANALYSIS | 81194 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ASPA GENE | 81200 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | APC GENE FULL SEQUENCE | 81201 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | APC GENE KNOWN FAM VARIANTS | 81202 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | APC GENE DUP/DELET VARIANTS | 81203 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | AR GENE CHARAC ALLELES | 81204 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | BCKDHB GENE | 81205 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BCR/ABL1 GENE MAJOR BP | 81206 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BCR/ABL1 GENE MINOR BP | 81207 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BCR/ABL1 GENE OTHER BP | 81208 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BLM GENE | 81209 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRAF GENE | 81210 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1&2 SEQ & COM DUP/DEL | 81211 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1&2 185&5385&6174 VRNT | 81212 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1&2 UNCOM DUP/DEL VAR | 81213 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1 FULL SEQ & COM DUP/DEL | 81214 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA1 GENE KNOWN FAMIL VRNT | 81215 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA2 GENE FULL SEQ ALYS | 81216 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | BRCA2 GENE KNOWN FAMIL VRNT | 81217 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | CEBPA GENE FULL SEQUENCE | 81218 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CALR GENE COM VARIANTS | 81219 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CFTR GENE KNOWN FAM VARIANTS | 81221 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CFTR GENE DUP/DELET VARIANTS | 81222 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CFTR GENE FULL SEQUENCE | 81223 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYP2C19 GENE COM VARIANTS | 81225 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYP2D6 GENE COM VARIANTS | 81226 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYP2C9 GENE COM VARIANTS | 81227 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGEN MICRARRAY COPY NMBR | 81228 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGEN M ARRAY COPY NO&SNP | 81229 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYP3A4 GENE COMMON VARIANTS | 81230 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYP3A5 GENE COMMON VARIANTS | 81231 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | DPYD GENE COMMON VARIANTS | 81232 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | BTK GENE COMMON VARIANTS | 81233 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | DMPK GENE DETC ABNOR ALLELE | 81234 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | EGFR GENE COM VARIANTS | 81235 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | EZH2 GENE FULL GENE SEQUENCE | 81236 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | EZH2 GENE COMMON VARIANTS | 81237 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | F9 FULL GENE SEQUENCE | 81238 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | DMPK GENE CHARAC ALLELES | 81239 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | F2 GENE | 81240 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | F5 GENE | 81241 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FANCC GENE | 81242 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FMR1 GENE DETECTION | 81243 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FMR1 GENE CHARAC ALLELES | 81244 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FLT3 GENE | 81245 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | FLT3 GENE ANALYSIS | 81246 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | G6PD GENE ALYS CMN VARIANT | 81247 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | G6PD KNOWN FAMILIAL VARIANT | 81248 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | G6PD FULL GENE SEQUENCE | 81249 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | G6PC GENE | 81250 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | GBA GENE | 81251 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | GJB2 GENE FULL SEQUENCE | 81252 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | GJB2 GENE KNOWN FAM VARIANTS | 81253 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | GJB6 GENE COM VARIANTS | 81254 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HEXA GENE | 81255 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HFE GENE | 81256 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HBA1/HBA2 GENE | 81257 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HBA1/HBA2 GENE FAM VRNT | 81258 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | HBA1/HBA2 FULL GENE SEQUENCE | 81259 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IKBKAP GENE | 81260 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IGH GENE REARRANGE AMP METH | 81261 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IGH GENE REARRANG DIR PROBE | 81262 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IGH VARI REGIONAL MUTATION | 81263 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IGK REARRANGEABN CLONAL POP | 81264 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | STR MARKERS SPECIMEN ANAL | 81265 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | STR MARKERS SPEC ANAL ADDL | 81266 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHIMERISM ANAL NO CELL SELEC | 81267 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHIMERISM ANAL W/CELL SELECT | 81268 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HBA1/HBA2 GENE DUP/DEL VRNTS | 81269 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | JAK2 GENE | 81270 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HTT GENE DETC ABNOR ALLELES | 81271 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | KIT GENE TARGETED SEQ ANALYS | 81272 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | KIT GENE ANALYS D816 VARIANT | 81273 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HTT GENE CHARAC ALLELES | 81274 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | KRAS GENE VARIANTS EXON 2 | 81275 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | KRAS GENE ADDL VARIANTS | 81276 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGENOMIC NEO MICRORA ALYS | 81277 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | JAK2 GENE TRGT SEQUENCE ALYS | 81279 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | IFNL3 GENE | 81283 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FXN GENE DETC ABNOR ALLELES | 81284 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FXN GENE CHARAC ALLELES | 81285 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FXN GENE FULL GENE SEQUENCE | 81286 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MGMT GENE PRMTR MTHYLTN ALYS | 81287 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MLH1 GENE | 81288 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | FXN GENE KNOWN FAMIL VARIANT | 81289 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MCOLN1 GENE | 81290 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MTHFR GENE | 81291 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MLH1 GENE FULL SEQ | 81292 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MLH1 GENE KNOWN VARIANTS | 81293 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MLH1 GENE DUP/DELETE VARIANT | 81294 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MSH2 GENE FULL SEQ | 81295 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MSH2 GENE KNOWN VARIANTS | 81296 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MSH2 GENE DUP/DELETE VARIANT | 81297 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MSH6 GENE FULL SEQ | 81298 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MSH6 GENE KNOWN VARIANTS | 81299 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MSH6 GENE DUP/DELETE VARIANT | 81300 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MICROSATELLITE INSTABILITY | 81301 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | MECP2 GENE FULL SEQ | 81302 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MECP2 GENE KNOWN VARIANT | 81303 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MECP2 GENE DUP/DELET VARIANT | 81304 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MYD88 GENE P.LEU265PRO VRNT | 81305 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NUDT15 GENE COMMON VARIANTS | 81306 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PALB2 GENE FULL GENE SEQ | 81307 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PALB2 GENE KNOWN FAMIL VRNT | 81308 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PIK3CA GENE TRGT SEQ ALYS | 81309 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NPM1 GENE | 81310 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NRAS GENE VARIANTS EXON 2&3 | 81311 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PABPN1 GENE DETC ABNOR ALLEL | 81312 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PCA3/KLK3 ANTIGEN | 81313 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PDGFRA GENE | 81314 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | PML/RARALPHA COM BREAKPOINTS | 81315 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PML/RARALPHA 1 BREAKPOINT | 81316 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PMS2 GENE FULL SEQ ANALYSIS | 81317 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PMS2 KNOWN FAMILIAL VARIANTS | 81318 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PMS2 GENE DUP/DELET VARIANTS | 81319 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PLCG2 GENE COMMON VARIANTS | 81320 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PTEN GENE FULL SEQUENCE | 81321 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PTEN GENE KNOWN FAM VARIANT | 81322 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PTEN GENE DUP/DELET VARIANT | 81323 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PMP22 GENE DUP/DELET | 81324 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PMP22 GENE FULL SEQUENCE | 81325 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PMP22 GENE KNOWN FAM VARIANT | 81326 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SEPT9 GEN PRMTR MTHYLTN ALYS | 81327 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | SLCO1B1 GENE COM VARIANTS | 81328 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SMN1 GENE DOS/DELETION ALYS | 81329 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SMPD1 GENE COMMON VARIANTS | 81330 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SNRPN/UBE3A GENE | 81331 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SERPINA1 GENE | 81332 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TGFBI GENE COMMON VARIANTS | 81333 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | RUNX1 GENE TARGETED SEQ ALYS | 81334 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TPMT GENE COM VARIANTS | 81335 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SMN1 GENE FULL GENE SEQUENCE | 81336 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SMN1 GEN NOWN FAMIL SEQ VRNT | 81337 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MPL GENE COMMON VARIANTS | 81338 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MPL GENE SEQ ALYS EXON 10 | 81339 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TRB@ GENE REARRANGE AMPLIFY | 81340 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | TRB@ GENE REARRANGE DIRPROBE | 81341 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TRG GENE REARRANGEMENT ANAL | 81342 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | PPP2R2B GEN DETC ABNOR ALLEL | 81343 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TBP GENE DETC ABNOR ALLELES | 81344 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TERT GENE TARGETED SEQ ALYS | 81345 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | UGT1A1 GENE COMMON VARIANTS | 81350 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TP53 GENE FULL GENE SEQUENCE | 81351 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TP53 GENE TRGT SEQUENCE ALYS | 81352 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TP53 GENE KNOWN FAMIL VRNT | 81353 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | VKORC1 GENE | 81355 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | U2AF1 GENE COMMON VARIANTS | 81357 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HBB GENE COM VARIANTS | 81361 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HBB GENE KNOWN FAM VARIANT | 81362 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | HBB GENE DUP/DEL VARIANTS | 81363 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HBB FULL GENE SEQUENCE | 81364 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I & II TYPING LR | 81370 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I & II TYPE VERIFY LR | 81371 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I TYPING COMPLETE LR | 81372 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I TYPING 1 LOCUS LR | 81373 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I TYPING 1 ANTIGEN LR | 81374 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA II TYPING AG EQUIV LR | 81375 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA II TYPING 1 LOCUS LR | 81376 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA II TYPE 1 AG EQUIV LR | 81377 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I & II TYPING HR | 81378 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I TYPING COMPLETE HR | 81379 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA I TYPING 1 LOCUS HR | 81380 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | HLA I TYPING 1 ALLELE HR | 81381 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA II TYPING 1 LOC HR | 81382 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HLA II TYPING 1 ALLELE HR | 81383 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 1 | 81400 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 2 | 81401 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 3 | 81402 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 4 | 81403 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 5 | 81404 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 6 | 81405 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 7 | 81406 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 8 | 81407 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MOPATH PROCEDURE LEVEL 9 | 81408 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | AORTIC DYSFUNCTION/DILATION | 81410 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | AORTIC DYSFUNCTION/DILATION | 81411 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ASHKENAZI JEWISH ASSOC DIS | 81412 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CAR ION CHNNLPATH INC 10 GNS | 81413 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CAR ION CHNNLPATH INC 2 GNS | 81414 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | EXOME SEQUENCE ANALYSIS | 81415 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | EXOME SEQUENCE ANALYSIS | 81416 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | EXOME RE-EVALUATION | 81417 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FETAL CHRMOML ANEUPLOIDY | 81420 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FETAL CHRMOML MICRODELTY | 81422 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | GENOME SEQUENCE ANALYSIS | 81425 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | GENOME SEQUENCE ANALYSIS | 81426 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | GENOME RE-EVALUATION | 81427 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HEARING LOSS SEQUENCE ANALYS | 81430 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | HEARING LOSS DUP/DEL ANALYS | 81431 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HRDTRY BRST CA-RLATD DSORDRS | 81432 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HRDTRY BRST CA-RLATD DSORDRS | 81433 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HEREDITARY RETINAL DISORDERS | 81434 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HEREDITARY COLON CA DSORDRS | 81435 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HEREDITARY COLON CA DSORDRS | 81436 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HEREDTRY NURONDCRN TUM DSRDR | 81437 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HEREDTRY NURONDCRN TUM DSRDR | 81438 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | HRDTRY CARDMYPY GENE PANEL | 81439 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | MITOCHONDRIAL GENE | 81440 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NOONAN SPECTRUM DISORDERS | 81442 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TARGETED GENOMIC SEQ ANALYS | 81445 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TARGETED GENOMIC SEQ ANALYS | 81450 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | TARGETED GENOMIC SEQ ANALYS | 81455 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | WHOLE MITOCHONDRIAL GENOME | 81460 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | WHOLE MITOCHONDRIAL GENOME | 81465 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | X-LINKED INTELLECTUAL DBLT | 81470 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | X-LINKED INTELLECTUAL DBLT | 81471 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | UNLISTED MOLECULAR PATHOLOGY | 81479 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | AUTOIMMUNE RHEUMATOID ARTHR | 81490 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | COR ARTERY DISEASE MRNA | 81493 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCO (OVAR) TWO PROTEINS | 81500 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCO (OVAR) FIVE PROTEINS | 81503 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY TISSUE OF ORIGIN | 81504 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FETAL ANEUPLOIDY TRISOM RISK | 81507 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FTL CGEN ABNOR TWO PROTEINS | 81508 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | FTL CGEN ABNOR 3 PROTEINS | 81509 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FTL CGEN ABNOR FOUR ANAL | 81511 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FTL CGEN ABNOR FIVE ANAL | 81512 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NFCT DS BV RNA VAG FLU ALG | 81513 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NFCT DS BV&VAGINITIS DNA ALG | 81514 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC BRST MRNA 11 GENES | 81518 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY BREAST MRNA | 81519 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC BREAST MRNA 70 GENES | 81521 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC BREAST MRNA 12 GENES | 81522 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY COLON MRNA | 81525 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY GYNECOLOGIC | 81535 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY GYNECOLOGIC | 81536 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY LUNG | 81538 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | ONCOLOGY PROSTATE PROB SCORE | 81539 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY TUM UNKNOWN ORIGIN | 81540 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC PROSTATE MRNA 46 GENES | 81541 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC PROSTATE MRNA 22 CNT GEN | 81542 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONCOLOGY THYROID | 81545 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC THYR MRNA 10,196 GEN ALG | 81546 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC PROSTATE 3 GENES | 81551 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | ONC UVEAL MLNMA MRNA 15 GENE | 81552 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CARDIOLOGY HRT TRNSPL MRNA | 81595 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | NFCT DS CHRNC HCV 6 ASSAYS | 81596 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | UNLISTED MAAA | 81599 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TISSUE CULTURE LYMPHOCYTE | 88230 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TISSUE CULTURE SKIN/BIOPSY | 88233 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | TISSUE CULTURE PLACENTA | 88235 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TISSUE CULTURE BONE MARROW | 88237 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | TISSUE CULTURE TUMOR | 88239 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CELL CRYOPRESERVE/STORAGE | 88240 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | FROZEN CELL PREPARATION | 88241 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYSIS 20-25 | 88245 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYSIS 50-100 | 88248 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYSIS 100 | 88249 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYSIS 5 | 88261 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYSIS 15-20 | 88262 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYSIS 45 | 88263 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYSIS 20-25 | 88264 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME ANALYS PLACENTA | 88267 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | CHROMOSOME ANALYS AMNIOTIC | 88269 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGENETICS DNA PROBE | 88271 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGENETICS 3-5 | 88272 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGENETICS 10-30 | 88273 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGENETICS 25-99 | 88274 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGENETICS 100-300 | 88275 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME KARYOTYPE STUDY | 88280 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME BANDING STUDY | 88283 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME COUNT ADDITIONAL | 88285 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CHROMOSOME STUDY ADDITIONAL | 88289 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTO/MOLECULAR REPORT | 88291 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | CYTOGENETIC STUDY | 88299 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | INSITU HYBRIDIZATION (FISH) | 88364 | | History and physical with clinical notes that support medical necessity including treatment plan |

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| Genetic/Molecular Testing | INSITU HYBRIDIZATION (FISH) | 88365 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | INSITU HYBRIDIZATION (FISH) | 88366 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | SCR CERV/VAG AUTO&MNL RSCR PHYS | G0145 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Genetic/Molecular Testing | INF AGT DTCT DNA/RNA; HPV ADD PAP T | G0476 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Gi Tract Imaging by Capsule Endoscopy | GI TRACT CAPSULE ENDOSCOPY | 91110 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Gi Tract Imaging by Capsule Endoscopy | ESOPHAGEAL CAPSULE ENDOSCOPY | 91111 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Home Health Care | HOME HEALTH CARE SUPERVISION | 99374 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME HEALTH CARE SUPERVISION | 99375 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOSPICE CARE SUPERVISION | 99377 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOSPICE CARE SUPERVISION | 99378 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | NURSING FAC CARE SUPERVISION | 99379 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | NURSING FAC CARE SUPERVISION | 99380 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT PRENATAL | 99500 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | HOME VISIT POSTNATAL | 99501 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT NB CARE | 99502 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT RESP THERAPY | 99503 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT MECH VENTILATOR | 99504 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT STOMA CARE | 99505 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT IM INJECTION | 99506 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT CATH MAINTAIN | 99507 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT DAY LIFE ACTIVITY | 99509 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT SING/M/FAM COUNS | 99510 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT FECAL/ENEMA MGMT | 99511 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT FOR HEMODIALYSIS | 99512 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME VISIT NOS | 99600 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INFUSION/VISIT 2 HRS | 99601 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | HOME INFUSION EACH ADDTL HR | 99602 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PS ADM ANTI-INF PM ADM CD H E 15M | G0068 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PROF SRVC ADM SQ IMT ADM CD H E 15M | G0069 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PROF SRVC ADM CHEMO ADM CD H E 15 M | G0070 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PMT CMNCT TECH-B SRVC;RHC/FQHC ONLY | G0071 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | BRIEF CARE MGMT HOME VISIT NEW PT | G0076 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | LIMITED CARE MGM HOME VISIT NEW PT | G0077 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | MODERATE CARE MGMT HOME VST NEW PT | G0078 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | COMP CARE MGMT HOME VISIT NEW PT | G0079 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | EXTENSIVE CARE MGMT HOME VST NEW PT | G0080 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | BRIEF CARE MGM HOME VISIT EXIST PT | G0081 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | LIMITED CARE MGMT HOME VST EXIST PT | G0082 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | MODERATE CARE MGMT HOME VST EXST PT | G0083 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | COMP CARE MGMT HOME VISIT EXIST PT | G0084 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | EXTENSIVE CARE MGM HOME VST EXST PT | G0085 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | LMTD CARE MGMT HOME CARE PLAN OVER | G0086 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | COMP CARE MGMT HOME CARE PLAN OVER | G0087 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC PT HOM HLTH/HOSPICE EA 15 MIN | G0151 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC OT HOM HLTH/HOSPICE EA 15 MIN | G0152 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC SPCH&LANG PATH HH/HOSPIC EA 15 | G0153 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC CLINICAL SW HH/HOSPICE EA 15 | G0155 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC HH/HOSPICE AIDE EA 15 MIN | G0156 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC PT ASSIST HH/HOSPICE EA 15 MIN | G0157 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC OT ASSIST HH/HOSPICE EA 15 MIN | G0158 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC PT HH EST/DEL PT MP EA 15 MINS | G0159 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC OT HH EST/DEL OT MP EA 15 MIN | G0160 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | SRVC SLP HH EST/DEL SLP TX MP 15 MN | G0161 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SKILLED SRVC RN M&E POC; EA 15 MINS | G0162 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | EXT COUNTERPULSATION-TX SESSION | G0166 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | WOUND CLOS UTIL TISSUE ADHES ONLY | G0168 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PHYS RE-CERT MCR-COVR HOM HLTH SRVC | G0179 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PHYS CERT MCR-COVR HOM HLTH SRVC | G0180 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PHYS SUPV PT RECV MCR-COVR HOM HLTH | G0181 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PHYS SUPV PT UND MCR-APPRVD HOSPICE | G0182 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | MUSCLES FACE FACE 1 ON 1 EA 15 MIN | G0237 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | Hhs/hospice of rn ea 15 min | G0299 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | Hhs/hospice of lpn ea 15 min | G0300 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | BRF 20 MINS IH VST NEW PT PST-D/C. | G2001 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | LTD 30 MINS IH VISIT NEW PT PST-D/C | G2002 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | MOD 45 MINS IH VISIT NEW PT PST-D/C | G2003 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | COMP 60 MINS IH VST NEW PT POST-D/C | G2004 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | EXTSV 75 MINS IH VST NEW PT PST-D/C | G2005 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | BRIEF 20 MINS IH VST XST PT PST-D/C | G2006 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | LTD 30 MINS IH VISIT XST PT PST-D/C | G2007 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | MOD 45 MINS IH VISIT XST PT PST-D/C | G2008 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | COMP 60 MINS IH VST XST PT POST-D/C | G2009 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | EXTSV 75 MINS IH VST XST PT PST-D/C | G2013 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | LIMITED 30 MINS CARE PLAN OVERSIGHT | G2014 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | COMP 60 MINS HOME CARE PLAN OVRSGHT | G2015 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | DIL RET EYE EX OPH/OPTOM DOC & REV | G2102 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC PRFRM PT ASST HH SET EA 15 MIN | G2168 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC PRFRM OT ASST HH SET EA 15 MIN | G2169 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | HOME MGMT PRETERM LABOR PER DIEM | S9208 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME MANGEMENT PPROM DIEM | S9209 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME MGMT GESTATIONAL HTN; DIEM | S9211 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME MANAGEMENT PREECLAMPSIA; DIEM | S9213 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME MGMT GESTATIONAL DIABETES;DIEM | S9214 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT CONT CHEMOTHAPY INFUS; PER DIEM | S9330 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT INTERMIT CHEMOTHAPY INFUS; DIEM | S9331 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INFUS TX IMMUOTHAPY; PER DIEM | S9338 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME TX; ENTERAL NUTRITION; DIEM | S9340 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HT; ENTERL NUTRIT VIA GRAVITY; DIEM | S9341 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HT; ENTERAL NUTRIT VIA PUMP; DIEM | S9342 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HT; ENTERAL NUTRIT VIA BOLUS; DIEM | S9343 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT ANTI-HEMOPHILIC AGENT; PER DIEM | S9345 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | HIT ALPHA-1-PROTENAS INHIBITR; DIEM | S9346 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM | S9347 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT SYMPATHOMIMETIC/INOTROPIC DIEM | S9348 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INFUS TX TOCOLYTIC; PER DIEM | S9349 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT CONT ANTI-EMETIC; PER DIEM | S9351 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INFUS TX CONT INSULIN; DIEM | S9353 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INFUS TX CHELATION; PER DIEM | S9355 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT ANTI-TUMR NECROS FACTOR IV TX; | S9359 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT TPN; CARE COORDINATION DIEM | S9364 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT TPN; 1 LITER PER DAY PER DIEM | S9365 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM | S9366 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM | S9367 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOM INFUS TX TPN; > 3 L-DAY-DIEM | S9368 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | HIT HYDRATION TX; PER DIEM | S9373 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT HYDRATION TX; 1 LITER DAY | S9374 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT HYDRAT; >1 LITR NO>2 LITR DAY | S9375 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT HYDRAT; >2 LITR NO>3 LITR DAY | S9376 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT HYDRATION TX; >3 LITERS DAY | S9377 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INFUS TX INFUSION TX NOC; DIEM | S9379 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS | S9500 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS | S9501 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS | S9502 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS | S9503 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS | S9504 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INJECTABLE THERAPY NOC-DIEM | S9542 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME INJ TX; HORMONAL THERAPY DIEM | S9560 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Home Health Care | PRIV DUTY/INDEPENDENT NRS TO 15 MIN | T1000 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | NURSING ASSESSMENT/EVALUATION | T1001 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | RN SERVICES UP TO 15 MINUTES | T1002 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | LPN/LVN SERVICES UP TO 15 MINUTES | T1003 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | SRVC QUALIFIED NRS AIDE TO 15 MIN | T1004 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | RESPITE CARE SERVICES TO 15 MIN | T1005 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | CASE MANAGEMENT EACH 15 MINS | T1016 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PERSONAL CARE SERVICES PER 15 MINS | T1019 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | PERSONAL CARE SERVICES PER DIEM | T1020 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | HOME HLTH AIDE/CERT NURSE ASST VST | T1021 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | CONTRACT HOME HEALTH AGCY SRVC DAY | T1022 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | NRS CARE HOME REGISTERED NURSE-DIEM | T1030 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |
| Home Health Care | NURSING CARE THE HOME LPN PER DIEM | T1031 | | History and physical with clinical notes that support medical necessity including evaluation and plan of care |

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| Hyperbaric Therapy | HYPERBARIC OXYGEN THERAPY | 99183 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Hyperbaric Therapy | HPO UND PRSS FULL B CHMBR PER 30 MN | G0277 | | History and physical with clinical notes that support medical necessity including treatment plan |
| Injectable Drugs | INJ GADOTERATE MEGLUMINE 0.1 ML | A9575 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GADOTERIDOL PER ML | A9576 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GADOBENATE DIMEGLUMIN MXPACK ML | A9578 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GADOLINIUM MR CONTRAST NOS ML | A9579 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GADOXETATE DISODIUM 1 ML | A9581 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GADOFOSVESET TRISODIUM 1 ML | A9583 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GADOBUTROL 0.1 ML | A9585 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | RADIUM RA-223 DICHLORIDE TX PER UCI | A9606 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECT ARIPIPRAZOLE LAUROXIL 1 MG | C9035 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PATISIRAN 0.1 MG | C9036 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RISPERIDONE 0.5 MG | C9037 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION MOGAMULIZUMAB-KPKC 1 MG | C9038 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PLAZOMICIN 5 MG | C9039 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FREMANEZUMAB-VFRM 1 MG | C9040 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ COAG FACTR XA INACTIVATED 10 MG | C9041 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BENDAMUSTINE HCL 1 MG | C9042 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LEVOLEUCOVORIN 1 MG | C9043 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CEMIPIMAB-RWLC 1 MG | C9044 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG | C9045 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | COCAINE HCI NASAL SOL TOP ADMN 1 MG | C9046 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CAPLACIZUMAB-YHDP 1 MG | C9047 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DEXAMETHASONE LAC OPHTH INSR 0.1 MG | C9048 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TAGRAXOFUSP-ERZS 10 MCG | C9049 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EMAPALUMAB-LZSG 1 MG | C9050 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION OMADACYCLINE 1 MG | C9051 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RAVULIZUMAB-CWVZ 10 MG | C9052 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CRIZANLIZUMAB-TMCA 1 MG | C9053 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LEFAMULIN XENLETA 1 MG | C9054 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BREXANOLONE 1 MG | C9055 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GIVOSIRAN 0.5 MG | C9056 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CETIRIZINE HCL 1 MG | C9057 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PEGFLGRASTM-BMEZ BIOSMLR 0.5 MG | C9058 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MELOXICAM 1 MG | C9059 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TEPROTUMUMAB-TRBW 10 MG | C9061 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EPTINEZUMAB-JJMR 1 MG | C9063 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CASIMERSEN 10 MG | C9075 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LISOCABTAGENE MARALEUCEL PER TX DOS | C9076 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ CABOTEGRAVIR & RPV 2 MG/3 MG | C9077 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TRILACICLIB 1 MG | C9078 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EVINACUMAB-DGNB 5 MG | C9079 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MELPHALAN FLUFENAMIDE HCL 1 MG | C9080 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PANTOPRAZOLE SODIUM-VIAL | C9113 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | PRT CC KCENTRA PER I.U. FCT IX ACTV | C9132 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FACTOR VIII PEGYLATED-AUCL 1 IU | C9141 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CLEVIDIPINE BUTYRATE 1 MG | C9248 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HUMAN PLASMA FIBRIN SEALANT 2ML | C9250 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LACOSAMIDE 1 MG | C9254 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BEVACIZUMAB 0.25 MG | C9257 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LIDO 70 MG/TETRACAINE 70 MG PATCH | C9285 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BUPIVACAINE LIPOSOME 1 MG | C9290 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION GLUCARPIDASE 10 UNITS | C9293 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | UNCLASSIFIED DRUGS OR BIOLOGICALS | C9399 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | IODINE I-131 IOBENGUANE DIAGN 1 MCI | C9407 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | IODINE I-131 IOBENGUANE TX 1 MCI | C9408 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PHENYLEPHRINE & KET 4 ML VIAL | C9447 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CANGRELOR 1 MG | C9460 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DELAFLOXACIN 1 MG | C9462 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION SOTALOL HYDROCHLORID 1 MG | C9482 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CONIVAPTAN HYDROCHLORIDE 1 MG | C9488 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TETRACYCLINE UP TO 250 MG | J0120 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OMADACYCLINE 1 MG | J0121 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ERAVACYCLINE 1 MG | J0122 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ABATACEPT 10 MG MEDICR ADM PHYS | J0129 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION ABCIXIMAB 10 MG | J0130 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ACETAMINOPHEN 10 MG | J0131 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ACETYLCYSTEINE 100 MG | J0132 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ACYCLOVIR 5 MG | J0133 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ADALIMUMAB 20 MG | J0135 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ADENOSINE 1 MG | J0153 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ADRENALIN EPINEPHRINE 0.1 MG | J0171 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AFLIBERCEPT 1 MG | J0178 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BROLUCIZUMAB-DBLL 1 MG | J0179 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AGALSIDASE BETA 1 MG | J0180 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION APREPITANT 1 MG | J0185 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ALATROFLOXACIN MESYLATE 100 MG | J0200 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ALEMTUZUMAB 1 MG | J0202 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION ALGLUCERASE PER 10 UNITS | J0205 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AMIFOSTINE 500 MG | J0207 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METHYLDOPATE HCL TO 250 MG | J0210 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ALEFACEPT 0.5 MG | J0215 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ALGLUCOSIDASE ALFA 10 MG NOS | J0220 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ALGLUCOSIDASE ALFA 10 MG | J0221 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PATISIRAN 0.1 MG | J0222 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GIVOSIRAN 0.5 MG | J0223 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LUMASIRAN 0.5 MG | J0224 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ALPHA 1-PROTASE INHIB NOS 10 MG | J0256 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ALPHA 1 PROTEINASE INH 10 MG | J0257 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ALPROSTADIL 1.25 MCG | J0270 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ALPROSTADIL URETHRAL SUPPOSITORY | J0275 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION AMIKACIN SULFATE 100 MG | J0278 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AMINOPHYLLIN UP TO 250 MG | J0280 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AMIODARONE HYDROCHLORIDE 30 MG | J0282 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AMPHOTERICIN B 50 MG | J0285 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AMPHOTERICIN B LIPID CMLPX 10 MG | J0287 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AMPHOTERICIN B CHOLESTRYL 10 MG | J0288 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AMPHOTERICIN B LIPOSOME 10 MG | J0289 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AMPICILLIN SODIUM 500 MG | J0290 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PLAZOMICIN 5 MG | J0291 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AMPCLLN SODIM/SULBACTAM-1.5 G | J0295 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AMOBARBITAL UP TO 125 MG | J0300 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ SUCCINYLCHOLINE CHLORID UP 20MG | J0330 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ANIDULAFUNGIN 1 MG | J0348 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION ANISTREPLASE PER 30 UNITS | J0350 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION HYDRALAZINE HCL UP 20 MG | J0360 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ APOMORPH HYDROCHLORID 1 MG | J0364 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION APROTININ 10000 KIU | J0365 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METARAMINOL BITARTRATE 10 MG | J0380 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ARBUTAMINE HCL 1 MG | J0395 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ARIPIRAZOLE IM 0.25 MG | J0400 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AZITHROMYCIN 500 MG | J0456 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ATROPINE SULFATE 0.01 MG | J0461 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DIMERCAPROL PER 100 MG | J0470 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BACLOFEN 10 MG | J0475 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BACLOFEN 50 MCG INTRATHEC TRIAL | J0476 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BASILIXIMAB 20 MG | J0480 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION BELATACEPT 1 MG | J0485 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BELIMUMAB 10 MG | J0490 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DICYCLOMINE HCL UP 20 MG | J0500 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BENZTROPINE MESYLATE PER 1 MG | J0515 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BENRALIZUMAB 1 MG | J0517 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BETHANECHOL CHLORIDE UP TO 5 MG | J0520 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PCN G BENZ & PROCAINE 100000 U | J0558 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PCN G BENZ 100000 UNITS | J0561 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CERLIPONASE ALFA 1 MG | J0567 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUPRENORPHINE IMPLANT 74.2 MG | J0570 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUPRENORPHINE ORAL 1 MG | J0571 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BPN/NALOXONE ORAL </=TO 3 MG BPN | J0572 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BPN/NLX ORAL >3 MG BUT </=6 MG BPN | J0573 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | BPN/NLX O >6 MG BUT <=/TO 10 MG BPN | J0574 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BIVALIRUDIN 1 MG | J0583 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BUROSUMAB-TWZA 1 MG | J0584 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BOTULINUM TOXIN TYPE A PER UNIT | J0585 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ABOBOTULINUMTOXINA 5 UNIT | J0586 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RIMABOTULINUMTOXINB 100 UNITS | J0587 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION INCOBOTULINUMTOXIN 1 UNIT | J0588 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DEOXYCHOLIC ACID 1 MG | J0591 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BUPRENORPHINE HYDROCHLOR 0.1 MG | J0592 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LANADELUMAB-FLYO 1 MG | J0593 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BUSULFAN 1 MG | J0594 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BUTORPHANOL TARTRATE 1 MG | J0595 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ C1 ESTERASE INHIB RUCONEST 10 U | J0596 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ C1 ESTERASE INHIB BERINERT 10 U | J0597 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ C1 ESTERASE INHIB CINRYZE 10 U | J0598 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ C-1 ESTERASE INHIBITOR 10 UNITS | J0599 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ EDETATE CALCM DISODIM TO 1000MG | J0600 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CALCM GLUCONATE PER 10 ML | J0610 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CALCM GLYCROPHSPHTE&LACTAT-10ML | J0620 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CALCITONIN SALMON TO 400 UNITS | J0630 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CALCITRIOL 0.1 MCG | J0636 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CASPOFUNGIN ACETATE 5 MG | J0637 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CANAKINUMAB 1 MG | J0638 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ LEUCOVORIN CALCIUM PER 50 MG | J0640 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LEVOLEUCOVORIN NOS 0.5 MG | J0641 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MEPIVACAINE HCL PER 10 ML | J0670 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION CEFAZOLIN SODIUM 500 MG | J0690 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LEFAMULIN 1 MG | J0691 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEFEPIME HYDROCHLORID 500 MG | J0692 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEFOXITIN SODIUM 1 GM | J0694 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEFTOLOZANE 50 MG & TAZ 25 MG | J0695 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEFTRIAXONE SODIUM PER 250 MG | J0696 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ STERL CEFUROXIME SODIUM 750 MG | J0697 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CEFOTAXIME SODIUM PER G | J0698 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BETAMETHASONE AC & PHOS 3 MG | J0702 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CAFFEINE CITRATE 5MG | J0706 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEPHAPIRIN SODIUM TO 1 GM | J0710 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CEFTAROLINE FOSAMIL 10 MG | J0712 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CEFTAZIDIME PER 500 MG | J0713 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G | J0714 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEFTIZOXIME SODIUM PER 500 MG | J0715 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CENTRUROIDS IMM FAB2 TO 120 MCI | J0716 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CERTOLIZUMAB PEGOL 1 MG | J0717 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CHLORMPHNICL SODIM SUCCNT TO 1G | J0720 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CHORIONIC GONADOTROPIN-1000 USP | J0725 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CLONIDINE HYDROCHLORID 1 MG | J0735 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CIDOFOVIR 375 MG | J0740 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IMP-CLSTATN 4 MG & RLEBCTM 2 MG | J0742 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CILASTATIN SODIM IMIPENEM-250MG | J0743 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CIPROFLOXACIN IV INFUS 200 MG | J0744 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CODEINE PHOSPHATE PER 30 MG | J0745 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ COLISTIMETHATE SODIUM TO 150 MG | J0770 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ COLLAGENASE CHC 0.01 MG | J0775 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PROCHLORPERAZINE TO 10 MG | J0780 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CRIZANLIZUMAB-TMCA 5 MG | J0791 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CORTICORELN OVINE TRIFLUT 1 MCG | J0795 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CORTICOTROPIN UP 40 UNITS | J0800 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ COSYNTROPIN NOS 0.25 MG | J0833 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION COSYNTROPIN 0.25 MG | J0834 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CROTALIDAE POLYV IMM FAB UP 1 G | J0840 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CROTALIDAE IMMUNE F120 MG | J0841 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CYTOMEGLOVRUS IMMU GLOB IV-VIAL | J0850 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DALBAVANCIN 5MG | J0875 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DAPTOMYCIN 1 MG | J0878 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DARBEPOETIN ALFA 1 MCG NON-ESRD | J0881 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ DARBEPOETIN ALFA 1 MCG FOR ESRD | J0882 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ARGATROBAN 1 MG NON-ESRD USE | J0883 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ARGATROBN 1 MG ESRD ON DIALYSIS | J0884 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ EPOETIN ALFA NON-ESRD 1000 UNIT | J0885 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EPOETIN BETA 1 MICROGRAM | J0887 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EPOETIN BETA 1 MICROGRAM | J0888 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PEGINESATIDE 0.1 MG | J0890 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DECITABINE 1 MG | J0894 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DEFEROXAMINE MESYLATE 500 MG | J0895 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LUSPATERCEPT-AAMT 0.25 MG | J0896 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DENOSUMAB 1 MG | J0897 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BROMPHENIRAMINE MALEATE-10 MG | J0945 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DEPO-ESTRADIOL CYPIONATE TO 5MG | J1000 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ METHYLPRDNISOLONE ACTAT 20 MG | J1020 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METHYLPRDNISOLONE ACTAT 40 MG | J1030 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METHYLPRDNISOLONE ACTAT 80 MG | J1040 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TESTOSTERONE CYPIONATE 1 MG | J1071 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DEXAMETHASONE ACTAT 1 MG | J1094 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DEXAMETHASONE 9% IN= IOL 1 MCG | J1095 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DXAMETHASONE LAC OPHTH INSRT 0.1 MG | J1096 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | PHN 10.6&KET 2.88 MG/ML OPH IRR 1ML | J1097 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DEXMETHOSON SODIM PHOSHATE 1 MG | J1100 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DIHYDROERGOTAMINE MESYLATE 1 MG | J1110 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ACETAZOLAMIDE SODIUM TO 500 MG | J1120 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DICLOFENAC SODIUM .5 MG | J1130 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DIGOXIN UP TO 0.5 MG | J1160 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ DIGOXIN IMMUNE FAB OVINE VIAL | J1162 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PHENYTOIN SODIUM PER 50 MG | J1165 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION HYDROMORPHONE UP TO 4 MG | J1170 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DYPHYLLINE UP TO 500 MG | J1180 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DEXRAZOXANE HCL PER 250 MG | J1190 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DIPHENHYDRAMINE HCL TO 50 MG | J1200 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CETIRIZINE HYDROCHLORIDE 0.5 MG | J1201 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CHLOROTHIAZIDE SODIUM 500 MG | J1205 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DMSO DIMETHYL SULFOXID 50% 50ML | J1212 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION METHADONE HCL UP TO 10 MG | J1230 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DIMENHYDRINATE TO 50 MG | J1240 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DIPYRIDAMOLE PER 10 MG | J1245 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DOBUTAMINE HCI PER 250 MG | J1250 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION DOLASETRON MESYLATE 10 MG | J1260 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DOPAMINE HCL 40 MG | J1265 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DORIPENEM 10 MG | J1267 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DOXERCALCIFEROL 1 MCG | J1270 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ECALLANTIDE 1 MG | J1290 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ECULIZUMAB 10 MG | J1300 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EDARAVONE 1 MG | J1301 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RAVULIZUMAB-CWVZ 10 MG | J1303 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AMITRIPTYLINE HCL TO 20 MG | J1320 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ELOSULFASE ALFA 1 MG | J1322 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ENFUVIRTIDE 1 MG | J1324 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EPOPROSTENOL 0.5 MG | J1325 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EPTIFIBATIDE 5 MG | J1327 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ ERGONOVINE MALEATE UP TO 0.2 MG | J1330 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ERTAPENEM SODIUM 500 MG | J1335 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ERYTH LACTOBIONATE 500 MG | J1364 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ESTRADIOL VALERATE TO 10 MG | J1380 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ESTROGEN CONJUGATED 25 MG | J1410 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ETEPLIRSEN 10 MG | J1428 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GOLODIRSEN 10 MG | J1429 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ETHANOLAMINE OLEATE 100 MG | J1430 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ESTRONE PER 1 MG | J1435 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ETIDRONATE DISODIUM PER 300 MG | J1436 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ETANERCEPT 25 MG | J1438 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FERRIC CARBOXYMALTOSE 1 MG | J1439 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FILGRASTIM EXCL BIOSIMLRS 1 MIC | J1442 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ FERRIC PRPP CIT SOL 0.1 MG IRON | J1443 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FPC POWDER 0.1 MG IRON | J1444 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TBO-FILGRASTIM 1 MICROG | J1447 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FLUCONAZOLE 200 MG | J1450 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FOMEPIZOLE 15 MG | J1451 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FOMIVIRSEN SODIUM IO 1.65 MG | J1452 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FOSAPREPITANT 1 MG | J1453 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FOSNETPT 235 MG & PLNST 0.25 MG | J1454 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FOSCARNET SODIUM 1000 MG | J1455 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GALLIUM NITRATE 1 MG | J1457 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GALSULFASE 1 MG | J1458 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG IV NONLYOPHILIZED 500 MG | J1459 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GAMMA GLOB IM 1 CC | J1460 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ IMMUNE GLOBULIN BIVIGAM 500 MG | J1556 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG IV NONLYOPHILIZED 500 MG | J1557 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IMMUNE GLOBULIN XEMBIFY 100 MG | J1558 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IG HIZENTRA 100 MG | J1559 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GAMMA GLOB IM OVER 10 CC | J1560 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG NONLYOPHILIZED 500 MG | J1561 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IG VIVAGLOBIN 100 MG | J1562 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG IV LYPHILIZED NOS 500 MG | J1566 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG OCTOGAM IV NONLYO 500MG | J1568 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG GAMMAGARD IV NONLYO 500 MG | J1569 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GANCICLOVIR SODIUM 500 MG | J1570 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HEP B IG HEPAGAM B IM 0.5 ML | J1571 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG IV NONLYOPHILIZED 500 MG | J1572 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ HEP B IG HEPAGAM B IV 0.5 ML | J1573 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG/HYALURONIDASE 100 MG IG | J1575 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GARAMYCIN GENTAMICIN UP 80 MG | J1580 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GLATIRAMER ACETATE 20 MG | J1595 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IG IV NONLYOPHILIZED NOS 500 MG | J1599 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GOLD SODIUM THIOMALATE TO 50 MG | J1600 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GOLIMUMAB 1 MG FOR IV USE | J1602 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GLUCAGON HYDROCHLORIDE PER 1 MG | J1610 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GONADORELN HYDROCHLORID 100 MCG | J1620 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GRANISETRN HYDROCHLORID 100 MCG | J1626 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GUSELKUMAB 1 MG | J1628 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION HALOPERIDOL UP TO 5 MG | J1630 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION HEMIN 1 MG | J1640 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION HEPARIN SODIUM 10 UNITS | J1642 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HEPARIN SODIUM PER 1000 UNITS | J1644 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DALTEPARIN SODIUM PER 2500 IU | J1645 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ENOXAPARIN SODIUM 10 MG | J1650 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FONDAPARINUX SODIUM 0.5 MG | J1652 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TINZAPARIN SODIUM 1000 IU | J1655 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TETNS IMMUN GLOB HUMN TO 250 U | J1670 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HISTRELIN ACTAT 10 MICROGMS | J1675 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HYDROCORTISONE ACTAT TO 25 MG | J1700 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HYDROCORTISON SOD PHOS TO 50 MG | J1710 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HYDROCORTSON SOD SUCC TO 100 MG | J1720 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DIAZOXIDE UP TO 300 MG | J1730 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IBANDRONATE SODIUM 1 MG | J1740 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION IBUPROFEN 100 MG | J1741 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IBUTILIDE FUMARATE 1 MG | J1742 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IDURSULFASE 1 MG | J1743 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INFILIXIMAB EXCL BIOSIMILR 10 MG | J1745 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IBALIZUMAB-UIYK 10 MG | J1746 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IRON DEXTRAN 50 MG | J1750 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IRON SUCROSE 1 MG | J1756 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IMIGLUCERASE 10 UNITS | J1786 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DROPERIDOL UP TO 5 MG | J1790 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PROPRANOLOL HCL TO 1 MG | J1800 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DROPRIDL&FENTNYL CITRAT TO 2ML | J1810 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION INSULIN PER 5 UNITS | J1815 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INSULIN ADMIN THRU DME PER 50 UNITS | J1817 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION INTERFERON BETA-1A 30 MCG | J1826 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INTERFERON BETA-1B 0.25 MG | J1830 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ISAVUCONAZONIUM 1 MG | J1833 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ITRACONAZOLE 50 MG | J1835 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ KANAMYCIN SULFATE TO 500 MG | J1840 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ KANAMYCIN SULFATE TO 75 MG | J1850 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ KETOROLAC TROMETHAMINE 15 MG | J1885 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEPHALOTHIN SODIUM TO 1 GM | J1890 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LANREOTIDE 1 MG | J1930 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LARONIDASE 0.1 MG | J1931 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FUROSEMIDE UP TO 20 MG | J1940 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTN ARIPIPIRAZOLE LAUROXIL 1 MG | J1943 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTN ARIPIPIRAZOLE LAUROXIL 1 MG | J1944 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION LEPIRUDIN 50 MG | J1945 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ LEUPROLIDE ACETATE PER 3.75 MG | J1950 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ LEU AC FOR DEP SUSP 0.25 MG | J1951 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LEVETIRACETAM 10 MG | J1953 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LEVOCARNITINE PER 1 G | J1955 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LEVOFLOXACIN 250 MG | J1956 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ LEVORPHANOL TARTRATE TO 2 MG | J1960 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HYOSCYAMINE SULFATE TO 0.25 MG | J1980 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CHLORDIAZEPOXIDE HCL TO 100 MG | J1990 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LIDO HCL IV INFUS 10 MG | J2001 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LINCOMYCIN HCL TO 300 MG | J2010 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LINEZOLID 200 MG | J2020 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION LORAZEPAM 2 MG | J2060 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | LOXAPINE FOR INHALATION 1 MG | J2062 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MANNITOL 25% IN 50 ML | J2150 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MECASERMIN 1 MG | J2170 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MEPERIDINE HCL PER 100 MG | J2175 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG | J2180 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MEPOLIZUMAB 1 MG | J2182 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MEROPENEM 100 MG | J2185 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MEM VABORBACTAM 10 MG/10 MG | J2186 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METHYLRGONOVIN MALATE TO 0.2 MG | J2210 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION METHYLNALTREXONE 0.1 MG | J2212 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MICAfungin Sodium 1 MG | J2248 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MIDAZOLAM HCL PER 1 MG | J2250 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MILRINONE LACTATE 5 MG | J2260 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION MINOCYCLINE HCL 1 MG | J2265 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MORPHINE SULFATE UP TO 10 MG | J2270 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MS PRS-FREE EPID/INTH USE 10 MG | J2274 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ZICONOTIDE 1 MICROGRAM | J2278 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MOXIFLOXACIN 100 MG | J2280 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NALBUPHINE HCL PER 10 MG | J2300 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NALOXONE HCL PER 1 MG | J2310 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ NALTREXONE DEPOT FORM 1 MG | J2315 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ NANDROLONE DECANOATE TO 50 MG | J2320 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NATALIZUMAB 1 MG | J2323 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NESIRITIDE 0.1 MG | J2325 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NUSINERSEN 0.1 MG | J2326 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OCRELIZUMAB 1 MG | J2350 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ OCTREOTIDE DEPOT FORM IM 1MG | J2353 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG | J2354 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OPRELVEKIN 5 MG | J2355 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OMALIZUMAB 5 MG | J2357 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ORPHENADRINE CITRATE TO 60 MG | J2360 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PHENYLEPHRINE HCL TO 1 ML | J2370 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CHLOROPROCAINE HCL PER 30 ML | J2400 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ONDANSETRON HCL PER 1 MG | J2405 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ORITAVANCIN 10 MG | J2407 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OXYMORPHONE HCL TO 1 MG | J2410 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PALIFERMIN 50 MICROGRAMS | J2425 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PAMIDRONATE DISODIUM PER 30 MG | J2430 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PAPAVERINE HCL TO 60 MG | J2440 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ OXYTETRACYCLINE HCL TO 50 MG | J2460 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PALONOSETRON HCL 25 MCG | J2469 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PARICALCITOL 1 MCG | J2501 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PASIREOTIDE LONG ACTING 1 MG | J2502 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PEGAPTANIB SODIUM 0.3 MG | J2503 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PEGADEMASE BOVINE 25 IU | J2504 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PEGFILGRASTIM 6 MG | J2505 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PEGLOTICASE 1 MG | J2507 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PCN G PROCAINE AQUEOUS 600000 U | J2510 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PENTASTARCH 10% SOL 100 ML | J2513 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PENTOBARBITAL SODIUM PER 50 MG | J2515 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PCN G K+ TO 600000 UNITS | J2540 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PIP SOD/TZ SOD 1 G/0.125 G | J2543 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | PENTAMIDINE ISETHIONAT I SOL 300 MG | J2545 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PERAMIVIR 1 MG | J2547 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PROMETHAZINE HCL TO 50 MG | J2550 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PHENOBARBITAL SODIUM TO 120 MG | J2560 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PLERIXAFOR 1 MG | J2562 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OXYTOCIN UP TO 10 UNITS | J2590 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DESMOPRESSIN ACETATE PER 1 MCG | J2597 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PREDNISOLONE ACETATE TO 1 ML | J2650 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TOLAZOLINE HCL TO 25 MG | J2670 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PROGESTERONE PER 50 MG | J2675 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PROCAINAMIDE HCL TO 1 GM | J2690 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ OXACILLIN SODIUM TO 250 MG | J2700 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PROPOFOL 10 MG | J2704 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ NEOSTIGMINE METHYLSULFAT 0.5 MG | J2710 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PROTAMINE SULFATE PER 10 MG | J2720 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PROTEN C CONC IV HUMAN 10 IU | J2724 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PROTIRELIN PER 250 MCG | J2725 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PRALIDOXIME CHLORIDE TO 1 GM | J2730 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PHENTOLAMINE MESYLATE TO 5 MG | J2760 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METOCLOPRAMIDE HCL TO 10 MG | J2765 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ QUINUPRISTIN/DALFOPRISTN 500 MG | J2770 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RANIBIZUMAB 0.1 MG | J2778 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RANITIDINE HYDROCHLORIDE 25 MG | J2780 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RASBURICASE 0.5 MG | J2783 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION REGADENOSON 0.1 MG | J2785 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RESLIZUMAB 1 MG | J2786 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | RIBOFLAVIN 5'-PHOSPHATE SOL TO 3 ML | J2787 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RHO D IG HUMAN MINIDOSE 50 MCG | J2788 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RHO D IG HUMN FULL DOSE 300 MCG | J2790 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RHO D IG HUMAN RHOPHYLAC 100 IU | J2791 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RHO D IMMUE GLOB IV HUMN 100 IU | J2792 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RILONACEPT 1 MG | J2793 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ROPIVACAINE HYDROCHLORID 1 MG | J2795 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ROMIPLOSTIM 10 MCG | J2796 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ROLAPITANT 0.5 MG | J2797 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RISPERIDONE 0.5 MG | J2798 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION METHOCARBAMOL UP TO 10 ML | J2800 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION SINCALIDE 5 MICROGRAMS | J2805 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION THEOPHYLLINE PER 40 MG | J2810 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION SARGRAMOSTIM 50 MCG | J2820 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION SEBELIPASE ALFA 1 MG | J2840 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ SECRETIN SYNTH HUMN 1 MICROGM | J2850 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION SILTUXIMAB 10 MG | J2860 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AUROTHIOGLUCOSE TO 50 MG | J2910 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ SODIM FERRIC GLUCONATE 12.5 MG | J2916 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METHYLPRDNISOLON SODIM TO 40 MG | J2920 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ METHYLPRDNISLN SODIM TO 125 MG | J2930 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION SOMATREM 1 MG | J2940 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION SOMATROPIN 1 MG | J2941 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PROMAZINE HCL UP TO 25 MG | J2950 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RETEPLASE 18.1 MG | J2993 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ STREPTOKINASE PER 250000 IU | J2995 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ ALTEPLASE RECOMBINANT 1 MG | J2997 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION STREPTOMYCIN UP TO 1 G | J3000 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FENTANYL CITRATE 0.1 MG | J3010 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION SUMATRIPTAN SUCCNAT 6 MG | J3030 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FREMANEZUMAB-VFRM 1 MG | J3031 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EPTINEZUMAB-JJMR 1 MG | J3032 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TALIGLUCERASE ALFA 10 U | J3060 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PENTAZOCINE 30 MG | J3070 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TEDIZOLID PHOSPHATE 1 MG | J3090 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TELAVANCIN 10 MG | J3095 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TENECTEPLASE 1 MG | J3101 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TERBUTALINE SULFATE TO 1 MG | J3105 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TERIPARATIDE 10 MCG | J3110 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION ROMOSOZUMAB-AQQG 1 MG | J3111 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TESTOSTERONE ENANTHATE 1 MG | J3121 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TESTOSTERONE UNDECANOATE 1 MG | J3145 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CHLORPROMAZINE HCL TO 50 MG | J3230 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ THYROTROPIN .9 MG PROV 1.1 VIAL | J3240 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TIGECYCLINE 1 MG | J3243 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TILDRAKIZUMAB 1 MG | J3245 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TIROFIBAN HCI 0.25 MG | J3246 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIMETHOBENZAMIDE HCL TO 200 MG | J3250 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TOBRAMYCIN SULFATE TO 80 MG | J3260 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TOCILIZUMAB 1 MG | J3262 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TORSEMIDE 10 MG/ML | J3265 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ THIETHYLPRAZINE MALEAT TO 10 MG | J3280 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION TREPROSTINIL 1 MG | J3285 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIAMCINOLONE ACETONIDE PF 1 MG | J3300 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIAMCINOLON ACETONID NOS 10 MG | J3301 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIAMCINOLONE DIACTAT 5 MG | J3302 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIAMCINOLONE HEXACETONIDE 5 MG | J3303 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TAA PF ER MS FORMULATION 1 MG | J3304 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIMETREXATE GLUCORONATE 25 MG | J3305 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PERPHENAZINE UP TO 5 MG | J3310 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIPTORELIN PAMOATE 3.75 MG | J3315 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TRIPTORELIN ER 3.75 MG | J3316 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM | J3320 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION UREA UP TO 40 G | J3350 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION UROFOLLITROPIN 75 IU | J3355 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | USTEKINUMAB FOR SUBQ INJECTION 1 MG | J3357 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | USTEKINUMAB INTRAVENOUS INJ 1 MG | J3358 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DIAZEPAM UP TO 5 MG | J3360 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION UROKINASE 5000 IU VIAL | J3364 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IV UROKINASE 250000 IU VIAL | J3365 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION VANCOMYCIN HCL 500 MG | J3370 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION VEDOLIZUMAB 1 MG | J3380 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VELAGLUCERASE ALFA 100 UNITS | J3385 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION VERTEPORFIN 0.1 MG | J3396 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECT VESTRONIDASE ALFA-VJBK 1 MG | J3397 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VORETGN NEPARVVC-RZYL 1 B VEC G | J3398 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AVSX-101-XIOI P-TX TO 5X10^15VG | J3399 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRIFLUPROMAZINE HCL TO 20 MG | J3400 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION HYDROXYZINE HCL TO 25 MG | J3410 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION THIAMINE HCL 100 MG | J3411 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PYRIDOXINE HCL 100 MG | J3415 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VIT B-12 CYNOCBLMN TO 1000 MCG | J3420 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PHYTONADIONE PER 1 MG | J3430 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION VORICONAZOLE 10 MG | J3465 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HYALURONIDASE TO 150 UNITS | J3470 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INE HYALURONIDASE OVINE 1 USP U | J3471 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HYALURONIDASE OVINE 1000 USP U | J3472 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HYALURONIDASE RECOMB 1 USP UNIT | J3473 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MAGNESIUM SULFATE PER 500 MG | J3475 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ POTASSIUM CHLORIDE PER 2 MEQ | J3480 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ZIDOVUDINE 10 MG | J3485 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ ZIPRASIDONE MESYLATE 10 MG | J3486 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ZOLEDRONIC ACID 1 MG | J3489 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | UNCLASSIFIED DRUGS | J3490 | | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | EDETATE DISODIUM PER 150 MG | J3520 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | NASAL VACCINE INHALATION | J3530 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DRUG ADMIN THRU METERED DOSE INHAL | J3535 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LAETRILE AMYGDALIN VITAMIN B17 | J3570 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | UNCLASSIFIED BIOLOGICS | J3590 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | UNCLASS RX/BIO FOR ESRD ON DIALYSIS | J3591 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUS NORMAL SALINE SOL 1000 CC | J7030 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUS NORMAL SALINE SOL STERILE | J7040 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | 5% DEXTROSE/NORMAL SALINE | J7042 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUS NORMAL SALINE SOLUTION 250 CC | J7050 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | 5% DEXTROSE/WATER | J7060 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUSION D-5-W 1000 CC | J7070 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUSION DEXTRAN 40 500 ML | J7100 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUSION DEXTRAN 75 500 ML | J7110 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | RINGERS LACTATE INFUSION TO 1000 CC | J7120 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | 5% DEXTROSE LR INFUSION TO 1000 CC | J7121 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | PRT CMLPX CONC KCNTRA PR IU FIX ACT | J7168 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ COAG FAC XA INACTV-ZHZO 10 MG | J7169 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EMICIZUMAB-KXWH 0.5 MG | J7170 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FACTOR X 1 I.U. | J7175 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ HUMAN FIBRINOGEN CONC NOS 1 MG | J7178 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION VWF 1 I.U. VWF:RCO | J7179 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FACTOR XIII 1 I.U. | J7180 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ FACTOR XIII A-SUBUNIT PER IU | J7181 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FACTOR VIII PER IU | J7182 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VWF COMPLEX WILATE 1 I.U.:RCO | J7183 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FACTOR VIII PER IU | J7185 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ AHF/ VWF CMPLX-FACTOR VIII IU | J7186 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VONWILLBRND FCT CMPLX HUMN IU | J7187 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FACTOR VIII PER I.U. | J7188 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FACTOR VIIA 1 MICROGRAM | J7189 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FACTOR VIII AHF HUMAN PER IU | J7190 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FACTOR VIII AHF PROCINE PER IU | J7191 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FACTOR VIII PER IU NOS | J7192 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FACTOR IX AHF PURIFIED NON-RECMB-IU | J7193 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FACTOR IX COMPLEX PER IU | J7194 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION FACTOR IX PER IU NOS | J7195 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ANTITHROMBIN RECOMB 50 I.U. | J7196 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ANTITHROMBIN III PER IU | J7197 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ANTI-INHIBITOR PER IU | J7198 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HEMOPHILIA CLOTTING FACTOR NOC | J7199 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FACTOR IX RIXUBIS PER IU | J7200 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FACTOR IX FC FUS PROTEIN PER IU | J7201 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FAC IX AB FUS PRT IDELVN 1 I.U. | J7202 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FACTOR IX GLYCOPEGYLATED 1 IU | J7203 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FVIII AHF GLYCOPGYLTD-EXEI P-IU | J7204 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FACTOR VIII FC FUS PROTEIN IU | J7205 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FAC VIII PEGYLATED 1 I.U. | J7207 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FACTOR VIII PEGYLATED-AUCL 1 IU | J7208 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION FACTOR VIII 1 I.U. | J7209 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LNG-RLS INTRAUTERNE COC SYS 13.5 MG | J7301 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CNTRACEPTVE SPL HORMONE VAG RING EA | J7303 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CONTRACEPTIVE SPL HORMONE PATCH EA | J7304 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LEVONORGESTREL CONTRACPTV IMPL SYS | J7306 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | AMINOLEVULINIC ACID HCL TOP 20% 1 U | J7308 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METHYL AMINOLEVULINATE TOP 16.8% 1G | J7309 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | GANCICLOVIR 4.5 MG LONG-ACT IMPLANT | J7310 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FA INTRAVTRL IMPL RTSRT 0.01 MG | J7311 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DEXAMETH INTRAVIT IMPL 0.1 MG | J7312 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FA INTRAVTRL IMPL ILUVN 0.01 MG | J7313 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECT FA INTRAVITREAL IMPL 0.01 MG | J7314 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | MITOMYCIN OPHTHALMIC 0. 2 MG | J7315 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION OCRIPLASMIN 0.125 MG | J7316 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYALN/DERIV DUROLANE IA INJ 1 MG | J7318 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYALN/DERIV GENVISC 850 IA INJ 1 MG | J7320 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D | J7321 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYALURONAN/DRIV HYMOVIS IA INJ 1 MG | J7322 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYALURONAN/DERIV EUFLEXXA IA INJ PD | J7323 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYALURONAN/DRIV ORTHOVISC IA INJ PD | J7324 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYALURONAN/DERIV SYNVISIC INJ 1 MG | J7325 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS | J7326 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYLAN/DERV MONOVISC IA INJ PER DOSE | J7327 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYAL/DERIV GELSYN-3 IA INJ 0.1 MG | J7328 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYALN/DERIV TRIVISC FOR IA INJ 1 MG | J7329 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | AUTOL CULTURD CHONDROCYTES IMPL | J7330 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | HYAL/DERIV SYNOJOYNT IA INJ 1 MG | J7331 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYAL/DERIV TRILURON IA INJ 1 MG | J7332 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HYAL/DERIV VISCO-3 IA INJ PER DOSE | J7333 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CAPSAICIN 8% PATCH PER SQ CM | J7336 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CRBDPA 5 MG/LVDP 20 MG EN SU 100 ML | J7340 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INSTILLATION CIPRO OTIC SUSPN 6 MG | J7342 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ALA HCL TOP ADMIN 10% GEL 10 MG | J7345 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | MOMETASONE FUROATE SIN IMPL 10 MCG | J7401 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | AZATHIOPRINE ORAL 50 MG | J7500 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | AZATHIOPRINE PARENTERAL 100 MG | J7501 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CYCLOSPORINE ORAL 100 MG | J7502 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TACROLIMUS EXT RELEASE ORAL 0.25 MG | J7503 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LYMPHCYT GLOB EQUINE PARNTRAL 250MG | J7504 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | MUROMONAB-CD3 PARENTERAL 5 MG | J7505 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TACROLIMUS IMMED RELEASE ORAL 1 MG | J7507 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TACROLIMUS EXT RELEASE ORAL 0.1 MG | J7508 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METHYLPREDNISOLONE ORAL PER 4 MG | J7509 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | PREDNISOLONE ORAL PER 5 MG | J7510 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LYMPHCYT GLOB RABBIT PARNTRAL 25MG | J7511 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | PDN IMMED RLSE/DELAY RLSE ORAL 1 MG | J7512 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DACLIZUMAB PARENTERAL 25 MG | J7513 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CYCLOSPORINE ORAL 25 MG | J7515 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CYCLOSPORINE PARENTERAL 250 MG | J7516 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | MYCOPHENOLATE MOFETIL ORAL 250 MG | J7517 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | MYCOPHENOLIC ACID ORAL 180 MG | J7518 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | SIROLIMUS ORAL 1 MG | J7520 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | TACROLIMUS PARENTERAL 5 MG | J7525 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | EVEROLIMUS ORAL 0. 25 MG | J7527 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | IMMUNOSUPPRESSIVE DRUG NOC | J7599 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ACETYLCYSTEINE I SOL CP PROD UD P G | J7604 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ARFORMOTEROL I SOL NONCOMP UD 15 MG | J7605 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FORMOTEROL FUMARATE IHAL U D 20 MCG | J7606 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LEVALBUTERAL INHAL CP DME 0.5 MG | J7607 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ACETYLCYSTEINE I SOL NONCP UD PER G | J7608 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ALBUTEROL INHAL CP THRU DME 1 MG | J7609 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ALBUTEROL INHAL ADMIN THRU DME 1MG | J7610 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ALBUTEROL INHAL NON-CP CONC 1 MG | J7611 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LEVALBUTROL INHL NON-CP CONC 0.5 MG | J7612 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ALBUTEROL INHAL NON-CP U DOSE 1 MG | J7613 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | LEVALBUTEROL INHAL NON-CP U 0.5 MG | J7614 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LEVALBUTEROL INHAL DME UNIT 0.5 MG | J7615 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ALBUTEROL TO 2.5 MG IPT TO 0.5 MG | J7620 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BECLOMETHASONE INHAL CP UNIT PER MG | J7622 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BETAMETHASONE INHAL CP UNIT PER MG | J7624 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUDESONIDE INHAL NON-CP U TO 0.5 MG | J7626 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUDESONIDE INHAL CP UNIT TO 0.5 MG | J7627 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BITOLTEROL MESYLAT INHAL CP CONC MG | J7628 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BITOLTEROL MESYLATE INHAL CP U MG | J7629 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CROMOLYN NA I SOL NONCP UD P 10 MG | J7631 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CROMOLYN NA I SOL CP PROD UD 10 MG | J7632 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUDESONIDE INHAL NON-CP CNC 0.25 MG | J7633 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUDESONIDE INHAL CP DME 0.25 MG | J7634 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | ATROPINE INHAL CP CONC FORM PER MG | J7635 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ATROPINE INHAL CP UNIT DOSE PER MG | J7636 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DEXAMETHASONE INHAL CP CONC PER MG | J7637 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DEXAMETHASONE INHAL CP UNIT PER MG | J7638 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DORNASE ALFA I SOL NONCP U D-MG | J7639 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FORMOTEROL INHAL CP U DOSE 12 MCG | J7640 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | FLUNISOLIDE INHAL COMP UNIT PER MG | J7641 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | GLYCOPYRROLATE INHAL CP CONC PER MG | J7642 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | GLYCOPYRROLATE INHAL U DOSE PER MG | J7643 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | IPRATROPIUM BROM INHAL NON-CP U MG | J7644 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | IPRATROPIUM BROMIDE INHAL U PER MG | J7645 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ISOETHARINE HCL INHAL CP DME PER MG | J7647 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ISOETHARINE HCl INH NON-CP CONC MG | J7648 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | ISOETHARINE HCl NON-CP U DOS PER MG | J7649 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ISOETHARINE HCl INHAL U DOSE PER MG | J7650 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ISOPROTERENOL HCl INHAL CP DME MG | J7657 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ISOPROTERNOL HCl INH NON-CP CONC MG | J7658 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ISOPROTERENOL HCl INH NON-CP U MG | J7659 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ISOPROTERENOL HCl INHAL UNIT PER MG | J7660 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | MANNITOL ADMIN THRU AN INHALER 5 MG | J7665 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METAPROTERENOL SULF INHAL CP 10 MG | J7667 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METAPROTERNOL INH NON-CP CONC 10 MG | J7668 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METAPROTERNOL INH NON-CP CONC 10 MG | J7669 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METAPROTERENOL SULFATE INHAL 10 MG | J7670 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METHACHOLINE CHLORID INHAL PER 1 MG | J7674 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | PENTAMIDINE ISETHIONATE I SL 300 MG | J7676 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | REVEFENACIN I SOL NONCP DME 1 MCG | J7677 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TERBUTALINE SULFATE INH CP CONC MG | J7680 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TERBUTALINE SULF INH COMP U DOSE MG | J7681 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TOBRAMYCIN INHAL NON-CP UNIT 300 MG | J7682 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TRIAMCINOLONE INHAL CP CONC PER MG | J7683 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TRIAMCINOLONE INHAL CP UNIT PER MG | J7684 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TOBRAMYCIN INHAL CP THRU DME 300 MG | J7685 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TREPROSTINIL INHAL UNIT DOS 1.74 MG | J7686 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | NOC RX INHAL SOL ADMINED THRU DME | J7699 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | NOC RX NOT INHAL RX ADMNED THRU DME | J7799 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | COMPOUNDED DRUG NOC | J7999 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ANTIEMETIC DRUG RECTAL/SUPP NOS | J8498 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | PRSC RX ORAL NONCHEMOTHAPEUTIC NOS | J8499 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | CYCLOPHOSHAMIDE ORAL 25 MG | J8530 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DEXAMETHASONE ORAL 0.25 MG | J8540 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DOXORUBICIN HCL 10 MG | J9000 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ALDESLEUKIN PER SINGLE USE VIAL | J9015 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ARSENIC TRIOXIDE 1 MG | J9017 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ASPARAGINASE ERWINAZE 1000 IU | J9019 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ASPARAGINASE 10000 UNITS | J9020 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ATEZOLIZUMAB 10 MG | J9022 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AVELUMAB 10 MG | J9023 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AZACITIDINE 1 MG | J9025 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CLOFARABINE 1 MG | J9027 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BCG LIVE INTRAVESICAL INSTL 1 MG | J9030 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BCG PER INSTILLATION | J9031 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION BELINOSTAT 10 MG | J9032 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BENDAMUSTINE HCL TREANDA 1 MG | J9033 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BENDAMUSTINE HCL BENDEKA 1 MG | J9034 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BEVACIZUMAB 10 MG | J9035 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BENDAMUSTINE HYDROCHLORIDE 1 MG | J9036 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BLINATUMOMAB 1 MICROGRAM | J9039 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BLEOMYCIN SULFATE 15 UNIT | J9040 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BORTEZOMIB 0.1 MG | J9041 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BRENTUXIMAB VEDOTIN 1 MG | J9042 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CABAZITAXEL 1 MG | J9043 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BORTEZOMIB NOS 0.1 MG | J9044 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CARBOPLATIN 50 MG | J9045 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CARFILZOMIB 1 MG | J9047 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION CARMUSTINE 100 MG | J9050 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CETUXIMAB 10 MG | J9055 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION COPANLISIB 1 MG | J9057 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CISPLATIN POWDER/SOLUTION 10 MG | J9060 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CLADRIBINE PER 1 MG | J9065 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CYCLOPHOSPHAMIDE 100 MG | J9070 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CYTARABINE LIPOSOME 10 MG | J9098 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CYTARABINE 100 MG | J9100 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECT CALASPARGASE PEGOL-MKNL 10 U | J9118 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CEMIPILIMAB-RWLC 1 MG | J9119 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DACTINOMYCIN 0.5 MG | J9120 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DACARBAZINE 100 MG | J9130 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DARA 10 MG & HYALURONIDASE-FIHJ | J9144 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION DARATUMUMAB 10 MG | J9145 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DAUNORUBICIN 10 MG | J9150 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DAUNORUBICIN CITRATE LIP 10 MG | J9151 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ LIPOSOMAL 1 MG DNR & 2.27 MG CA | J9153 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DEGARELIX 1 MG | J9155 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DENILEUKIN DIFTITOX 300 MCG | J9160 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DIETHYLSTILBESTROL 250 MG | J9165 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DOCETAXEL 1 MG | J9171 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION DURVALUMAB 10 MG | J9173 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ELLIOTTS' B SOLUTION 1 ML | J9175 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ELOTUZUMAB 1 MG | J9176 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ENFORTUMAB VEDOTIN-EJFV 0.25 MG | J9177 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EPIRUBICIN HCL 2 MG | J9178 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION ERIBULIN MESYLATE 0.1 MG | J9179 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ETOPOSIDE 10 MG | J9181 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FLUDARABINE PHOSPHATE 50 MG | J9185 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FLUOROURACIL 500 MG | J9190 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GEMCITABINE HYDROCHLORDE 100 MG | J9198 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GEMCITABINE HCL INFUGEM 200 MG | J9199 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FLOXURIDINE 500 MG | J9200 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ GEMCITABINE HCL NOS 200 MG | J9201 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | GOSERELIN ACETATE IMPLANT 3.6 MG | J9202 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MOGAMULIZUMAB-KPKC 1 MG | J9204 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IRINOTECAN LIPOSOME 1 MG | J9205 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IRINOTECAN 20 MG | J9206 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IXABEPILONE 1 MG | J9207 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION IFOSFAMIDE 1 G | J9208 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MESNA 200 MG | J9209 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION EMAPALUMAB-LZSG 1 MG | J9210 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IDARUBICIN HCL 5 MG | J9211 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INTRFERN ALFACON-1 RECOMB 1 MCG | J9212 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INTERFERON ALFA-2A RECOM 3 M U | J9213 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INTERFERON ALFA-2B RECOMB 1 M U | J9214 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INTERFERON ALFA-N3 250,000 IU | J9215 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INTERFERON GAMMA-1B 3 MILLION U | J9216 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LEUPROLIDE ACETATE 7.5 MG | J9217 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LEUPROLIDE ACETATE PER 1 MG | J9218 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LEUPROLIDE ACETATE IMPLANT 65 MG | J9219 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HISTRELIN IMPLANT VANTAS 50 MG | J9225 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | HISTRELIN IMPL SUPPRELIN LA 50 MG | J9226 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION IPILIMUMAB 1 MG | J9228 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECT INOTUZUMAB OZOGAMICIN 0.1 MG | J9229 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MECHLORETHAMINE HCL 10 MG | J9230 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MELPHALAN HCL 50 MG | J9245 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MELPHALAN EVOMELA 1 MG | J9246 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METHOTREXATE SODIUM 5 MG | J9250 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METHOTREXATE SODIUM 50 MG | J9260 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NELARABINE 50 MG | J9261 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ OMACETAXINE MEPESUCCINAT .01 MG | J9262 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OXALIPLATIN 0.5 MG | J9263 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PACLITAXEL PROTBND PARTICL 1 MG | J9264 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PEGASPARGASE SINGLE DOSE VIAL | J9266 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION PACLITAXEL 1 MG | J9267 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PENTOSTATIN 10 MG | J9268 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TAGRAXOFUSP-ERZS 10 MCG | J9269 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PLICAMYCIN 2.5 MG | J9270 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PEMBROLIZUMAB 1 MG | J9271 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MITOMYCIN 5 MG | J9280 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OLARATUMAB 10 MG | J9285 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MITOXANTRONE HCL PER 5 MG | J9293 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NIVOLUMAB 1 MG | J9299 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OBINUTUZUMAB 10 MG | J9301 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OFATUMUMAB 10 MG | J9302 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PANITUMUMAB 10 MG | J9303 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PEMETREXED 10 MG | J9305 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION PERTUZUMAB 1 MG | J9306 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PRALATREXATE 1 MG | J9307 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RAMUCIRUMAB 5 MG | J9308 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ POLATUZUMAB VEDOTIN-PIIQ 1 MG | J9309 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RITUXIMAB 100 MG | J9310 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RITUXIMAB 10 MG & HYALURONIDASE | J9311 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION RITUXIMAB 10 MG | J9312 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG | J9313 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ROMIDEPSIN NONLYOPHILIZD 0.1 MG | J9314 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ROMIDEPSIN 1 MG | J9315 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ SACITUZUMB GOVITECN-HZIY 2.5 MG | J9317 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION STREPTOZOCIN 1 G | J9320 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ T-VEC PER 1 M PLAQUE FORM UNITS | J9325 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION TEMOZOLOMIDE 1 MG | J9328 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TEMSIROLIMUS 1 MG | J9330 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION THIOTEPA 15 MG | J9340 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION NAXITAMAB-GQGK 1 MG | J9348 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TOPOTECAN 0.1 MG | J9351 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION TRABECTEDIN 0.1 MG | J9352 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MARGETUXIMAB-CMKB 5 MG | J9353 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG | J9354 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRASTUZUMAB EXCLD BIOSIM 10 MG | J9355 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRA 10 MG & HYALURONIDASE-OYSK | J9356 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VALRUBICIN INTRAVESICAL 200 MG | J9357 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG | J9358 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION VINBLASTINE SULFATE 1 MG | J9360 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | VINCRIStINE SULFATE 1 MG | J9370 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VINCRIStINE SULF LIPOSOME 1 MG | J9371 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ VINOReLBINE TARTRATE 10 MG | J9390 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FULVESTRANT 25 MG | J9395 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION ZIV-AFLIBERCEPT 1 MG | J9400 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PORFIMER SODIUM 75 MG | J9600 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | NOT OTHWISe CLASS ANTINEOPLStC DRUG | J9999 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUSION ALBUMIN HUMAN 5% 50 ML | P9041 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUS PLStMA PROT FRAC HUMN 5% 50 ML | P9043 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUSION ALBUMIN HUMAN 5% 250 ML | P9045 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUSION ALBUMIN HUMAN 25% 20 ML | P9046 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUSION ALBUMIN HUMAN 25% 50 ML | P9047 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INFUS PLStMA PROT FRAC HU 5% 250 ML | P9048 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | WET MOUNTS W/PREP VAG CERV/SKN SPEC | Q0111 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FERUMOXYTOL IDA 1 MG NON-ESRD | Q0138 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ONDAN 1 MG ORL NOT EXCEED 48 HR DOS | Q0162 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DIPHENHYDRAMINE HCL 50 MG ORAL | Q0163 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DRONABINOL 2.5 MG ORAL | Q0167 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CTIL019 TO 600 M CAR+ VI T CE P TD | Q2042 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ DOXORUBICIN HCL LIPO NOS 10 MG | Q2050 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INTERFERON BETA-1A 1 MCG SUBQ | Q3028 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | GRFX P GRFXPL P STRVX & STRVXPL SC | Q4133 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FILGRASTIM BIOSIMILAR 1 MCG | Q5101 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG | Q5103 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG | Q5104 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ EPO ALFA-EPBX BIOSIMILAR 100 U | Q5105 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ EPO ALFA-EPBX BIOSIMILAR 1000 U | Q5106 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BEVACIZUMAB-AWWB BIOSIMLR 10 MG | Q5107 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG | Q5108 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG | Q5109 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG | Q5110 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PEGFLGRASTM-CBQV BIOSMLR 0.5 MG | Q5111 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRASTUZUMAB-DTTB BIOSIM 10 MG | Q5112 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRASTUZUMAB-PKRB BIOSIM 10 MG | Q5113 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRASTUZUMAB-DKST BIOSIM 10 MG | Q5114 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG | Q5115 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG | Q5116 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG | Q5117 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BEVACIZUMAB-BVCR BIOSIMLR 10 MG | Q5118 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG | Q5119 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG | Q5120 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ IFX-AXXQ BIOSIMILR AVSOLA 10 MG | Q5121 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ RITUXIMAB-ARRX BIOSIMILAR 10 MG | Q5123 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ S HEXAFLUORIDE LIPID MSS PER ML | Q9950 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ OCTAFLUOROPROPANE MICROSPHRS ML | Q9956 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PERFLUTREN LIPID MICROSPHERS ML | Q9957 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HOCM UP TO 149 MG/ML IODINE CONC ML | Q9958 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HOCM 200-249 MG/ML IODINE CONC ML | Q9960 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HOCM 250-299 MG/ML IODINE CONC ML | Q9961 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HOCM 300-349 MG/ML IODINE CONC ML | Q9962 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HOCM 350-399 MG/ML IODINE CONC ML | Q9963 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | HOCM 400 OR > MG/ML IODINE CONC ML | Q9964 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | LOCM 100-199 MG/ML I CONC PER ML | Q9965 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LOCM 200-299 MG/ML I CONC PER ML | Q9966 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | LOCM 300-399 MG/ML I CONC PER ML | Q9967 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ NONRA NONCNTRST VIZ ADJNCT 1 MG | Q9968 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TC-99M NON-HEU COST ADD-ON STDY DS | Q9969 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUTORPHANL TARTRAT NASL SPRAY 25 MG | S0012 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TACRINE HYDROCHLORIDE 10 MG | S0014 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AMINOCAPROIC ACID 5 GRAMS | S0017 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ BUPIVICAINE HYDROCHLORIDE 30 ML | S0020 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CEFOPERAZONE SODIUM 1 GM | S0021 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CIMETIDINE HYDROCHLORIDE 300 MG | S0023 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FAMOTIDINE 20 MG | S0028 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION METRONIDAZOLE 500 MG | S0030 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJECTION NAFCILLIN SODIUM 2 GRAMS | S0032 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OFLOXACIN 400 MG | S0034 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ SULFMETHOAZL&TRIMETHOPRM 10 ML | S0039 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ TICARCLLN & CLAVULANAT K+3.1 GM | S0040 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION AZTREONAM 500 MG | S0073 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION CEFOTETAN DISODIUM 500 MG | S0074 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ CLINDAMYCIN PHOSPHATE 300 MG | S0077 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ FOSPHENYTOIN SODIUM 750 MG | S0078 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PENTAMIDINE ISETHIONATE 300 MG | S0080 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PIPERACILLIN SODIUM 500 MG | S0081 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | IMATINIB 100 MG | S0088 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | SILDENAFIL CITRATE 25 MG | S0090 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | GRANISETRON HYDROCHLORIDE 1 MG | S0091 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | INJ HYDMORPHONE HYDROCHLORID 250 MG | S0092 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MORPHINE SULFATE 500 MG | S0093 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BUPROPION HCI SR TAB 150 MG 60 TABS | S0106 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | MERCAPTOPURINE ORAL 50 MG | S0108 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | METHADONE ORAL 5MG | S0109 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | TRETINOIN TOPICAL 5 GRAMS | S0117 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | ONDANSETRON ORAL 4 MG | S0119 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION MENOTROPINS 75 IU | S0122 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FOLLITROPIN ALFA 75 IU | S0126 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION FOLLITROPIN BETA 75 IU | S0128 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION GANIRELIX ACETATE 250 MCG | S0132 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CLOZAPINE 25 MG | S0136 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DIDANOSINE 25 MG | S0137 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | FINASTERIDE 5 MG | S0138 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | MINOXIDIL 10 MG | S0139 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | SAQUINAVIR 200 MG | S0140 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | COLISTIMTHATE SODIUM INHAL CONC-MG | S0142 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PEGYLATD IFN ALFA-2A 180 MCG ML | S0145 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJ PEGYLATD INTRFER ALFA-2B 10 MCG | S0148 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | STERILE DILUTANT EPOPROSTENOL 50 ML | S0155 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | EXEMESTANE 25 MG | S0156 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | BECAPLERMIN GEL 0.01% 0.5 GM | S0157 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | DEXTROAMPHETAMINE SULFATE 5 MG | S0160 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION PANTOPRAZOLE SODIUM 40 MG | S0164 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION OLANZAPINE 2.5 MG | S0166 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | CALCITROL 0.25 MICROGRAM | S0169 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |

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| Injectable Drugs | ANASTROZOLE ORAL 1 MG | S0170 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Injectable Drugs | INJECTION BUMETANIDE 0.5 MG | S0171 | >\$500 billed charges required authorization | Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code |
| Outpatient Procedures /Surgeries | ABORTION | 59840 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION | 59841 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION | 59850 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION | 59851 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION | 59852 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION | 59855 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION | 59856 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION | 59857 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | ABORTION (MPR) | 59866 | | History and physical and any clinical to support medical necessity |
| Outpatient Procedures /Surgeries | TX CONTOUR DEFECTS 1 CC/< | 11950 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | TX CONTOUR DEFECTS 1.1-5.0CC | 11951 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | TX CONTOUR DEFECTS 5.1-10CC | 11952 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | TX CONTOUR DEFECTS >10.0 CC | 11954 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | INSERT TISSUE EXPANDER(S) | 11960 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REPLACE TISSUE EXPANDER | 11970 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVE TISSUE EXPANDER(S) | 11971 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN TISSUE REARRANGEMENT | 14020 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN TISSUE REARRANGEMENT | 14021 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN TISSUE REARRANGEMENT | 14040 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN TISSUE REARRANGEMENT | 14060 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN TISSUE REARRANGEMENT | 14061 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN TISSUE REARRANGEMENT | 14301 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN TISSUE REARRANGE ADD-ON | 14302 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | FOREHEAD FLAP W/VASC PEDICLE | 15731 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | HAIR TRNSPL 1-15 PUNCH GRFTS | 15775 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | HAIR TRNSPL >15 PUNCH GRAFTS | 15776 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | ACELLULAR DERM MATRIX IMPLT | 15777 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DERMABRASION TOTAL FACE | 15780 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DERMABRASION SEGMENTAL FACE | 15781 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DERMABRASION OTHER THAN FACE | 15782 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DERMABRASION SUPRFL ANY SITE | 15783 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | ABRASION LESION SINGLE | 15786 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | ABRASION LESIONS ADD-ON | 15787 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CHEMICAL PEEL FACE EPIDERM | 15788 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CHEMICAL PEEL FACE DERMAL | 15789 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CHEMICAL PEEL NONFACIAL | 15792 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CHEMICAL PEEL NONFACIAL | 15793 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | PLASTIC SURGERY NECK | 15819 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION OF LOWER EYELID | 15820 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION OF LOWER EYELID | 15821 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION OF UPPER EYELID | 15822 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION OF UPPER EYELID | 15823 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF FOREHEAD WRINKLES | 15824 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF NECK WRINKLES | 15825 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF BROW WRINKLES | 15826 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF FACE WRINKLES | 15828 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF SKIN WRINKLES | 15829 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXC SKIN ABD | 15830 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXCISE EXCESSIVE SKIN THIGH | 15832 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXCISE EXCESSIVE SKIN LEG | 15833 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | EXCISE EXCESSIVE SKIN HIP | 15834 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXCISE EXCESSIVE SKIN BUTTCK | 15835 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXCISE EXCESSIVE SKIN ARM | 15836 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXCISE EXCESS SKIN ARM/HAND | 15837 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXCISE EXCESS SKIN FAT PAD | 15838 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXCISE EXCESS SKIN & TISSUE | 15839 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EXC SKIN ABD ADD-ON | 15847 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SUCTION LIPECTOMY HEAD&NECK | 15876 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SUCTION LIPECTOMY TRUNK | 15877 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SUCTION LIPECTOMY UPR EXTREM | 15878 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SUCTION LIPECTOMY LWR EXTREM | 15879 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DESTRUCTION OF SKIN LESIONS | 17106 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DESTRUCTION OF SKIN LESIONS | 17107 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | DESTRUCTION OF SKIN LESIONS | 17108 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CRYOTHERAPY OF SKIN | 17340 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SKIN PEEL THERAPY | 17360 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | HAIR REMOVAL BY ELECTROLYSIS | 17380 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF BREAST TISSUE | 19300 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PARTIAL MASTECTOMY | 19301 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | P-MASTECTOMY W/LN REMOVAL | 19302 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | MAST SIMPLE COMPLETE | 19303 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | MAST SUBQ | 19304 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | MAST RADICAL | 19305 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | MAST RAD URBAN TYPE | 19306 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | MAST MOD RAD | 19307 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SUSPENSION OF BREAST | 19316 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | REDUCTION OF LARGE BREAST | 19318 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | ENLARGE BREAST | 19324 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | ENLARGE BREAST WITH IMPLANT | 19325 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF BREAST IMPLANT | 19328 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF IMPLANT MATERIAL | 19330 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | IMMEDIATE BREAST PROSTHESIS | 19340 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DELAYED BREAST PROSTHESIS | 19342 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | BREAST RECONSTRUCTION | 19350 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CORRECT INVERTED NIPPLE(S) | 19355 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | BREAST RECONSTRUCTION | 19357 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | BREAST RECONSTR W/LAT FLAP | 19361 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | BREAST RECONSTRUCTION | 19364 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | BREAST RECONSTRUCTION | 19366 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | BREAST RECONSTRUCTION | 19367 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | BREAST RECONSTRUCTION | 19368 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | BREAST RECONSTRUCTION | 19369 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | SURGERY OF BREAST CAPSULE | 19370 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVAL OF BREAST CAPSULE | 19371 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISE BREAST RECONSTRUCTION | 19380 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DESIGN CUSTOM BREAST IMPLANT | 19396 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REMOVE CORONOID PROCESS | 21070 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | MNPJ OF TMJ W/ANESTH | 21073 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21076 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21077 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21079 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21080 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21081 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21082 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21083 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21084 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21085 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21086 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21087 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21088 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PREPARE FACE/ORAL PROSTHESIS | 21089 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF CHIN | 21120 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF CHIN | 21121 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF CHIN | 21122 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF CHIN | 21123 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | AUGMENTATION LOWER JAW BONE | 21125 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | AUGMENTATION LOWER JAW BONE | 21127 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REDUCTION OF FOREHEAD | 21137 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REDUCTION OF FOREHEAD | 21138 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REDUCTION OF FOREHEAD | 21139 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT I-1 PIECE W/O GRAFT | 21141 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT I-2 PIECE W/O GRAFT | 21142 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT I-3/> PIECE W/O GRAFT | 21143 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT I-2 PIECE W/ GRAFT | 21146 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT I-3/> PIECE W/ GRAFT | 21147 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT II ANTERIOR INTRUSION | 21150 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT II W/BONE GRAFTS | 21151 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT III W/O LEFORT I | 21154 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | LEFORT III W/FHDW/O LEFORT I | 21159 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LEFORT III W/FHD W/ LEFORT I | 21160 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CONTOUR CRANIAL BONE LESION | 21181 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CRANIAL BONE | 21182 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CRANIAL BONE | 21183 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CRANIAL BONE | 21184 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF MIDFACE | 21188 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONST LWR JAW W/O GRAFT | 21193 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONST LWR JAW W/GRAFT | 21194 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONST LWR JAW W/O FIXATION | 21195 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONST LWR JAW W/FIXATION | 21196 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTR LWR JAW SEGMENT | 21198 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTR LWR JAW W/ADVANCE | 21199 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | RECONSTRUCT UPPER JAW BONE | 21206 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | AUGMENTATION OF FACIAL BONES | 21208 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REDUCTION OF FACIAL BONES | 21209 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | FACE BONE GRAFT | 21210 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | LOWER JAW BONE GRAFT | 21215 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RIB CARTILAGE GRAFT | 21230 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | EAR CARTILAGE GRAFT | 21235 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF JAW JOINT | 21240 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF JAW JOINT | 21242 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF LOWER JAW | 21244 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF JAW | 21245 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF JAW | 21246 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT LOWER JAW BONE | 21247 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | RECONSTRUCT LOWER JAW BONE | 21255 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF ORBIT | 21256 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISE EYE SOCKETS | 21260 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISE EYE SOCKETS | 21261 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISE EYE SOCKETS | 21263 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISE EYE SOCKETS | 21267 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISE EYE SOCKETS | 21268 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | AUGMENTATION CHEEK BONE | 21270 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION ORBITOFACIAL BONES | 21275 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION OF EYELID | 21280 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION OF EYELID | 21282 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REVISION OF JAW MUSCLE/BONE | 21295 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | CRANIO/MAXILLOFACIAL SURGERY | 21299 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | REPAIR STERNUM/NUSS W/SCOPE | 21743 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | PERQ CERVICOTHORACIC INJECT | 22510 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | INSERT SPINE FIXATION DEVICE | 22841 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT SPINE FIXATION DEVICE | 22842 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT SPINE FIXATION DEVICE | 22843 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT SPINE FIXATION DEVICE | 22844 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT SPINE FIXATION DEVICE | 22845 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT SPINE FIXATION DEVICE | 22846 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT SPINE FIXATION DEVICE | 22847 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT PELV FIXATION DEVICE | 22848 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REINSERT SPINAL FIXATION | 22849 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE FIXATION DEVICE | 22850 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE FIXATION DEVICE | 22852 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | INSJ BIOMECHANICAL DEVICE | 22853 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSJ BIOMECHANICAL DEVICE | 22854 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE FIXATION DEVICE | 22855 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CERV ARTIFIC DISKECTOMY | 22856 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LUMBAR ARTIF DISKECTOMY | 22857 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SECOND LEVEL CER DISKECTOMY | 22858 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSJ BIOMECHANICAL DEVICE | 22859 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE CERV ARTIFIC DISC | 22861 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE LUMBAR ARTIF DISC | 22862 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE CERV ARTIF DISC | 22864 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE LUMB ARTIF DISC | 22865 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | AUTOCHONDROCYTE IMPLANT KNEE | 27412 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | OSTEOCHONDRAL KNEE ALLOGRAFT | 27415 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | OSTEOCHONDRAL KNEE AUTOGRAFT | 27416 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCTION KNEE | 27427 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE KNEECAP WITH IMPLANT | 27438 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF KNEE JOINT | 27442 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF KNEE JOINT | 27445 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF KNEE JOINT | 27446 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TOTAL KNEE ARTHROPLASTY | 27447 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE/REPLACE KNEE JOINT | 27486 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE/REPLACE KNEE JOINT | 27487 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FIXATION OF KNEE JOINT | 27570 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR ACHILLES TENDON | 27650 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF LEG TENDON EACH | 27658 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCT ANKLE JOINT | 27702 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | RECONSTRUCTION ANKLE JOINT | 27703 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF ANKLE IMPLANT | 27704 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INCISION OF TIBIA | 27705 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF LOWER LEG TENDON | 27685 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF CALF TENDON | 27687 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE LOWER LEG TENDON | 27690 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE LOWER LEG TENDON | 27691 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF ANKLE LIGAMENT | 27695 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF ANKLE LIGAMENTS | 27696 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF ANKLE LIGAMENT | 27698 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FUSION OF ANKLE JOINT OPEN | 27870 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PART REMOVAL OF METATARSAL | 28110 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PART REMOVAL OF METATARSAL | 28111 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | PART REMOVAL OF METATARSAL | 28112 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PART REMOVAL OF METATARSAL | 28113 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF HEEL BONE | 28118 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF HEEL SPUR | 28119 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PART REMOVAL OF ANKLE/HEEL | 28120 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PARTIAL REMOVAL OF FOOT BONE | 28122 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PARTIAL REMOVAL OF TOE | 28124 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PARTIAL REMOVAL OF TOE | 28126 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PARTIAL REMOVAL OF TOE | 28153 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PARTIAL REMOVAL OF TOE | 28160 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF HAMMERTOE | 28285 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PARTIAL REMOVAL OF FOOT BONE | 28288 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR HALLUX RIGIDUS | 28289 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | Hallux rigidus correction with cheilectomy, | 28291 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CORRECTION OF BUNION | 28292 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Correction, hallux valgus (bunionectomy), with sesamoidectomy | 28295 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CORRECTION OF BUNION | 28296 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CORRECTION OF BUNION | 28297 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CORRECTION OF BUNION | 28298 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CORRECTION OF BUNION | 28299 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF METATARSALS | 28322 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EXTRA TOE(S) | 28344 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | OSTEOCHONDRAL TALUS AUTOGRFT | 28446 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FUSION OF FOOT BONES | 28715 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FUSION OF FOOT BONES | 28725 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FUSION OF FOOT BONES | 28730 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | FUSION OF FOOT BONES | 28735 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF FOOT BONES | 28737 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FUSION OF FOOT BONES | 28740 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FUSION OF BIG TOE JOINT | 28750 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FUSION OF BIG TOE JOINT | 28755 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | AMPUTATION TOE & METATARSAL | 28810 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | AMPUTATION OF TOE | 28820 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | PARTIAL AMPUTATION OF TOE | 28825 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FOOT/TOES SURGERY PROCEDURE | 28899 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CASTING/STRAPPING PROCEDURE | 29799 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | JAW ARTHROSCOPY/SURGERY | 29800 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | JAW ARTHROSCOPY/SURGERY | 29804 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY DX | 29805 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29806 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29807 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29819 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29820 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29821 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29822 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29823 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29824 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29825 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SHOULDER ARTHROSCOPY/SURGERY | 29826 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ARTHROSCOP ROTATOR CUFF REPR | 29827 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ARTHROSCOPY BICEPS TENODESIS | 29828 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | WRIST ARTHROSCOPY/SURGERY | 29846 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | WRIST ENDOSCOPY/SURGERY | 29848 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | AUTGRFT IMPLNT KNEE W/SCOPE | 29876 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ALLGRFT IMPLNT KNEE W/SCOPE | 29877 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29876 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29877 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29879 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29880 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29881 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29882 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29883 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29884 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29886 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29887 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29888 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | KNEE ARTHROSCOPY/SURGERY | 29889 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | HIP ARTHRO W/LABRAL REPAIR | 29916 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF INTRANASAL LESION | 30117 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | EXCISE INFERIOR TURBINATE | 30130 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RESECT INFERIOR TURBINATE | 30140 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF NOSE | 30410 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF NOSE | 30420 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF NOSE | 30430 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF NOSE | 30435 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF NOSE | 30450 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF NOSE | 30460 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR NASAL STENOSIS | 30465 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REPAIR NASAL DEFECT | 30540 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RELEASE OF NASAL ADHESIONS | 30560 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NASAL/SINUS ENDOSCOPY SURG | 31237 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NASAL/SINUS ENDOSCOPY SURG | 31239 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NASAL/SINUS ENDOSCOPY SURG | 31240 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Nasal/sinus endoscopy, surgical with ethmoidectomy; total | 31253 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF ETHMOID SINUS | 31254 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF ETHMOID SINUS | 31255 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | EXPLORATION MAXILLARY SINUS | 31256 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Nasal/sinus endoscopy, surgical with ethmoidectomy; total | 31257 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Nasal/sinus endoscopy, surgical with ethmoidectomy; total | 31259 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDOSCOPY MAXILLARY SINUS | 31267 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SINUS ENDOSCOPY SURGICAL | 31276 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | NASAL/SINUS ENDOSCOPY SURG | 31287 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NASAL/SINUS ENDOSCOPY SURG | 31288 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NSL/SINS NDSC SURG MAX SINS | 31295 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NSL/SINS NDSC SURG FRNT SINS | 31296 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NSL/SINS NDSC SURG SPHN SINS | 31297 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NASAL/SINUS ENDOSCOPY SURG | 31298 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | BRONCHOSCOPY W/BIOPSY(S) | 31625 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | BRONCHOSCOPY/LUNG BX EACH | 31628 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION SUBVALVULAR TISSUE | 33415 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE VENTRICLE MUSCLE | 33416 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF AORTIC VALVE | 33417 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF HEART CHAMBER | 33476 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF HEART CHAMBER | 33478 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REPAIR HEART SEPTUM DEFECT | 33641 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR HEART SEPTUM DEFECTS | 33647 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR HEART SEPTUM DEFECT | 33681 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR HEART - VEIN DEFECT(S) | 33730 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF HEART CHAMBER | 33736 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | MAJOR VESSEL SHUNT | 33767 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR SEPTAL DEFECT | 33853 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR PULMONARY ARTERY | 33917 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR PULMONARY ATRESIA | 33920 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE PULMONARY SHUNT | 33924 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDOVENOUS RF 1ST VEIN | 36475 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDOVENOUS RF VEIN ADD-ON | 36476 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDOVENOUS LASER 1ST VEIN | 36478 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | AV FUSION DIRECT ANY SITE | 36821 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Vascular embolization or occlusion, inclusive of all radiology | 37242 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Vascular embolization or occlusion, inclusive of all radiology | 37243 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | BONE MARROW BIOPSY | 38221 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Diagnostic bone marrow; biopsy(ies) and aspiration(s) | 38222 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | BIOPSY/REMOVAL LYMPH NODES | 38500 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NEEDLE BIOPSY LYMPH NODES | 38505 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | BIOPSY/REMOVAL LYMPH NODES | 38510 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | BIOPSY/REMOVAL LYMPH NODES | 38525 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | BONE MARROW BIOPSY | 38221 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Diagnostic bone marrow; biopsy(ies) and aspiration(s) | 38222 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCT LIP WITH FLAP | 40525 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT LIP WITH FLAP | 40527 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |

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| Outpatient Procedures /Surgeries | REPAIR CLEFT LIP/NASAL | 40700 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REPAIR CLEFT LIP/NASAL | 40701 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REPAIR CLEFT LIP/NASAL | 40702 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REPAIR CLEFT LIP/NASAL | 40720 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REPAIR CLEFT LIP/NASAL | 40761 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | REPAIR PALATE PHARYNX/UVULA | 42145 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CLEFT PALATE | 42200 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CLEFT PALATE | 42205 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CLEFT PALATE | 42210 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CLEFT PALATE | 42215 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CLEFT PALATE | 42220 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | RECONSTRUCT CLEFT PALATE | 42225 | | Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment |
| Outpatient Procedures /Surgeries | DENTAL SURGERY PROCEDURE | 41899 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | EXCISE PAROTID GLAND/LESION | 42415 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE TONSILS AND ADENOIDS | 42820 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE TONSILS AND ADENOIDS | 42821 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF TONSILS | 42825 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF TONSILS | 42826 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF ADENOIDS | 42830 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF ADENOIDS | 42831 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | EXCISION OF LINGUAL TONSIL | 42870 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | UPPER GI ENDOSCOPY BIOPSY | 43239 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ESOPH ENDOSCOPE W/DRAIN CYST | 43240 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | UPPER GI ENDOSCOPY WITH TUBE | 43241 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | UPPR GI ENDOSCOPY W/US FN BX | 43242 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | UPPR GI SCOPE DILATE STRICTR | 43245 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | PLACE GASTROSTOMY TUBE | 43246 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | OPERATIVE UPPER GI ENDOSCOPY | 43247 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | UPPR GI ENDOSCOPY/GUIDE WIRE | 43248 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ESOPH ENDOSCOPY DILATION | 43249 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | UPPER GI ENDOSCOPY/TUMOR | 43250 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | OPERATIVE UPPER GI ENDOSCOPY | 43251 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Esophagogastroduodenoscopy, flexible, transoral; with transe | 43253 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Esophagogastroduodenoscopy, flexible, transoral; with endosc | 43254 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | OPERATIVE UPPER GI ENDOSCOPY | 43255 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDOSCOPIC ULTRASOUND EXAM | 43259 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDO CHOLANGIOPANCREATOGRAPH | 43260 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDO CHOLANGIOPANCREATOGRAPH | 43261 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDO CHOLANGIOPANCREATOGRAPH | 43265 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | Esophagogastroduodenoscopy, flexible, transoral; with ablati | 43270 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Endoscopic retrograde cholangiopancreatography (ERCP); with | 43274 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Endoscopic retrograde cholangiopancreatography (ERCP); with | 43275 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Endoscopic retrograde cholangiopancreatography (ERCP); with | 43276 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DILATE ESOPHAGUS | 43450 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP GASTRIC BYPASS/ROUX-EN-Y | 43644 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RPR UMBIL HERN REDUC < 5 YR | 49580 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | FRAGMENTING OF KIDNEY STONE | 50590 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF URETHRA | 53410 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF URETHRA | 53415 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCT URETHRA STAGE 1 | 53420 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCT URETHRA STAGE 2 | 53425 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RECONSTRUCTION OF URETHRA | 53430 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | RECONSTRUCT URETHRA/BLADDER | 53431 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CIRCUMCISION W/REGIONL BLOCK | 54150 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CIRCUM 28 DAYS OR OLDER | 54161 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LYSIS PENIL CIRCUMIC LESION | 54162 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF CIRCUMCISION | 54163 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT SELF-CONTD PROSTHESIS | 54401 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSERT MULTI-COMP PENIS PROS | 54405 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF TESTIS | 54520 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF TESTIS | 54530 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF SCROTUM | 55180 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF TESTIS | 54660 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF HYDROCELE | 55040 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF VAGINA | 57260 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REPAIR BLADDER & VAGINA | 57240 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR RECTUM & VAGINA | 57250 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TOTAL HYSTERECTOMY | 58150 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TOTAL HYSTERECTOMY | 58152 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | 58180-PARTIAL HYSTERECTOMY | 58180 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF PELVIS CONTENTS | 58240 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | VAGINAL HYSTERECTOMY | 58260 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | VAG HYST INCLUDING T/O | 58262 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ARTIFICIAL INSEMINATION | 58322 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REOPEN FALLOPIAN TUBE | 58345 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | ENDOMETR ABLATE THERMAL | 58353 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | HYSTEROSCOPY BIOPSY | 58558 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | HYSTEROSCOPY RESECT SEPTUM | 58560 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | HYSTEROSCOPY REMOVE MYOMA | 58561 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TLH UTERUS 250 G OR LESS | 58570 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TLH W/T/O 250 G OR LESS | 58571 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TLH UTERUS OVER 250 G | 58572 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TLH W/T/O UTERUS OVER 250 G | 58573 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAPAROSCOPY REMOVE ADNEXA | 58661 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAPAROSCOPY EXCISE LESIONS | 58662 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAPAROSCOPY TUBAL CAUTERY | 58670 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAPAROSCOPIC MYOMECTOMY | 58545 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAPARO-MYOMECTOMY COMPLEX | 58546 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVAL OF OVARIAN CYST(S) | 58925 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NJX INTERLAMINAR CRV/THRC | 62320 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NJX INTERLAMINAR CRV/THRC | 62321 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | NJX INTERLAMINAR LMBR/SAC | 62322 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NJX INTERLAMINAR LMBR/SAC | 62323 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NJX INTERLAMINAR CRV/THRC | 62324 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NJX INTERLAMINAR CRV/THRC | 62325 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NJX INTERLAMINAR LMBR/SAC | 62326 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | IMPLANT SPINE INFUSION PUMP | 62362 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NJX INTERLAMINAR LMBR/SAC | 62327 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA 1/2 CRVL | 63001 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA 1/2 THRC | 63003 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA 1/2 LMBR | 63005 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA 1/2 SCRL | 63011 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE LAMINA/FACETS LUMBAR | 63012 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA >2 CRVCL | 63015 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA >2 THRC | 63016 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA >2 LMBR | 63017 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NECK SPINE DISK SURGERY | 63020 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LOW BACK DISK SURGERY | 63030 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SPINAL DISK SURGERY ADD-ON | 63035 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAMINOTOMY SINGLE CERVICAL | 63040 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAMINOTOMY SINGLE LUMBAR | 63042 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAMINOTOMY ADDL CERVICAL | 63043 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAMINOTOMY ADDL LUMBAR | 63044 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA 1 CRVL | 63045 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA 1 THRC | 63046 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINE LAMINA 1 LMBR | 63047 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE SPINAL LAMINA ADD-ON | 63048 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | CERVICAL LAMINOPLSTY 2/> SEG | 63050 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | C-LAMINOPLASTY W/GRAFT/PLATE | 63051 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DECOMPRESS SPINAL CORD THRC | 63055 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DECOMPRESS SPINAL CORD LMBR | 63056 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DECOMPRESS SPINE CORD ADD-ON | 63057 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DECOMPRESS SPINAL CORD THRC | 63064 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DECOMPRESS SPINE CORD ADD-ON | 63066 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NECK SPINE DISK SURGERY | 63075 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | NECK SPINE DISK SURGERY | 63076 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SPINE DISK SURGERY THORAX | 63077 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SPINE DISK SURGERY THORAX | 63078 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE VERT BODY DCMPRN CRVL | 63081 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE VERTEBRAL BODY ADD-ON | 63082 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REMOVE VERT BODY DCMPRN THRC | 63085 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE VERTEBRAL BODY ADD-ON | 63086 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOV VERTBR DCMPRN THRCLMBR | 63087 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE VERTEBRAL BODY ADD-ON | 63088 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE VERT BODY DCMPRN LMBR | 63090 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REMOVE VERTEBRAL BODY ADD-ON | 63091 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INSRT/REDO SPINE N GENERATOR | 63685 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | N BLOCK INJ PLANTAR DIGIT | 64455 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INJ FORAMEN EPIDURAL ADD-ON | 64480 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INJ FORAMEN EPIDURAL L/S | 64483 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INJ FORAMEN EPIDURAL ADD-ON | 64484 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | N BLOCK LUMBAR/THORACIC | 64520 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | N BLOCK INJ CELIAC PELUS | 64530 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | DESTROY CERV/THOR FACET JNT | 64633 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DESTROY C/TH FACET JNT ADDL | 64634 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DESTROY LUMB/SAC FACET JNT | 64635 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | DESTROY L/S FACET JNT ADDL | 64636 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INJECTION TREATMENT OF NERVE | 64640 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CATARACT SURGERY COMPLEX | 66982 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CATARACT SURG W/IOL 1 STAGE | 66984 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | INJECTION EYE DRUG | 67028 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | Repair of complex retinal detachment | 67113 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | TREATMENT OF RETINAL LESION | 67228 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR BROW DEFECT | 67900 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67901 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67903 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67904 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67908 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE EYELID DEFECT | 67911 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | CORRECTION EYELID W/IMPLANT | 67912 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67917 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67921 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67923 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EYELID DEFECT | 67924 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF EYELID | 67950 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF EYELID | 67961 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISION OF EYELID | 67966 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | MASTOID SURGERY REVISION | 69602 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR OF EARDRUM | 69610 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REPAIR OF EARDRUM | 69620 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR EARDRUM STRUCTURES | 69631 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REBUILD EARDRUM STRUCTURES | 69632 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REBUILD EARDRUM STRUCTURES | 69633 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REBUILD EARDRUM STRUCTURES | 69637 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE MIDDLE EAR & MASTOID | 69641 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE MIDDLE EAR & MASTOID | 69642 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE MIDDLE EAR & MASTOID | 69643 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE MIDDLE EAR & MASTOID | 69645 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE MIDDLE EAR & MASTOID | 69646 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REVISE MIDDLE EAR BONE | 69660 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | RPR UMBIL HERN BLOCK < 5 YR | 49582 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR UMBILICAL LESION | 49600 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |

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| Outpatient Procedures /Surgeries | REPAIR UMBILICAL LESION | 49605 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR UMBILICAL LESION | 49606 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR UMBILICAL LESION | 49610 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | REPAIR UMBILICAL LESION | 49611 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP ING HERNIA REPAIR INIT | 49650 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP ING HERNIA REPAIR RECUR | 49651 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP VENT/ABD HERNIA REPAIR | 49652 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP VENT/ABD HERN PROC COMP | 49653 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP INC HERNIA REPAIR | 49654 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP INC HERN REPAIR COMP | 49655 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP INC HERNIA REPAIR RECUR | 49656 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | LAP INC HERN RECUR COMP | 49657 | <5 years of age authorization required | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Outpatient Procedures /Surgeries | SPEECH/HEARING THERAPY | 92507 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |

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| Outpatient Procedures /Surgeries | SPEECH/HEARING THERAPY | 92508 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ORAL FUNCTION THERAPY | 92526 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | HOT OR COLD PACKS THERAPY | 97010 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | MECHANICAL TRACTION THERAPY | 97012 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ELECTRIC STIMULATION THERAPY | 97014 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | VASOPNEUMATIC DEVICE THERAPY | 97016 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | PARAFFIN BATH THERAPY | 97018 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | WHIRLPOOL THERAPY | 97022 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | DIATHERMY EG MICROWAVE | 97024 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | INFRARED THERAPY | 97026 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ULTRAVIOLET THERAPY | 97028 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ELECTRICAL STIMULATION | 97032 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ELECTRIC CURRENT THERAPY | 97033 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |

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| Outpatient Procedures /Surgeries | CONTRAST BATH THERAPY | 97034 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ULTRASOUND THERAPY | 97035 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | HYDROTHERAPY | 97036 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | THERAPEUTIC EXERCISES | 97110 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | NEUROMUSCULAR REEDUCATION | 97112 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | AQUATIC THERAPY/EXERCISES | 97113 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | GAIT TRAINING THERAPY | 97116 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | MASSAGE THERAPY | 97124 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | MANUAL THERAPY 1/> REGIONS | 97140 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | GROUP THERAPEUTIC PROCEDURES | 97150 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | THERAPEUTIC ACTIVITIES | 97530 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | SELF CARE MNGMENT TRAINING | 97535 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | COMMUNITY/WORK REINTEGRATION | 97537 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |

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| Outpatient Procedures /Surgeries | WHEELCHAIR MNGMENT TRAINING | 97542 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | PHYSICAL PERFORMANCE TEST | 97750 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ORTHOTIC MGMT&TRAING 1ST ENC | 97760 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | PROSTHETIC TRAING 1ST ENC | 97761 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | ORTHC/PROSTC MGMT SBSQ ENC | 97763 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | PHYSICAL MEDICINE PROCEDURE | 97799 | | Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of |
| Outpatient Procedures /Surgeries | LAPARO PROC HERNIA REPAIR | 49659 | | Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIOGRAPHY HEAD | 70496 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIOGRAPHY NECK | 70498 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIO UPR EXTRM W/O&W/DYE | 73206 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIO LWR EXTR W/O&W/DYE | 73706 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIO ABD&PELV W/O&W/DYE | 74174 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIO ABDOM W/O & W/DYE | 74175 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | CT ANGIO HRT W/3D IMAGE | 75574 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIO ABDOMINAL ARTERIES | 75635 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT HEAD/BRAIN W/O DYE | 70450 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT HEAD/BRAIN W/DYE | 70460 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT HEAD/BRAIN W/O & W/DYE | 70470 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ORBIT/EAR/FOSSA W/O DYE | 70480 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ORBIT/EAR/FOSSA W/DYE | 70481 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ORBIT/EAR/FOSSA W/O&W/DYE | 70482 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT MAXILLOFACIAL W/O DYE | 70486 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT MAXILLOFACIAL W/DYE | 70487 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT MAXILLOFACIAL W/O & W/DYE | 70488 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT SOFT TISSUE NECK W/O DYE | 70490 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT SOFT TISSUE NECK W/DYE | 70491 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | CT SFT TSUE NCK W/O & W/DYE | 70492 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT THORAX W/O DYE | 71250 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT THORAX W/DYE | 71260 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT THORAX W/O & W/DYE | 71270 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIOGRAPHY CHEST | 71275 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT NECK SPINE W/O DYE | 72125 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT NECK SPINE W/DYE | 72126 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT NECK SPINE W/O & W/DYE | 72127 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT CHEST SPINE W/O DYE | 72128 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT CHEST SPINE W/DYE | 72129 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT CHEST SPINE W/O & W/DYE | 72130 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT LUMBAR SPINE W/O DYE | 72131 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT LUMBAR SPINE W/DYE | 72132 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | CT LUMBAR SPINE W/O & W/DYE | 72133 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ANGIOGRAPH PELV W/O&W/DYE | 72191 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT PELVIS W/O DYE | 72192 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT PELVIS W/DYE | 72193 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT PELVIS W/O & W/DYE | 72194 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT UPPER EXTREMITY W/O DYE | 73200 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT UPPER EXTREMITY W/DYE | 73201 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT UPPR EXTREMITY W/O&W/DYE | 73202 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT LOWER EXTREMITY W/O DYE | 73700 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT LOWER EXTREMITY W/DYE | 73701 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT LWR EXTREMITY W/O&W/DYE | 73702 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ABDOMEN W/O DYE | 74150 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ABDOMEN W/DYE | 74160 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | CT ABDOMEN W/O & W/DYE | 74170 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ABD & PELVIS W/O CONTRAST | 74176 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ABD & PELV W/CONTRAST | 74177 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT ABD & PELV 1/> REGNS | 74178 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT COLONOGRAPHY DX | 74261 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT COLONOGRAPHY DX W/DYE | 74262 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT COLONOGRAPHY SCREENING | 74263 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT HRT W/O DYE W/CA TEST | 75571 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT HRT W/3D IMAGE | 75572 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT HRT W/3D IMAGE CONGEN | 75573 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CAT SCAN FOLLOW-UP STUDY | 76380 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CT PROCEDURE | 76497 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPHY HEAD W/O DYE | 70544 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | MR ANGIOGRAPHY HEAD W/DYE | 70545 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPH HEAD W/O&W/DYE | 70546 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPHY NECK W/O DYE | 70547 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPHY NECK W/DYE | 70548 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPH NECK W/O&W/DYE | 70549 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO SPINE W/O&W/DYE | 72159 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO PELVIS W/O & W/DYE | 72198 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO UPR EXTR W/O&W/DYE | 73225 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANG LWR EXT W OR W/O DYE | 73725 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPHY W/CONTRAST ABDOMEN | C8900 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPHY WITHOUT CONTRST ABD | C8901 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO W/O CONTRST W/CONTRST ABD | C8902 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR IMAGING W/CONTRAST BREAST; UNI | C8903 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | MR ANGIOGRAPHY WITH CONTRAST CHEST | C8909 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO WITHOUT CONTRST CHEST | C8910 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO NO CONTRST FLW CNTRST CHST | C8911 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO W/CONTRST LOWER EXTREMITY | C8912 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO WITHOUT CONTRST LOW EXTREM | C8913 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIO NO CNTRST FLW CON LW EXTRM | C8914 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR ANGIOGRAPHY WITH CONTRAST PELVIS | C8918 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRA WITHOUT CONTRAST PELVIS | C8919 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRA NO CONTRST FLWED W/CONTRST PELV | C8920 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRA W/O CONTRST SP CANAL CONTENTS | C8932 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRA NO CONTRST CONTRST SP CANAL CNT | C8933 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRA WITH CONTRAST UPPER EXTREMITY | C8934 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRA WITHOUT CONTRST UPPER EXTREMITY | C8935 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | MRA NO CONTRST FLW W/CONTRST UP EXT | C8936 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ORBIT/FACE/NECK W/O DYE | 70540 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ORBIT/FACE/NECK W/DYE | 70542 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ORBT/FAC/NCK W/O &W/DYE | 70543 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BRAIN STEM W/O DYE | 70551 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BRAIN STEM W/DYE | 70552 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BRAIN STEM W/O & W/DYE | 70553 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | FMRI BRAIN BY TECH | 70554 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | FMRI BRAIN BY PHYS/PSYCH | 70555 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BRAIN W/O DYE | 70557 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BRAIN W/DYE | 70558 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BRAIN W/O & W/DYE | 70559 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI CHEST W/O DYE | 71550 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | MRI CHEST W/DYE | 71551 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI CHEST W/O & W/DYE | 71552 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ANGIO CHEST W OR W/O DYE | 71555 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI NECK SPINE W/O DYE | 72141 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI NECK SPINE W/DYE | 72142 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI CHEST SPINE W/O DYE | 72146 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI CHEST SPINE W/DYE | 72147 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI LUMBAR SPINE W/O DYE | 72148 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI LUMBAR SPINE W/DYE | 72149 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI NECK SPINE W/O & W/DYE | 72156 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI CHEST SPINE W/O & W/DYE | 72157 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI LUMBAR SPINE W/O & W/DYE | 72158 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI PELVIS W/O DYE | 72195 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | MRI PELVIS W/DYE | 72196 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI PELVIS W/O & W/DYE | 72197 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI UPPER EXTREMITY W/O DYE | 73218 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI UPPER EXTREMITY W/DYE | 73219 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI UPPR EXTREMITY W/O&W/DYE | 73220 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI JOINT UPR EXTREM W/O DYE | 73221 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI JOINT UPR EXTREM W/DYE | 73222 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI JOINT UPR EXTR W/O&W/DYE | 73223 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI LOWER EXTREMITY W/O DYE | 73718 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI LOWER EXTREMITY W/DYE | 73719 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI LWR EXTREMITY W/O&W/DYE | 73720 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI JNT OF LWR EXTRE W/O DYE | 73721 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI JOINT OF LWR EXTR W/DYE | 73722 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | MRI JOINT LWR EXTR W/O&W/DYE | 73723 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ABDOMEN W/O DYE | 74181 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ABDOMEN W/DYE | 74182 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ABDOMEN W/O & W/DYE | 74183 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ANGIO ABDOM W ORW/O DYE | 74185 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI FETAL SNGL/1ST GESTATION | 74712 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI FETAL EA ADDL GESTATION | 74713 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | CARDIAC MRI FOR MORPH | 75557 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | CARDIAC MRI W/STRESS IMG | 75559 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | CARDIAC MRI FOR MORPH W/DYE | 75561 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | CARD MRI W/STRESS IMG & DYE | 75563 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | CARD MRI VELOC FLOW MAPPING | 75565 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | 3D RENDER W/INTRP POSTPROCES | 76376 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | 3D RENDER W/INTRP POSTPROCES | 76377 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR SPECTROSCOPY | 76390 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI GUIDANCE NDL PLMT RS&I | 77021 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI GDN PARNCHYMA TISS ABLTJ | 77022 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BREAST C- UNILATERAL | 77046 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BREAST C- BILATERAL | 77047 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BREAST C-+ W/CAD UNI | 77048 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BREAST C-+ W/CAD BI | 77049 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI ONE BREAST | 77058 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MRI BOTH BREASTS | 77059 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MAGNETIC IMAGE BONE MARROW | 77084 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR IMAGING W/CONTRST BREAST; BIL | C8906 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MR NO CONTRST FLW CNTRST BRST; BIL | C8908 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | INTENSITY MODULATED RADIATION THERAPY TREATMENT DELIVERY (IMRT) | 77385 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | INTENSITY MODULATED RADIATION THERAPY TREATMENT DELIVERY (IMRT) | 77386 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | GASTRIC EMPTYING STUDY | 78264 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | BONE IMAGING WHOLE BODY | 78306 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | BONE IMAGING 3 PHASE | 78315 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | Myocardial imaging, PET, perfusion study | 78431 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | SPECT Radiopharmaceutical localization of tumor | 78830 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | NON-IMAGING HEART FUNCTION | 78414 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | CARDIAC SHUNT IMAGING | 78428 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | VASCULAR FLOW IMAGING | 78445 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | ACUTE VENOUS THROMBUS IMAGE | 78456 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MYOCRD IMG PET SINGLE STUDY | 78459 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | HEART INFARCT IMAGE | 78466 | | Recent history and physical, MD order and any clinical to support medical necessity |

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| Radiology / Imaging | HEART INFARCT IMAGE (EF) | 78468 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | GATED HEART PLANAR SINGLE | 78472 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | GATED HEART MULTIPLE | 78473 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | HEART FIRST PASS SINGLE | 78481 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | HEART FIRST PASS MULTIPLE | 78483 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MYOCRD IMG PET 1STD RST/STRS | 78491 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | MYOCRD IMG PET MLT RST&STRS | 78492 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | HEART FIRST PASS ADD-ON | 78496 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | CARDIOVASCULAR NUCLEAR EXAM | 78499 | | Recent history and physical, MD order and any clinical to support medical necessity |
| Radiology / Imaging | BRAIN IMAGING (PET) | 78608 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | BRAIN IMAGING (PET) | 78609 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | PET IMAGE LTD AREA | 78811 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | PET IMAGE SKULL-THIGH | 78812 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | PET IMAGE FULL BODY | 78813 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | PET IMAGE W/CT LMTD | 78814 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | PET IMAGE W/CT SKULL-THIGH | 78815 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | PET IMAGE W/CT FULL BODY | 78816 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | FETAL CONTRACT STRESS TEST | 59020 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | FETAL NON-STRESS TEST | 59025 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | OB US < 14 WKS SINGLE FETUS | 76801 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | OB US < 14 WKS ADDL FETUS | 76802 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | OB US >= 14 WKS SNGL FETUS | 76805 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | OB US >= 14 WKS ADDL FETUS | 76810 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | OB US NUCHAL MEAS ADD-ON | 76814 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | OB US LIMITED FETUS(S) | 76815 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | OB US FOLLOW-UP PER FETUS | 76816 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |

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| Radiology / Imaging | TRANSVAGINAL US OBSTETRIC | 76817 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | FETAL BIOPHYS PROFILE W/NST | 76818 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | FETAL BIOPHYS PROFIL W/O NST | 76819 | For OBs who are not MFM specialists | History and physical and any clinical to support medical necessity |
| Radiology / Imaging | PARATHYRD PLANAR W/WO SUBTRJ | 78071 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | PARATHYRD PLANAR W/SPECT & CT | 78072 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | LIVER IMAGING (3D) | 78205 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | BONE IMAGING (3D) | 78320 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | HT MUSCLE IMAGE SPECT SING | 78451 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | HT MUSCLE IMAGE SPECT MULTIPLE | 78452 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | HT MUSCLE IMAGE PLANAR SING | 78453 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | HT MUSC IMAGE PLANAR MULT | 78454 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | VENOUS THROMBOSIS IMAGING | 78457 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | VEN THROMBOSIS IMAGES BILAT | 78458 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | HEART INFARCT IMAGE (3D) | 78469 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | HEART IMAGE SPECT | 78494 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | BRAIN IMAGING (3D) | 78607 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | CEREBROSPINAL FLUID SCAN | 78647 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | KIDNEY IMAGING (3D) | 78710 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | RP LOCLZJ TUM SPECT 1 AREA | 78803 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | NUCLEAR LOCALIZATION/ABSCESS | 78807 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | MAGNETIC IMAGE JAW JOINT | 70336 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | Long-term EEG Setup | 95700 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG with video, review by EEG technologist | 95712 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG with video, review by EEG technologist | 95713 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG with video, review by EEG technologist | 95714 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG with video, review by EEG technologist | 95715 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | EEG with video, review by EEG technologist | 95716 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG continuous recording, review by physician or other QHP | 95718 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG continuous recording, review by physician or other QHP | 95720 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG continuous recording, review by physician or other QHP | 95722 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG continuous recording, review by physician or other QHP | 95724 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | EEG continuous recording, review by physician or other QHP | 95726 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | MULTIPLE SLEEP LATENCY TEST | 95805 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | POLYSOMNOGRAPHY 1-3 | 95808 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | POLYSOMNOGRAPHY 4 OR MORE | 95810 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | POLYSOMNOGRAPHY W/CPAP | 95811 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | MEG SPONTANEOUS | 95965 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | MEG EVOKED SINGLE | 95966 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Radiology / Imaging | Intensity modulated treatment delivery, single or multiple fields/arcs | G6015 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Radiology / Imaging | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) | G6016 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSTHORACIC | 93303 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSTHORACIC | 93304 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | TTE W/DOPPLER COMPLETE | 93306 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | TTE W/O DOPPLER COMPLETE | 93307 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | TTE F-UP OR LMTD | 93308 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL | 93312 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL | 93313 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL | 93314 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL | 93315 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL | 93316 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL | 93317 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL INTRAOP | 93318 | | Recent history and physical, MD order, any clinical information to support medical necessity |

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| Stress Echocardiography | STRESS TTE ONLY | 93350 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | STRESS TTE COMPLETE | 93351 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ADMIN ECG CONTRAST AGENT | 93352 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | ECHO TRANSESOPHAGEAL (TEE) | 93355 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Stress Echocardiography | INTRACARDIAC ECG (ICE) | 93662 | | Recent history and physical, MD order, any clinical information to support medical necessity |
| Transplantation | 0539T-RECEIPT&PREP CAR-T CLL ADMN | 0539T | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | 0540T-CAR-T CLL ADMN AUTOLOGOUS | 0540T | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | S2140-CORD BLD HARVEST TPLNT ALLOGENEIC | S2140 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | LUNG TRANSPLANT SINGLE | 32851 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | LUNG TRANSPLANT WITH BYPASS | 32852 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | LUNG TRANSPLANT DOUBLE | 32853 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | LUNG TRANSPLANT WITH BYPASS | 32854 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREPARE DONOR LUNG SINGLE | 32855 | | History and Physical, any clinical to support medical necessity, transplant evaluation |

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| Transplantation | PREPARE DONOR LUNG DOUBLE | 32856 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREPARE DONOR HEART/LUNG | 33933 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLANTATION HEART/LUNG | 33935 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | REMOVAL OF DONOR HEART | 33940 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREPARE DONOR HEART | 33944 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLANTATION OF HEART | 33945 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | VOLUME DEplete OF HARVEST | 38214 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLT ALLO HCT/DONOR | 38240 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLT AUTOL HCT/DONOR | 38241 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLT ALLO LYMPHOCYTES | 38242 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLJ HEMATOPOIETIC BOOST | 38243 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | REMOVAL OF DONOR LIVER | 47133 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLANTATION OF LIVER | 47135 | | History and Physical, any clinical to support medical necessity, transplant evaluation |

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| Transplantation | PARTIAL REMOVAL DONOR LIVER | 47140 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PARTIAL REMOVAL DONOR LIVER | 47141 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PARTIAL REMOVAL DONOR LIVER | 47142 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR LIVER WHOLE | 47143 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR LIVER 3-SEGMENT | 47144 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR LIVER LOBE SPLIT | 47145 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR LIVER/VENOUS | 47146 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR LIVER/ARTERIAL | 47147 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PANCREAS REMOVAL/TRANSPLANT | 48160 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | DONOR PANCREATECTOMY | 48550 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR PANCREAS | 48551 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR PANCREAS/VENOUS | 48552 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPL ALLOGRAFT PANCREAS | 48554 | | History and Physical, any clinical to support medical necessity, transplant evaluation |

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| Transplantation | PREP CADAVER RENAL ALLOGRAFT | 50323 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP DONOR RENAL GRAFT | 50325 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP RENAL GRAFT/VENOUS | 50327 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP RENAL GRAFT/ARTERIAL | 50328 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP RENAL GRAFT/URETERAL | 50329 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | REMOVAL OF KIDNEY | 50340 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLANTATION OF KIDNEY | 50360 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLANTATION OF KIDNEY | 50365 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | REMOVE TRANSPLANTED KIDNEY | 50370 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | REIMPLANTATION OF KIDNEY | 50380 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | CORNEAL TRANSPLANT | 65710 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | CORNEAL TRANSPLANT | 65730 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | CORNEAL TRANSPLANT | 65750 | | History and Physical, any clinical to support medical necessity, transplant evaluation |

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| Transplantation | CORNEAL TRANSPLANT | 65755 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | CORNEAL TRNSPL ENDOTHELIAL | 65756 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | PREP CORNEAL ENDO ALLOGRAFT | 65757 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | CORNEAL TISSUE TRANSPLANT | 65767 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | OCULAR RECONST TRANSPLANT | 65780 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | OCULAR RECONST TRANSPLANT | 65781 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | OCULAR RECONST TRANSPLANT | 65782 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TPLNT SM INTESTINE&LIVER ALLOGFTS | S2053 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | TRANSPLANTATION MULTIVISCERAL ORGN | S2054 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | HARV DONR MX-VSCRL ORGN; CADVR DONR | S2055 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | LOBAR LUNG TRANSPLANTATION | S2060 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | DONOR LOBECT TPLNT LIVING DONOR | S2061 | | History and Physical, any clinical to support medical necessity, transplant evaluation |
| Transplantation | SIMULTANEOUS PANC KIDNEY TPLNT | S2065 | | History and Physical, any clinical to support medical necessity, transplant evaluation |