



Memorandum

To: LDH, MCO Policies
From: Lesli Boudreaux, Director Compliance and Regulatory Affairs
Date: 10/6/2022
Subject: AmeriHealth Caritas Louisiana – Prior Authorization Requirements

AmeriHealth Caritas Louisiana submits these proposed prior authorization requirement revisions for consideration. These revisions will become effective upon receipt of LDH's approval and will remain in effect until such time that revisions are submitted to LDH for review and approval.

This information was reviewed and approved by AmeriHealth Caritas Louisiana.

A handwritten signature in black ink, appearing to read "Kyle Viator".

Kyle Viator
Market President

Procedure Code	Procedure Code Description	Authorization Rules
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	No prior authorization required. <u>Prior authorization required.</u>
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	No prior authorization required. <u>Prior authorization required.</u>
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	No prior authorization required. <u>Prior authorization required.</u>
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	No prior authorization required. <u>Prior authorization required.</u>

Procedure Code	Procedure Code Description	Authorization Rules
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	Prior authorization required
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	Prior authorization required
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	Prior authorization required
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Prior authorization required
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	Prior authorization required
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	Prior authorization required
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	Prior authorization required
01999	Unlisted anesthesia procedure(s)	Prior authorization required
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Prior authorization required
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Prior authorization required
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	Prior authorization required

11983	Removal with reinsertion, non-biodegradable drug delivery implant	Prior authorization required
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Prior authorization required
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Prior authorization required
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Prior authorization required
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Prior authorization required
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Prior authorization required
15820	Blepharoplasty, lower eyelid;	Prior authorization required
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Prior authorization required
15822	Blepharoplasty, upper eyelid;	Prior authorization required
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Prior authorization required
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Prior authorization required
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	Prior authorization required
15999	Unlisted procedure, excision pressure ulcer	Prior authorization required

17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Prior authorization required
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Prior authorization required
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Prior authorization required
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Prior authorization required
19300	Mastectomy for gynecomastia	Prior authorization required
19303	Mastectomy, simple, complete	Prior authorization required
19316	Mastopexy	Prior authorization required
19318	Reduction mammoplasty	Prior authorization required
19324	Mammoplasty, augmentation; without prosthetic implant	Prior authorization required
19325	Mammoplasty, augmentation; with prosthetic implant	Prior authorization required
19328	Removal of intact mammary implant	Prior authorization required
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Prior authorization required
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Prior authorization required
19350	Nipple/areola reconstruction	Prior authorization required
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Prior authorization required
19370	Open periprosthetic capsulotomy, breast	Prior authorization required
19371	Periprosthetic capsulectomy, breast	Prior authorization required
19380	Revision of reconstructed breast	Prior authorization required
19396	Preparation of moulage for custom breast implant	Prior authorization required
19499	Unlisted procedure, breast	Prior authorization required
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Prior authorization required

20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Prior authorization required
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Prior authorization required
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	Prior authorization required
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	Prior authorization required
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	Prior authorization required
20999	Unlisted procedure, musculoskeletal system, general	Prior authorization required
21076	Impression and custom preparation; surgical obturator prosthesis	Prior authorization required
21082	Impression and custom preparation; palatal augmentation prosthesis	Prior authorization required
21084	Impression and custom preparation; speech aid prosthesis	Prior authorization required
21086	Impression and custom preparation; auricular prosthesis	Prior authorization required
21089	Unlisted maxillofacial prosthetic procedure	Prior authorization required
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Prior authorization required
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Prior authorization required
21121	Genioplasty; sliding osteotomy, single piece	Prior authorization required

21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Prior authorization required
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Prior authorization required
21125	Augmentation, mandibular body or angle; prosthetic material	Prior authorization required
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Prior authorization required
21137	Reduction forehead; contouring only	Prior authorization required
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Prior authorization required
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Prior authorization required
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Prior authorization required
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Prior authorization required
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Prior authorization required
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Prior authorization required
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Prior authorization required
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Prior authorization required

21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Prior authorization required
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Prior authorization required
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Prior authorization required
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Prior authorization required
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Prior authorization required
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Prior authorization required
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Prior authorization required
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Prior authorization required
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Prior authorization required
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Prior authorization required
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Prior authorization required

21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less	Prior authorization required
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting grea	Prior authorization required
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting grea	Prior authorization required
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Prior authorization required
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Prior authorization required
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Prior authorization required
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Prior authorization required
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Prior authorization required
21198	Osteotomy, mandible, segmental;	Prior authorization required
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Prior authorization required
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Prior authorization required

21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Prior authorization required
21209	Osteoplasty, facial bones; reduction	Prior authorization required
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Prior authorization required
21215	Graft, bone; mandible (includes obtaining graft)	Prior authorization required
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Prior authorization required
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Prior authorization required
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Prior authorization required
21242	Arthroplasty, temporomandibular joint, with allograft	Prior authorization required
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Prior authorization required
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Prior authorization required
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Prior authorization required
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Prior authorization required
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Prior authorization required
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Prior authorization required
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	Prior authorization required
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Prior authorization required

21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	Prior authorization required
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Prior authorization required
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Prior authorization required
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Prior authorization required
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Prior authorization required
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Prior authorization required
21270	Malar augmentation, prosthetic material	Prior authorization required
21275	Secondary revision of orbitocraniofacial reconstruction	Prior authorization required
21282	Lateral canthopexy	Prior authorization required
21299	Unlisted craniofacial and maxillofacial procedure	Prior authorization required
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	Prior authorization required
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	Prior authorization required
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	Prior authorization required
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	Prior authorization required

21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	Prior authorization required
21499	Unlisted musculoskeletal procedure, head	Prior authorization required
21685	Hyoid myotomy and suspension	Prior authorization required
21899	Unlisted procedure, neck or thorax	Prior authorization required
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Prior authorization required
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Prior authorization required
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Prior authorization required
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Prior authorization required
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Prior authorization required
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Prior authorization required

22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Prior authorization required
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Prior authorization required
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Prior authorization required
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Prior authorization required
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Prior authorization required
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Prior authorization required
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Prior authorization required
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Prior authorization required
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Prior authorization required

22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Prior authorization required
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Prior authorization required
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	Prior authorization required
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Prior authorization required
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Prior authorization required
22830	Exploration of spinal fusion	Prior authorization required
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Prior authorization required

22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Prior authorization required
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Prior authorization required
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Prior authorization required
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition t	Prior authorization required
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Prior authorization required
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Prior authorization required

22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Prior authorization required
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Prior authorization required
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Prior authorization required
22899	Unlisted procedure, spine	Prior authorization required
22999	Unlisted procedure, abdomen, musculoskeletal system	Prior authorization required
23929	Unlisted procedure, shoulder	Prior authorization required
24999	Unlisted procedure, humerus or elbow	Prior authorization required
25999	Unlisted procedure, forearm or wrist	Prior authorization required
26989	Unlisted procedure, hands or fingers	Prior authorization required
27299	Unlisted procedure, pelvis or hip joint	Prior authorization required
27438	Arthroplasty, patella; with prosthesis	Prior authorization required
27440	Arthroplasty, knee, tibial plateau;	Prior authorization required
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Prior authorization required
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Prior authorization required
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Prior authorization required
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Prior authorization required

27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Prior authorization required
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Prior authorization required
27599	Unlisted procedure, femur or knee	Prior authorization required
27700	Arthroplasty, ankle;	Prior authorization required
27702	Arthroplasty, ankle; with implant (total ankle)	Prior authorization required
27703	Arthroplasty, ankle; revision, total ankle	Prior authorization required
27899	Unlisted procedure, leg or ankle	Prior authorization required
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Prior authorization required
28899	Unlisted procedure, foot or toes	Prior authorization required
29799	Unlisted procedure, casting or strapping	Prior authorization required
29999	Unlisted procedure, arthroscopy	Prior authorization required
30120	Excision or surgical planing of skin of nose for rhinophyma	Prior authorization required
30130	Excision inferior turbinate, partial or complete, any method	Prior authorization required
30140	Submucous resection inferior turbinate, partial or complete, any method	Prior authorization required
30220	Insertion, nasal septal prosthesis (button)	Prior authorization required
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Prior authorization required
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Prior authorization required
30420	Rhinoplasty, primary; including major septal repair	Prior authorization required
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Prior authorization required
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Prior authorization required

30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Prior authorization required
30999	Unlisted procedure, nose	Prior authorization required
31299	Unlisted procedure, accessory sinuses	Prior authorization required
31599	Unlisted procedure, larynx	Prior authorization required
31830	Revision of tracheostomy scar	Prior authorization required
31899	Unlisted procedure, trachea, bronchi	Prior authorization required
32851	Lung transplant, single; without cardiopulmonary bypass	Prior authorization required
32852	Lung transplant, single; with cardiopulmonary bypass	Prior authorization required
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Prior authorization required
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Prior authorization required
32999	Unlisted procedure, lungs and pleura	Prior authorization required
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Prior authorization required
33928	Removal and replacement of total replacement heart system (artificial heart)	Prior authorization required
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Prior authorization required
33945	Heart transplant, with or without recipient cardiectomy	Prior authorization required
33999	Unlisted procedure, cardiac surgery	Prior authorization required
36299	Unlisted procedure, vascular injection	Prior authorization required
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Prior authorization required
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Prior authorization required
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Prior authorization required

36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Prior authorization required
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Prior authorization required
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Prior authorization required
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Prior authorization required
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Prior authorization required
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Prior authorization required
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Prior authorization required

36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a s	Prior authorization required
37501	Unlisted vascular endoscopy procedure	Prior authorization required
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Prior authorization required
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Prior authorization required
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Prior authorization required
37799	Unlisted procedure, vascular surgery	Prior authorization required
38129	Unlisted laparoscopy procedure, spleen	Prior authorization required
38589	Unlisted laparoscopy procedure, lymphatic system	Prior authorization required
38999	Unlisted procedure, hemic or lymphatic system	Prior authorization required
39499	Unlisted procedure, mediastinum	Prior authorization required
39599	Unlisted procedure, diaphragm	Prior authorization required
40799	Unlisted procedure, lips	Prior authorization required
40899	Unlisted procedure, vestibule of mouth	Prior authorization required
41599	Unlisted procedure, tongue, floor of mouth	Prior authorization required
41899	Unlisted procedure, dentoalveolar structures	Prior authorization required
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Prior authorization required
42299	Unlisted procedure, palate, uvula	Prior authorization required
42699	Unlisted procedure, salivary glands or ducts	Prior authorization required
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Prior authorization required
43289	Unlisted laparoscopy procedure, esophagus	Prior authorization required
43499	Unlisted procedure, esophagus	Prior authorization required
43621	Gastrectomy, total; with Roux-en-Y reconstruction	Prior authorization required

43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Prior authorization required
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Prior authorization required
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Prior authorization required
43659	Unlisted laparoscopy procedure, stomach	Prior authorization required
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Prior authorization required
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Prior authorization required
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Prior authorization required
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Prior authorization required
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Prior authorization required
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Prior authorization required
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Prior authorization required
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Prior authorization required
43999	Unlisted procedure, stomach	Prior authorization required
44135	Intestinal allotransplantation; from cadaver donor	Prior authorization required

44136	Intestinal allotransplantation; from living donor	Prior authorization required
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Prior authorization required
44799	Unlisted procedure, small intestine	Prior authorization required
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	Prior authorization required
44979	Unlisted laparoscopy procedure, appendix	Prior authorization required
45399	Unlisted procedure, colon	Prior authorization required
45499	Unlisted laparoscopy procedure, rectum	Prior authorization required
45999	Unlisted procedure, rectum	Prior authorization required
46999	Unlisted procedure, anus	Prior authorization required
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	Prior authorization required
47379	Unlisted laparoscopic procedure, liver	Prior authorization required
47399	Unlisted procedure, liver	Prior authorization required
47579	Unlisted laparoscopy procedure, biliary tract	Prior authorization required
47999	Unlisted procedure, biliary tract	Prior authorization required
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Prior authorization required
48554	Transplantation of pancreatic allograft	Prior authorization required
48999	Unlisted procedure, pancreas	Prior authorization required
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Prior authorization required
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Prior authorization required
49999	Unlisted procedure, abdomen, peritoneum and omentum	Prior authorization required
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Prior authorization required
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Prior authorization required
50380	Renal autotransplantation, reimplantation of kidney	Prior authorization required
50549	Unlisted laparoscopy procedure, renal	Prior authorization required

50949	Unlisted laparoscopy procedure, ureter	Prior authorization required
51925	Closure of vesicouterine fistula; with hysterectomy	Prior authorization required
51999	Unlisted laparoscopy procedure, bladder	Prior authorization required
53430	Urethroplasty, reconstruction of female urethra	Prior authorization required
53899	Unlisted procedure, urinary system	Prior authorization required
54125	Amputation of penis; complete	Prior authorization required
54360	Plastic operation on penis to correct angulation	Prior authorization required
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Prior authorization required
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Prior authorization required
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Prior authorization required
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Prior authorization required
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Prior authorization required
54690	Laparoscopy, surgical; orchiectomy	Prior authorization required
54699	Unlisted laparoscopy procedure, testis	Prior authorization required
55175	Scrotoplasty; simple	Prior authorization required
55180	Scrotoplasty; complicated	Prior authorization required
55559	Unlisted laparoscopy procedure, spermatic cord	Prior authorization required
55870	Electroejaculation	Prior authorization required

55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Prior authorization required
55899	Unlisted procedure, male genital system	Prior authorization required
55970	Intersex surgery; male to female	Prior authorization required
55980	Intersex surgery; female to male	Prior authorization required
56625	Vulvectomy simple; complete	Prior authorization required
56630	Vulvectomy, radical, partial;	Prior authorization required
56633	Vulvectomy, radical, complete;	Prior authorization required
56800	Plastic repair of introitus	Prior authorization required
56805	Clitoroplasty for intersex state	Prior authorization required
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Prior authorization required
57110	Vaginectomy, complete removal of vaginal wall;	Prior authorization required
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Prior authorization required
57291	Construction of artificial vagina; without graft	Prior authorization required
57292	Construction of artificial vagina; with graft	Prior authorization required
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Prior authorization required
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Prior authorization required
57335	Vaginoplasty for intersex state	Prior authorization required
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Prior authorization required
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Prior authorization required

58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Prior authorization required
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Prior authorization required
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Prior authorization required
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	Prior authorization required
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal rese	Prior authorization required
58260	Vaginal hysterectomy, for uterus 250 g or less;	Prior authorization required
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Prior authorization required
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Prior authorization required
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Prior authorization required
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Prior authorization required
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Prior authorization required

58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Prior authorization required
58285	Vaginal hysterectomy, radical (Schauta type operation)	Prior authorization required
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Prior authorization required
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior authorization required
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Prior authorization required
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Prior authorization required
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Prior authorization required
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Prior authorization required
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Prior authorization required
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Prior authorization required
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior authorization required
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	Prior authorization required
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Prior authorization required
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Prior authorization required

58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Prior authorization required
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior authorization required
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Prior authorization required
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Prior authorization required
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Prior authorization required
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior authorization required
58578	Unlisted laparoscopy procedure, uterus	Prior authorization required
58579	Unlisted hysteroscopy procedure, uterus	Prior authorization required
58679	Unlisted laparoscopy procedure, oviduct, ovary	Prior authorization required
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	Prior authorization required
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Prior authorization required
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Prior authorization required
58999	Unlisted procedure, female genital system (nonobstetrical)	Prior authorization required
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	Prior authorization required
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	Prior authorization required
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	Prior authorization required

59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Prior authorization required
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	Prior authorization required
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	Prior authorization required
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Prior authorization required
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	Prior authorization required
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	Prior authorization required
59898	Unlisted laparoscopy procedure, maternity care and delivery	Prior authorization required
59899	Unlisted procedure, maternity care and delivery	Prior authorization required
60659	Unlisted laparoscopy procedure, endocrine system	Prior authorization required
60699	Unlisted procedure, endocrine system	Prior authorization required

62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Prior authorization required
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Prior authorization required
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Prior authorization required
62290	Injection procedure for discography, each level; lumbar	Prior authorization required
62291	Injection procedure for discography, each level; cervical or thoracic	Prior authorization required
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	Prior authorization required
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Prior authorization required

62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Prior authorization required
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Prior authorization required
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Prior authorization required
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Prior authorization required
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	Prior authorization required
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Prior authorization required
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Prior authorization required

62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Prior authorization required
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Prior authorization required
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	Prior authorization required
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	Prior authorization required
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Prior authorization required
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	Prior authorization required
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Prior authorization required
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	Prior authorization required

63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Prior authorization required
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	Prior authorization required
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Prior authorization required
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Prior authorization required
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar	Prior authorization required
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Prior authorization required
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Prior authorization required

63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	Prior authorization required
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	Prior authorization required
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Prior authorization required
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Prior authorization required
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Prior authorization required
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	Prior authorization required
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Prior authorization required

63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-pl	Prior authorization required
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Prior authorization required
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	Prior authorization required
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Prior authorization required
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Prior authorization required
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Prior authorization required
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace	Prior authorization required

63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	Prior authorization required
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, single interspace	Prior authorization required
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Prior authorization required
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Prior authorization required
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	Prior authorization required
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Prior authorization required
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	Prior authorization required
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Prior authorization required

63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code	Prior authorization required
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Prior authorization required
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately	Prior authorization required
63185	Laminectomy with rhizotomy; 1 or 2 segments	Prior authorization required
63190	Laminectomy with rhizotomy; more than 2 segments	Prior authorization required
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Prior authorization required
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Prior authorization required
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Prior authorization required
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Prior authorization required
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	Prior authorization required
64402	Injection, anesthetic agent; facial nerve	Prior authorization required
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Prior authorization required
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve	Prior authorization required

64410	Injection, anesthetic agent; phrenic nerve	Prior authorization required
64413	Injection, anesthetic agent; cervical plexus	Prior authorization required
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus	Prior authorization required
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)	Prior authorization required
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	Prior authorization required
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	Prior authorization required
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	Prior authorization required
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	Prior authorization required
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	Prior authorization required
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve	Prior authorization required
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	Prior authorization required
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve	Prior authorization required
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	Prior authorization required
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	Prior authorization required
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	Prior authorization required
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Prior authorization required
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Prior authorization required

64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Prior authorization required
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	Prior authorization required
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	Prior authorization required
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	Prior authorization required
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Prior authorization required
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary proced	Prior authorization required
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to co	Prior authorization required
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Prior authorization required
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Prior authorization required

64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code f	Prior authorization required
64505	Injection, anesthetic agent; sphenopalatine ganglion	Prior authorization required
64508	Injection, anesthetic agent; carotid sinus (separate procedure)	Prior authorization required
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Prior authorization required
64517	Injection, anesthetic agent; superior hypogastric plexus	Prior authorization required
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Prior authorization required
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	Prior authorization required
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Prior authorization required
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Prior authorization required
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Prior authorization required
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Prior authorization required
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Prior authorization required
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Prior authorization required
64722	Decompression; unspecified nerve(s) (specify)	Prior authorization required
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	Prior authorization required
64999	Unlisted procedure, nervous system	Prior authorization required

65710	Keratoplasty (corneal transplant); anterior lamellar	Prior authorization required
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	Prior authorization required
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	Prior authorization required
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	Prior authorization required
65756	Keratoplasty (corneal transplant); endothelial	Prior authorization required
65765	Keratophakia	Prior authorization required
65767	Epikeratoplasty	Prior authorization required
65770	Keratoprosthesis	Prior authorization required
66999	Unlisted procedure, anterior segment of eye	Prior authorization required
67299	Unlisted procedure, posterior segment	Prior authorization required
67399	Unlisted procedure, extraocular muscle	Prior authorization required
67599	Unlisted procedure, orbit	Prior authorization required
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Prior authorization required
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Prior authorization required
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Prior authorization required
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Prior authorization required
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Prior authorization required
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Prior authorization required
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Prior authorization required
67909	Reduction of overcorrection of ptosis	Prior authorization required
67911	Correction of lid retraction	Prior authorization required

67923	Repair of entropion; excision tarsal wedge	Prior authorization required
67950	Canthoplasty (reconstruction of canthus)	Prior authorization required
67999	Unlisted procedure, eyelids	Prior authorization required
68371	Harvesting conjunctival allograft, living donor	Prior authorization required
68399	Unlisted procedure, conjunctiva	Prior authorization required
68899	Unlisted procedure, lacrimal system	Prior authorization required
69399	Unlisted procedure, external ear	Prior authorization required
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Prior authorization required
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Prior authorization required
69799	Unlisted procedure, middle ear	Prior authorization required
69930	Cochlear device implantation, with or without mastoidectomy	Prior authorization required
69949	Unlisted procedure, inner ear	Prior authorization required
69979	Unlisted procedure, temporal bone, middle fossa approach	Prior authorization required
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Prior authorization required
70450	Computed tomography, head or brain; without contrast material	Prior authorization required
70460	Computed tomography, head or brain; with contrast material(s)	Prior authorization required
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Prior authorization required
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Prior authorization required
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Prior authorization required
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Prior authorization required

70486	Computed tomography, maxillofacial area; without contrast material	Prior authorization required
70487	Computed tomography, maxillofacial area; with contrast material(s)	Prior authorization required
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Prior authorization required
70490	Computed tomography, soft tissue neck; without contrast material	Prior authorization required
70491	Computed tomography, soft tissue neck; with contrast material(s)	Prior authorization required
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Prior authorization required
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Prior authorization required
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Prior authorization required
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
70544	Magnetic resonance angiography, head; without contrast material(s)	Prior authorization required
70545	Magnetic resonance angiography, head; with contrast material(s)	Prior authorization required

70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
70547	Magnetic resonance angiography, neck; without contrast material(s)	Prior authorization required
70548	Magnetic resonance angiography, neck; with contrast material(s)	Prior authorization required
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Prior authorization required
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Prior authorization required
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Prior authorization required
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Prior authorization required
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Prior authorization required
71250	Computed tomography, thorax; without contrast material	Prior authorization required
71260	Computed tomography, thorax; with contrast material(s)	Prior authorization required
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	Prior authorization required

71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Prior authorization required
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Prior authorization required
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Prior authorization required
72125	Computed tomography, cervical spine; without contrast material	Prior authorization required
72126	Computed tomography, cervical spine; with contrast material	Prior authorization required
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Prior authorization required
72128	Computed tomography, thoracic spine; without contrast material	Prior authorization required
72129	Computed tomography, thoracic spine; with contrast material	Prior authorization required
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Prior authorization required
72131	Computed tomography, lumbar spine; without contrast material	Prior authorization required
72132	Computed tomography, lumbar spine; with contrast material	Prior authorization required
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Prior authorization required

72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Prior authorization required
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Prior authorization required
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Prior authorization required
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Prior authorization required
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Prior authorization required
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Prior authorization required
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Prior authorization required
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Prior authorization required
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Prior authorization required
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Prior authorization required
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
72192	Computed tomography, pelvis; without contrast material	Prior authorization required
72193	Computed tomography, pelvis; with contrast material(s)	Prior authorization required
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Prior authorization required

72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Prior authorization required
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Prior authorization required
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Prior authorization required
73200	Computed tomography, upper extremity; without contrast material	Prior authorization required
73201	Computed tomography, upper extremity; with contrast material(s)	Prior authorization required
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Prior authorization required
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Prior authorization required
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Prior authorization required
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Prior authorization required
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Prior authorization required

73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Prior authorization required
73700	Computed tomography, lower extremity; without contrast material	Prior authorization required
73701	Computed tomography, lower extremity; with contrast material(s)	Prior authorization required
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Prior authorization required
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Prior authorization required
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Prior authorization required
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Prior authorization required
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Prior authorization required
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Prior authorization required
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Prior authorization required

74150	Computed tomography, abdomen; without contrast material	Prior authorization required
74160	Computed tomography, abdomen; with contrast material(s)	Prior authorization required
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Prior authorization required
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
74176	Computed tomography, abdomen and pelvis; without contrast material	Prior authorization required
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Prior authorization required
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Prior authorization required
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Prior authorization required
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Prior authorization required
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Prior authorization required
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Prior authorization required
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Prior authorization required

74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Prior authorization required
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Prior authorization required
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Prior authorization required
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Prior authorization required
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Prior authorization required
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Prior authorization required
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Prior authorization required
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Prior authorization required
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Prior authorization required
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Prior authorization required
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Prior authorization required

75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluati	Prior authorization required
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio	Prior authorization required
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior authorization required
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent works	Prior authorization required
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstati	Prior authorization required
76380	Computed tomography, limited or localized follow-up study	Prior authorization required
76390	Magnetic resonance spectroscopy	Prior authorization required
76391	Magnetic resonance (eg, vibration) elastography	Prior authorization required
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	Prior authorization required
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Prior authorization required

76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Prior authorization required
76499	Unlisted diagnostic radiographic procedure	Prior authorization required
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	Prior authorization required
77011	Computed tomography guidance for stereotactic localization	Prior authorization required
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Prior authorization required
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	Prior authorization required
77014	Computed tomography guidance for placement of radiation therapy fields	Prior authorization required
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Prior authorization required
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	Prior authorization required
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Prior authorization required
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Prior authorization required
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Prior authorization required
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Prior authorization required

77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Prior authorization required
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	Prior authorization required
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Prior authorization required
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Prior authorization required
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	Prior authorization required
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Prior authorization required
77499	Unlisted procedure, therapeutic radiology treatment management	Prior authorization required
77799	Unlisted procedure, clinical brachytherapy	Prior authorization required
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	Prior authorization required
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	Prior authorization required
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	Prior authorization required
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	Prior authorization required
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Prior authorization required

78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan.	Prior authorization required
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Prior authorization required
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Prior authorization required
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Prior authorization required
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Prior authorization required
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (Prior authorization required

78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Prior authorization required
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Prior authorization required
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) an	Prior authorization required
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Prior authorization required
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Prior authorization required
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Prior authorization required
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Prior authorization required
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Prior authorization required

78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	Prior authorization required
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Prior authorization required
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Prior authorization required
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Prior authorization required
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Prior authorization required
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Prior authorization required
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Prior authorization required
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	Prior authorization required
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	Prior authorization required

78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Prior authorization required
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Prior authorization required
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	Prior authorization required
78700	Kidney imaging morphology;	Prior authorization required
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	Prior authorization required
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Prior authorization required
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Prior authorization required
78813	Positron emission tomography (PET) imaging; whole body	Prior authorization required
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Prior authorization required
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Prior authorization required
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Prior authorization required
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	Prior authorization required
79999	Radiopharmaceutical therapy, unlisted procedure	Prior authorization required
80145	Adalimumab	Prior authorization required
80187	Posaconazole	Prior authorization required
80230	Infliximab	Prior authorization required
80235	Lacosamide	Prior authorization required
80280	Vedolizumab	Prior authorization required

80285	Voriconazole	Prior authorization required
81099	Unlisted urinalysis procedure	Prior authorization required
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Prior authorization required
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Prior authorization required
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Prior authorization required
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Prior authorization required
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Prior authorization required
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Prior authorization required
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Prior authorization required
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Prior authorization required

81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Prior authorization required
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Prior authorization required
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Prior authorization required
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required

81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Prior authorization required
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Prior authorization required
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Prior authorization required
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Prior authorization required
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	Prior authorization required
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Prior authorization required
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	Prior authorization required
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	Prior authorization required
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Prior authorization required

81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Prior authorization required
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Prior authorization required
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Prior authorization required
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Prior authorization required
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	Prior authorization required
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Prior authorization required
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Prior authorization required
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Prior authorization required
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Prior authorization required
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Prior authorization required

81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Prior authorization required
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Prior authorization required
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Prior authorization required
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Prior authorization required
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Prior authorization required
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Prior authorization required
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Prior authorization required
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Prior authorization required
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Prior authorization required
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Prior authorization required

81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Prior authorization required
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Prior authorization required
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Prior authorization required
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Prior authorization required
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Prior authorization required
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample])	Prior authorization required
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to)	Prior authorization required
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Prior authorization required

81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Prior authorization required
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Prior authorization required
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Prior authorization required
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Prior authorization required
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Prior authorization required
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Prior authorization required
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Prior authorization required
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Prior authorization required
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Prior authorization required
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Prior authorization required

81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Prior authorization required
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	Prior authorization required
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Prior authorization required
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior authorization required
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior authorization required
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior authorization required
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior authorization required
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior authorization required
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior authorization required
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior authorization required

81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior authorization required
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior authorization required
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Prior authorization required
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Prior authorization required
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Prior authorization required
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Prior authorization required
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Prior authorization required
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Prior authorization required
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Prior authorization required
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Prior authorization required
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Prior authorization required
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	Prior authorization required

81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	Prior authorization required
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Prior authorization required
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Prior authorization required
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Prior authorization required
81317	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior authorization required
81318	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior authorization required
81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior authorization required
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Prior authorization required

81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Prior authorization required
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Prior authorization required
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Prior authorization required
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Prior authorization required
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Prior authorization required
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Prior authorization required
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Prior authorization required
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Prior authorization required
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	Prior authorization required
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Prior authorization required

81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Prior authorization required
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Prior authorization required
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Prior authorization required
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Prior authorization required
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Prior authorization required
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Prior authorization required
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Prior authorization required
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Prior authorization required
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required

81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior authorization required
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Prior authorization required
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Prior authorization required
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Prior authorization required
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Prior authorization required
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Prior authorization required
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Prior authorization required
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Prior authorization required
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Prior authorization required
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Prior authorization required
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Prior authorization required
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Prior authorization required
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Prior authorization required
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1,	Prior authorization required

81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	Prior authorization required
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes,	Prior authorization required
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	Prior authorization required
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	Prior authorization required
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	Prior authorization required
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	Prior authorization required

81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	Prior authorization required
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	Prior authorization required
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12,	Prior authorization required
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD,	Prior authorization required
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	Prior authorization required
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	Prior authorization required

81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MA	Prior authorization required
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Prior authorization required
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Prior authorization required
81479	Unlisted molecular pathology procedure	Prior authorization required
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Prior authorization required
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Prior authorization required
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	Prior authorization required

81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	Prior authorization required
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Prior authorization required
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	Prior authorization required
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	Prior authorization required
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	Prior authorization required
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	Prior authorization required
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	Prior authorization required
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Prior authorization required

81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	Prior authorization required
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Prior authorization required
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Prior authorization required
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for pr	Prior authorization required
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Prior authorization required
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Prior authorization required
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported	Prior authorization required

81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Prior authorization required
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Prior authorization required
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	Prior authorization required
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	Prior authorization required
81599	Unlisted multianalyte assay with algorithmic analysis	Prior authorization required
84999	Unlisted chemistry procedure	Prior authorization required
85999	Unlisted hematology and coagulation procedure	Prior authorization required
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	Prior authorization required
86486	Skin test; unlisted antigen, each	Prior authorization required
86849	Unlisted immunology procedure	Prior authorization required
86999	Unlisted transfusion medicine procedure	Prior authorization required
87999	Unlisted microbiology procedure	Prior authorization required
88099	Unlisted necropsy (autopsy) procedure	Prior authorization required
88199	Unlisted cytopathology procedure	Prior authorization required
88299	Unlisted cytogenetic study	Prior authorization required
88399	Unlisted surgical pathology procedure	Prior authorization required
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	Prior authorization required

89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	Prior authorization required
89051	Cell count, miscellaneous body fluids (eg, Cerebrospinal fluid, joint fluid), except blood; with differential count	Prior authorization required
89240	Unlisted miscellaneous pathology test	Prior authorization required
89398	Unlisted reproductive medicine laboratory procedure	Prior authorization required
90287	Botulinum antitoxin, equine, any route	Prior authorization required
90288	Botulism immune globulin, human, for intravenous use	Prior authorization required
90399	Unlisted immune globulin	Prior authorization required
90749	Unlisted vaccine/toxoid	Prior authorization required
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	Prior authorization required
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Prior authorization required
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Prior authorization required
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Prior authorization required
90870	Electroconvulsive therapy (includes necessary monitoring)	Prior authorization required
90880	Hypnotherapy	Prior authorization required
90999	Unlisted dialysis procedure, inpatient or outpatient	Prior authorization required
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Prior authorization required
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Prior authorization required
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Prior authorization required

91299	Unlisted diagnostic gastroenterology procedure	Prior authorization required
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	Prior authorization required
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	Prior authorization required
92499	Unlisted ophthalmological service or procedure	Prior authorization required
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Prior Authorization required
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Prior Authorization required
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Prior authorization required
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	Prior authorization required
92700	Unlisted otorhinolaryngological service or procedure	Prior authorization required
93799	Unlisted cardiovascular service or procedure	Prior authorization required
93998	Unlisted noninvasive vascular diagnostic study	Prior authorization required
94799	Unlisted pulmonary service or procedure	Prior authorization required
95199	Unlisted allergy/clinical immunologic service or procedure	Prior authorization required
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	Prior authorization required
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Prior authorization required

95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Prior authorization required
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Prior authorization required
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Prior authorization required
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Prior authorization required
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Prior authorization required
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Prior authorization required
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Prior authorization required
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Prior authorization required
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Prior authorization required

95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Prior authorization required
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Prior authorization required
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	Prior authorization required
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	Prior authorization required
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	Prior authorization required
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	Prior authorization required
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60	Prior authorization required

95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60	Prior authorization required
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84	Prior authorization required
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84	Prior authorization required
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG re	Prior authorization required
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG re	Prior authorization required
95999	Unlisted neurological or neuromuscular diagnostic procedure	Prior authorization required

96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering test	Prior authorization required
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per ho	Prior authorization required
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	Prior authorization required
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and repor	Prior authorization required
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Prior authorization required
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report	Prior authorization required

96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Prior authorization required
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	Prior authorization required
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Prior authorization required
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time int	Prior authorization required
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time	Prior authorization required

96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	Prior authorization required
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	Prior authorization required
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and prepari	Prior authorization required
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Prior authorization required
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Prior authorization required

96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Prior authorization required
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Prior authorization required
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Prior authorization required
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Prior authorization required
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Prior authorization required
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Prior authorization required
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Prior authorization required
96549	Unlisted chemotherapy procedure	Prior authorization required

96999	Unlisted special dermatological service or procedure	Prior authorization required
97010	Application of a modality to 1 or more areas; hot or cold packs	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97012	Application of a modality to 1 or more areas; traction, mechanical	Prior authorization required after the 13th visit.
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97016	Application of a modality to 1 or more areas; vasopneumatic devices	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97018	Application of a modality to 1 or more areas; paraffin bath	Prior authorization required after the 13th visit.
97022	Application of a modality to 1 or more areas; whirlpool	Prior authorization required after the 13th visit.
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Prior authorization required after the 13th visit.
97026	Application of a modality to 1 or more areas; infrared	Prior authorization required after the 13th visit.
97028	Application of a modality to 1 or more areas; ultraviolet	Prior authorization required after the 13th visit.

97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Prior authorization required after the 13th visit.
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	Prior authorization required after the 13th visit.
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Prior authorization required after the 13th visit.
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	Prior authorization required after the 13th visit.
97039	Unlisted modality (specify type and time if constant attendance)	Prior authorization required
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>

97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Prior authorization required after the 13th visit.
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Prior authorization required after the 13th visit.
97139	Unlisted therapeutic procedure (specify)	Prior authorization required
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97150	Therapeutic procedure(s), group (2 or more individuals)	Prior authorization required after the 13th visit.
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Prior authorization required
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Prior authorization required
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Prior authorization required

97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Prior authorization required
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Prior authorization required
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Prior authorization required
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Prior authorization required
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	Prior authorization required
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	Prior authorization required

97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Prior authorization required after the 13th visit.
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit. for members under age 21.</u> <u>Prior authorization required for members aged 21 and over.</u>
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one cont	Prior authorization required after the 13th visit.
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Prior authorization required after the 13th visit.
97545	Work hardening/conditioning; initial 2 hours	Prior authorization required after the 13th visit.
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	Prior authorization required after the 13th visit.
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	Prior authorization required after the 13th visit.
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	Prior authorization required after the 13th visit.

97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Prior authorization required after the 13th visit.
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Prior authorization required after the 13th visit.
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Prior authorization required after the 13th visit.
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ong	Prior authorization required after the 13th visit.
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ong	Prior authorization required after the 13th visit.
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Prior authorization required after the 13th visit.

97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Prior authorization required after the 13th visit.
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	Prior authorization required after the 13th visit.
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	Prior authorization required after the 13th visit.
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Prior authorization required after the 13th visit.
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	Prior authorization required after the 13th visit.
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Prior authorization required after the 13th visit.
97799	Unlisted physical medicine/rehabilitation service or procedure	Prior authorization required
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	Prior authorization required
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	Prior authorization required
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	Prior authorization required
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	Prior authorization required
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	Prior authorization required

98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	Prior authorization required
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Prior authorization required for members under age 18
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	Prior authorization required
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Prior authorization required for members under age 18
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Prior authorization required for members under age 18
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	Prior authorization required for members under age 18
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Prior authorization required
99199	Unlisted special service, procedure or report	Prior authorization required
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Prior authorization required
99429	Unlisted preventive medicine service	Prior authorization required
99499	Unlisted evaluation and management service	Prior authorization required
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	Prior authorization required after the 6th visit

99501	Home visit for postnatal assessment and follow-up care	Prior authorization required after the 6th visit
99502	Home visit for newborn care and assessment	Prior authorization required after the 6th visit
99509	Home visit for assistance with activities of daily living and personal care	Prior authorization required after the 6th visit
99510	Home visit for individual, family, or marriage counseling	Prior authorization required after the 6th visit
99512	Home visit for hemodialysis	Prior authorization required after the 6th visit
99600	Unlisted home visit service or procedure	Prior authorization required
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	Prior authorization required after the 6th visit
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	Prior authorization required after the 6th visit
0001M	Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	Prior authorization required
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, ste	Prior authorization required
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	Prior authorization required

0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, ste	Prior authorization required
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	Prior authorization required
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Prior authorization required
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	Prior authorization required
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	Prior authorization required
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Prior authorization required
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	Prior authorization required

0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	Prior authorization required
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	Prior authorization required
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Prior authorization required
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Prior authorization required
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	Prior authorization required
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Prior authorization required
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	Prior authorization required

0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Prior authorization required
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	Prior authorization required
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	Prior authorization required
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Prior authorization required
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Prior authorization required
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	Prior authorization required
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	Prior authorization required

0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	Prior authorization required
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	Prior authorization required
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	Prior authorization required
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	Prior authorization required
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	Prior authorization required
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result (Positive, high probability of malignancy or Negative, low probability of malignanc	Prior authorization required
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Prior authorization required
0028U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis	Prior authorization required

0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Prior authorization required
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Prior authorization required
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Prior authorization required
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Prior authorization required
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	Prior authorization required
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	Prior authorization required
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	Prior authorization required
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Prior authorization required
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Prior authorization required

0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	Prior authorization required
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity	Prior authorization required
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Prior authorization required
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	Prior authorization required
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	Prior authorization required
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Prior authorization required
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	Prior authorization required
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraff	Prior authorization required
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Prior authorization required

0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Prior authorization required
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Prior authorization required
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	Prior authorization required
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	Prior authorization required
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Prior authorization required
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Prior authorization required
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose	Prior authorization required
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	Prior authorization required

0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Prior authorization required
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	Prior authorization required
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank	Prior authorization required
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	Prior authorization required
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	Prior authorization required
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	Prior authorization required
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi	Prior authorization required
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Prior authorization required

0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	Prior authorization required
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	Prior authorization required
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Prior authorization required
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	Prior authorization required
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Prior authorization required
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	Prior authorization required
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Prior authorization required

0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	Prior authorization required
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	Prior authorization required
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	Prior authorization required
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Prior authorization required
0075U	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Prior authorization required
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Prior authorization required
0076U	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Prior authorization required

0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	Prior authorization required
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	Prior authorization required
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	Prior authorization required
0081U	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Prior authorization required
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service	Prior authorization required
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	Prior authorization required

0085T	Breath test for heart transplant rejection	Prior authorization required
0085U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Prior authorization required
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	Prior authorization required
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Prior authorization required
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Prior authorization required
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Prior authorization required
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	Prior authorization required
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	Prior authorization required
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Prior authorization required

0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Prior authorization required
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Prior authorization required
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm report	Prior authorization required
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shige	Prior authorization required
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Prior authorization required
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A	Prior authorization required
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influ	Prior authorization required

0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Prior authorization required
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovi	Prior authorization required
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Prior authorization required
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve	Prior authorization required
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Prior authorization required
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolv	Prior authorization required
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when ind	Prior authorization required

0104U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve vari	Prior authorization required
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	Prior authorization required
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	Prior authorization required
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	Prior authorization required
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	Prior authorization required
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	Prior authorization required
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	Prior authorization required
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	Prior authorization required

0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	Prior authorization required
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	Prior authorization required
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	Prior authorization required
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	Prior authorization required
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	Prior authorization required
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	Prior authorization required
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Prior authorization required

0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	Prior authorization required
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Prior authorization required
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Prior authorization required
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	Prior authorization required
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	Prior authorization required
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Prior authorization required

0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative	Prior authorization required
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell inv	Prior authorization required
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	Prior authorization required

0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	Prior authorization required
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Prior authorization required
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	Prior authorization required
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior authorization required

0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Prior authorization required
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	Prior authorization required
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Prior authorization required
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Prior authorization required
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy	Prior authorization required
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	Prior authorization required
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Prior authorization required
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Prior authorization required

0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	Prior authorization required
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded t	Prior authorization required
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Prior authorization required
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	Prior authorization required
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	Prior authorization required
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Prior authorization required
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Prior authorization required

0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Prior authorization required
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	Prior authorization required
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	Prior authorization required
0179T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report	Prior authorization required
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant	Prior authorization required
0180T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only	Prior authorization required
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	Prior authorization required
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Prior authorization required
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	Prior authorization required

0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	Prior authorization required
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	Prior authorization required
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	Prior authorization required
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	Prior authorization required
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	Prior authorization required
0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	Prior authorization required
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	Prior authorization required
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	Prior authorization required
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	Prior authorization required
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	Prior authorization required
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	Prior authorization required

0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	Prior authorization required
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	Prior authorization required
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	Prior authorization required
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	Prior authorization required
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	Prior authorization required
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	Prior authorization required
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	Prior authorization required
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	Prior authorization required
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	Prior authorization required
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Prior authorization required

0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	Prior authorization required
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Prior authorization required
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Prior authorization required
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	Prior authorization required
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Prior authorization required
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	Prior authorization required
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Prior authorization required
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)	Prior authorization required

0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment	Prior authorization required
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Prior authorization required
0208T	Pure tone audiometry (threshold), automated; air only	Prior authorization required
0209T	Pure tone audiometry (threshold), automated; air and bone	Prior authorization required
0210T	Speech audiometry threshold, automated;	Prior authorization required
0211T	Speech audiometry threshold, automated; with speech recognition	Prior authorization required
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	Prior authorization required
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Prior authorization required
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Prior authorization required
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Prior authorization required
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Prior authorization required

0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Prior authorization required
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	Prior authorization required
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Prior authorization required
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	Prior authorization required
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	Prior authorization required
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	Prior authorization required
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	Prior authorization required
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Prior authorization required
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	Prior authorization required

0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	Prior authorization required
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	Prior authorization required
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	Prior authorization required
0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supe	Prior authorization required
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	Prior authorization required
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	Prior authorization required
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Prior authorization required

0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Prior authorization required
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Prior authorization required
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Prior authorization required
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Prior authorization required
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Prior authorization required
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Prior authorization required
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (Prior authorization required

0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (Prior authorization required
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	Prior authorization required
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Prior authorization required
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	Prior authorization required
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	Prior authorization required
0293T	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transseptal access, radiological supervision and interpretation, and associated injection procedures,	Prior authorization required

0294T	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List se	Prior authorization required
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Prior authorization required
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Prior authorization required
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report	Prior authorization required
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation	Prior authorization required
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Prior authorization required
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Prior authorization required
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermothera	Prior authorization required

0302T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrode)	Prior authorization required
0303T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; electrode only	Prior authorization required
0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; device only	Prior authorization required
0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Prior authorization required
0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Prior authorization required
0307T	Removal of intracardiac ischemia monitoring device	Prior authorization required
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	Prior authorization required
0309T	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary	Prior authorization required
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	Prior authorization required

0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	Prior authorization required
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	Prior authorization required
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Prior authorization required
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Prior authorization required
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	Prior authorization required
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	Prior authorization required
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Prior authorization required
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Prior authorization required
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Prior authorization required
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Prior authorization required
0333T	Visual evoked potential, screening of visual acuity, automated, with report	Prior authorization required
0335T	Insertion of sinus tarsi implant	Prior authorization required

0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	Prior authorization required
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation	Prior authorization required
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation	Prior authorization required
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	Prior authorization required
0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	Prior authorization required
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Prior authorization required
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Prior authorization required
0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)	Prior authorization required
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Prior authorization required
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	Prior authorization required

0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	Prior authorization required
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	Prior authorization required
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	Prior authorization required
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	Prior authorization required
0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	Prior authorization required
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	Prior authorization required
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Prior authorization required
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	Prior authorization required
0357T	Cryopreservation; immature oocyte(s)	Prior authorization required
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	Prior authorization required
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observat	Prior authorization required

0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient	Prior authorization required
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the pa	Prior authorization required
0362T	Behavior identification supporting assessment, each 15 minutes of technician time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Prior authorization required
0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more tec	Prior authorization required
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	Prior authorization required
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Prior authorization required

0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	Prior authorization required
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Prior authorization required
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	Prior authorization required
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	Prior authorization required
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Prior authorization required
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Prior authorization required
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	Prior authorization required

0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technician time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	Prior authorization required
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technician time face-to-face with patient (List separately in addition to code for primary procedure)	Prior authorization required
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	Prior authorization required
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	Prior authorization required
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	Prior authorization required
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified	Prior authorization required

0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Prior authorization required
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	Prior authorization required
0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation only	Prior authorization required
0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	Prior authorization required
0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	Prior authorization required
0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	Prior authorization required

0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	Prior authorization required
0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	Prior authorization required
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	Prior authorization required
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	Prior authorization required
0389T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system	Prior authorization required
0390T	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	Prior authorization required
0391T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	Prior authorization required

0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Prior authorization required
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)	Prior authorization required
0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	Prior authorization required
0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	Prior authorization required
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Prior authorization required
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Prior authorization required
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Prior authorization required
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Prior authorization required
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Prior authorization required
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	Prior authorization required

0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	Prior authorization required
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	Prior authorization required
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	Prior authorization required
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Prior authorization required
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)	Prior authorization required
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	Prior authorization required
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	Prior authorization required
0487T	Biomechanical mapping, transvaginal, with report	Prior authorization required
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days	Prior authorization required
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determi	Prior authorization required

0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Prior authorization required
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	Prior authorization required
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Prior authorization required
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Prior authorization required
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	Prior authorization required
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care	Prior authorization required
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Prior authorization required
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	Prior authorization required
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	Prior authorization required

0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	Prior authorization required
0510T	Removal of sinus tarsi implant	Prior authorization required
0511T	Removal and reinsertion of sinus tarsi implant	Prior authorization required
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Prior authorization required
0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Prior authorization required
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	Prior authorization required
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	Prior authorization required
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	Prior authorization required
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	Prior authorization required
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Prior authorization required

0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Prior authorization required
0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	Prior authorization required
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	Prior authorization required
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	Prior authorization required
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	Prior authorization required
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Prior authorization required
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Prior authorization required
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Prior authorization required
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Prior authorization required

0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	Prior authorization required
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	Prior authorization required
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Prior authorization required
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone	Prior authorization required
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	Prior authorization required
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	Prior authorization required

0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	Prior authorization required
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Prior authorization required
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Prior authorization required
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	Prior authorization required
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Prior authorization required
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	Prior authorization required
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Prior authorization required
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	Prior authorization required
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary le	Prior authorization required

0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Prior authorization required
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	Prior authorization required
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	Prior authorization required
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	Prior authorization required
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	Prior authorization required
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	Prior authorization required
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	Prior authorization required
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 da	Prior authorization required

0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care p	Prior authorization required
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted t	Prior authorization required
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted t	Prior authorization required
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and	Prior authorization required
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Prior authorization required
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Prior authorization required
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Prior authorization required

0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Prior authorization required
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	Prior authorization required
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Prior authorization required
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	Prior authorization required
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Prior authorization required
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Prior Authorization required
A0436	Rotary wing air mileage, per statute mile	Prior authorization required
A0999	Unlisted ambulance service	Prior authorization required
A4206	Syringe with needle, sterile, 1 cc or less, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4207	Syringe with needle, sterile 2 cc, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4208	Syringe with needle, sterile 3 cc, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4209	Syringe with needle, sterile 5 cc or greater, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4210	Needle-free injection device, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4211	Supplies for self-administered injections	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4212	Noncoring needle or stylet with or without catheter	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4213	Syringe, sterile, 20 cc or greater, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4215	Needle, sterile, any size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4217	Sterile water/saline, 500 ml	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4220	Refill kit for implantable infusion pump	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4224	Supplies for maintenance of insulin infusion catheter, per week	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Prior authorization required
A4230	Infusion set for external insulin pump, nonneedle cannula type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4231	Infusion set for external insulin pump, needle type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4244	Alcohol or peroxide, per pint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4245	Alcohol wipes, per box	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4246	Betadine or pHisoHex solution, per pint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4247	Betadine or iodine swabs/wipes, per box	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4248	Chlorhexidine containing antiseptic, 1 ml	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4250	Urine test or reagent strips or tablets (100 tablets or strips)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4252	Blood ketone test or reagent strip, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4255	Platforms for home blood glucose monitor, 50 per box	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4256	Normal, low, and high calibrator solution/chips	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4258	Spring-powered device for lancet, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4259	Lancets, per box of 100	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4262	Temporary, absorbable lacrimal duct implant, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4263	Permanent, long-term, nondissolvable lacrimal duct implant, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4265	Paraffin, per pound	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4267	Contraceptive supply, condom, male, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4268	Contraceptive supply, condom, female, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4270	Disposable endoscope sheath, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4281	Tubing for breast pump, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4282	Adapter for breast pump, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4283	Cap for breast pump bottle, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4284	Breast shield and splash protector for use with breast pump, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4285	Polycarbonate bottle for use with breast pump, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4286	Locking ring for breast pump, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4290	Sacral nerve stimulation test lead, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4310	Insertion tray without drainage bag and without catheter (accessories only)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4320	Irrigation tray with bulb or piston syringe, any purpose	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4321	Therapeutic agent for urinary catheter irrigation	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4322	Irrigation syringe, bulb or piston, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4326	Male external catheter with integral collection chamber, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4327	Female external urinary collection device; meatal cup, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4328	Female external urinary collection device; pouch, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4330	Perianal fecal collection pouch with adhesive, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4332	Lubricant, individual sterile packet, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4334	Urinary catheter anchoring device, leg strap, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4335	Incontinence supply; miscellaneous	Prior authorization required
A4336	Incontinence supply, urethral insert, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4337	Incontinence supply, rectal insert, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4346	Indwelling catheter; Foley type, three-way for continuous irrigation, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4349	Male external catheter, with or without adhesive, disposable, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4353	Intermittent urinary catheter, with insertion supplies	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4354	Insertion tray with drainage bag but without catheter	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4361	Ostomy faceplate, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4362	Skin barrier; solid, 4 x 4 or equivalent; each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4363	Ostomy clamp, any type, replacement only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4364	Adhesive, liquid or equal, any type, per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4366	Ostomy vent, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4367	Ostomy belt, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4368	Ostomy filter, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4371	Ostomy skin barrier, powder, per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4384	Ostomy faceplate equivalent, silicone ring, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4391	Ostomy pouch, urinary, with extended wear barrier attached (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4396	Ostomy belt with peristomal hernia support	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4397	Irrigation supply; sleeve, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4398	Ostomy irrigation supply; bag, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4400	Ostomy irrigation set	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4402	Lubricant, per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4404	Ostomy ring, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4405	Ostomy skin barrier, nonpectin-based, paste, per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4406	Ostomy skin barrier, pectin-based, paste, per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), without filter, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), with filter, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4419	Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4421	Ostomy supply; miscellaneous	Prior authorization required
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4450	Tape, nonwaterproof, per 18 sq in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4452	Tape, waterproof, per 18 sq in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4456	Adhesive remover, wipes, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4458	Enema bag with tubing, reusable	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4461	Surgical dressing holder, nonreusable, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4463	Surgical dressing holder, reusable, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4465	Nonelastic binder for extremity	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4467	Belt, strap, sleeve, garment, or covering, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4470	Gravlee jet washer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4480	VABRA aspirator	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4481	Tracheostoma filter, any type, any size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4490	Surgical stockings above knee length, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4495	Surgical stockings thigh length, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4500	Surgical stockings below knee length, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4510	Surgical stockings full-length, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4550	Surgical trays	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4553	Nondisposable underpads, all sizes	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4554	Disposable underpads, all sizes	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4556	Electrodes (e.g., Apnea monitor), per pair	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4557	Lead wires (e.g., apnea monitor), per pair	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4559	Coupling gel or paste, for use with ultrasound device, per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4561	Pessary, rubber, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4562	Pessary, nonrubber, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	Prior authorization required
A4565	Slings	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4570	Splint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4575	Topical hyperbaric oxygen chamber, disposable	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4580	Cast supplies (e.g., plaster)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4590	Special casting material (e.g., fiberglass)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4600	Sleeve for intermittent limb compression device, replacement only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4601	Lithium-ion battery, rechargeable, for nonprosthetic use, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4604	Tubing with integrated heating element for use with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4605	Tracheal suction catheter, closed system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4606	Oxygen probe for use with oximeter device, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4608	Transtracheal oxygen catheter, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4611	Battery, heavy-duty; replacement for patient-owned ventilator	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4612	Battery cables; replacement for patient-owned ventilator	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4613	Battery charger; replacement for patient-owned ventilator	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4614	Peak expiratory flow rate meter, hand held	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4615	Cannula, nasal	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4616	Tubing (oxygen), per foot	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4617	Mouthpiece	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4618	Breathing circuits	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4619	Face tent	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4620	Variable concentration mask	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4623	Tracheostomy, inner cannula	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4624	Tracheal suction catheter, any type other than closed system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4625	Tracheostomy care kit for new tracheostomy	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4626	Tracheostomy cleaning brush, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4628	Oropharyngeal suction catheter, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4629	Tracheostomy care kit for established tracheostomy	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4634	Replacement bulb for therapeutic light box, tabletop model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4635	Underarm pad, crutch, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4636	Replacement, handgrip, cane, crutch, or walker, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4637	Replacement, tip, cane, crutch, walker, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4638	Replacement battery for patient-owned ear pulse generator, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4639	Replacement pad for infrared heating pad system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4649	Surgical supply; miscellaneous	Prior authorization required
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4663	Blood pressure cuff only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4670	Automatic blood pressure monitor	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A4913	Miscellaneous dialysis supplies, not otherwise specified	Prior authorization required
A4927	Gloves, nonsterile, per 100	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A4930	Gloves, sterile, per pair	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5051	Ostomy pouch, closed; with barrier attached (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5052	Ostomy pouch, closed; without barrier attached (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5053	Ostomy pouch, closed; for use on faceplate, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5055	Stoma cap	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5061	Ostomy pouch, drainable; with barrier attached, (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5062	Ostomy pouch, drainable; without barrier attached (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5063	Ostomy pouch, drainable; for use on barrier with flange (two-piece system), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5071	Ostomy pouch, urinary; with barrier attached (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5072	Ostomy pouch, urinary; without barrier attached (one piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A5081	Stoma plug or seal, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5082	Continent device; catheter for continent stoma	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5083	Continent device, stoma absorptive cover for continent stoma	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5093	Ostomy accessory; convex insert	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5105	Urinary suspensory with leg bag, with or without tube, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A5113	Leg strap; latex, replacement only, per set	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5114	Leg strap; foam or fabric, replacement only, per set	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5120	Skin barrier, wipes or swabs, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5126	Adhesive or nonadhesive; disk or foam pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer o	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shapin	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6010	Collagen based wound filler, dry form, sterile, per g of collagen	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6011	Collagen based wound filler, gel/paste, per g of collagen	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6021	Collagen dressing, sterile, size 16 sq in or less, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6022	Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6023	Collagen dressing, sterile, size more than 48 sq in, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6024	Collagen dressing wound filler, sterile, per 6 in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6154	Wound pouch, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6203	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6204	Composite dressing, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6205	Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6206	Contact layer, sterile, 16 sq in or less, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6208	Contact layer, sterile, more than 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6215	Foam dressing, wound filler, sterile, per g	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6217	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6218	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6220	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6221	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in but less than or equal to 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per g	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6248	Hydrogel dressing, wound filler, gel, per fl oz	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6257	Transparent film, sterile, 16 sq in or less, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6258	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6259	Transparent film, sterile, more than 48 sq in, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6260	Wound cleansers, any type, any size	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6261	Wound filler, gel/paste, per fl oz, not otherwise specified	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6262	Wound filler, dry form, per g, not otherwise specified	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6403	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6404	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6407	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6410	Eye pad, sterile, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6411	Eye pad, nonsterile, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6412	Eye patch, occlusive, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6413	Adhesive bandage, first aid type, any size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6441	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6443	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6445	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6446	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6454	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6457	Tubular dressing with or without elastic, any width, per linear yd	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Prior authorization required

A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Prior authorization required
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6502	Compression burn garment, chin strap, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6503	Compression burn garment, facial hood, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6504	Compression burn garment, glove to wrist, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6505	Compression burn garment, glove to elbow, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6506	Compression burn garment, glove to axilla, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6507	Compression burn garment, foot to knee length, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6508	Compression burn garment, foot to thigh length, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6512	Compression burn garment, not otherwise classified	Prior authorization required
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A6538	Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6544	Gradient compression stocking, garter belt	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A6549	Gradient compression stocking/sleeve, not otherwise specified	Prior authorization required
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	Prior authorization required

A7000	Canister, disposable, used with suction pump, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7001	Canister, nondisposable, used with suction pump, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7002	Tubing, used with suction pump, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7006	Administration set, with small volume filtered pneumatic nebulizer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7009	Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7012	Water collection device, used with large volume nebulizer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7015	Aerosol mask, used with DME nebulizer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7020	Interface for cough stimulating device, includes all components, replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7030	Full face mask used with positive airway pressure device, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7031	Face mask interface, replacement for full face mask, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7032	Cushion for use on nasal mask interface, replacement only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7035	Headgear used with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7036	Chinstrap used with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7037	Tubing used with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7038	Filter, disposable, used with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7039	Filter, nondisposable, used with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7040	One way chest drain valve	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7041	Water seal drainage container and tubing for use with implanted chest tube	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7044	Oral interface used with positive airway pressure device, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7047	Oral interface used with respiratory suction pump, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7501	Tracheostoma valve, including diaphragm, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7520	Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or equal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7523	Tracheostomy shower protector, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7524	Tracheostoma stent/stud/button, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7525	Tracheostomy mask, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

A7526	Tracheostomy tube collar/holder, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A7527	Tracheostomy/laryngectomy tube plug/stop, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A8004	Soft interface for helmet, replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A9270	Noncovered item or service	Prior authorization required

A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Prior authorization required
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	Prior authorization required
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Prior authorization required
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Prior authorization required
A9284	Spirometer, nonelectronic, includes all accessories	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	Prior authorization required
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified	Prior authorization required
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Prior authorization required
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Prior authorization required
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Prior authorization required
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
B4081	Nasogastric tubing with stylet	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
B4082	Nasogastric tubing without stylet	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
B4083	Stomach tube - Levine type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
B4100	Food thickener, administered orally, per oz	Prior authorization required
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Prior authorization required
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Prior authorization required
B4104	Additive for enteral formula (e.g., fiber)	Prior authorization required

B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 ca	Prior authorization required
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral fee	Prior authorization required
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through	Prior authorization required

B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feedi	Prior authorization required
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Prior authorization required

B4222	Parenteral nutrition supply kit; home mix, per day	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
B9002	Enteral nutrition infusion pump, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
C1767	Generator, neurostimulator (implantable), nonrechargeable	Prior authorization required for billed chargers greater than or equal to \$750.00
C1778	Lead, neurostimulator (implantable)	Prior authorization required for billed chargers greater than or equal to \$750.00
C1814	Retinal tamponade device, silicone oil	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
C1818	Integrated keratoprosthesis	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
C1819	Surgical tissue localization and excision device (implantable)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	Prior authorization required
C1824	Generator, cardiac contractility modulation (implantable)	Prior authorization required
C1849	Skin substitute, synthetic, resorbable, per sq cm	Prior authorization required

C1884	Embolization protective system	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	Prior authorization required
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	Prior authorization required
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming; complete system (includes device and electrode)	Prior authorization required
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	Prior authorization required
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	Prior authorization required
C9760	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/i	Prior authorization required
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Prior authorization required

C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Prior authorization required
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0130	Walker, rigid (pickup), adjustable or fixed height	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0135	Walker, folding (pickup), adjustable or fixed height	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0140	Walker, with trunk support, adjustable or fixed height, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0141	Walker, rigid, wheeled, adjustable or fixed height	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0143	Walker, folding, wheeled, adjustable or fixed height	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0153	Platform attachment, forearm crutch, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0154	Platform attachment, walker, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0155	Wheel attachment, rigid pick-up walker, per pair	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0156	Seat attachment, walker	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0157	Crutch attachment, walker, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0158	Leg extensions for walker, per set of four	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0159	Brake attachment for wheeled walker, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0163	Commode chair, mobile or stationary, with fixed arms	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0165	Commode chair, mobile or stationary, with detachable arms	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0167	Pail or pan for use with commode chair, replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0175	Footrest, for use with commode chair, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0182	Pump for alternating pressure pad, for replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0184	Dry pressure mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0186	Air pressure mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0187	Water pressure mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0188	Synthetic sheepskin pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0189	Lambswool sheepskin pad, any size	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0196	Gel pressure mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0197	Air pressure pad for mattress, standard mattress length and width	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0198	Water pressure pad for mattress, standard mattress length and width	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0199	Dry pressure pad for mattress, standard mattress length and width	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0202	Phototherapy (bilirubin) light with photometer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	Prior authorization required
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0240	Bath/shower chair, with or without wheels, any size	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0241	Bathtub wall rail, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0242	Bathtub rail, floor base	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0243	Toilet rail, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0244	Raised toilet seat	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0245	Tub stool or bench	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0246	Transfer tub rail attachment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0251	Hospital bed, fixed height, with any type side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0271	Mattress, innerspring	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0272	Mattress, foam rubber	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0275	Bed pan, standard, metal or plastic	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0276	Bed pan, fracture, metal or plastic	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0290	Hospital bed, fixed height, without side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0291	Hospital bed, fixed height, without side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0305	Bedside rails, half-length	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0310	Bedside rails, full-length	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0325	Urinal; male, jug-type, any material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0326	Urinal; female, jug-type, any material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0350	Control unit for electronic bowel irrigation/evacuation system	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0370	Air pressure elevator for heel	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0372	Powered air overlay for mattress, standard mattress length and width	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0373	Nonpowered advanced pressure reducing mattress	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Prior authorization required
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Prior authorization required
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Prior authorization required
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Prior authorization required
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Prior authorization required
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Prior authorization required
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Prior authorization required
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Prior authorization required
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Prior authorization required
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Prior authorization required
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	Prior authorization required

E0445	Oximeter device for measuring blood oxygen levels noninvasively	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Prior authorization required
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Prior authorization required
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0480	Percussor, electric or pneumatic, home model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0482	Cough stimulating device, alternating positive and negative airway pressure	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0487	Spirometer, electronic, includes all accessories	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0550	Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0560	Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0561	Humidifier, nonheated, used with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0562	Humidifier, heated, used with positive airway pressure device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0570	Nebulizer, with compressor	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0585	Nebulizer, with compressor and heater	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0600	Respiratory suction pump, home model, portable or stationary, electric	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0601	Continuous positive airway pressure (CPAP) device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0603	Breast pump, electric (AC and/or DC), any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0607	Home blood glucose monitor	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0619	Apnea monitor, with recording feature	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0621	Sling or seat, patient lift, canvas or nylon	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Prior authorization required
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Prior authorization required

E0650	Pneumatic compressor, nonsegmental home model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0671	Segmental gradient pressure pneumatic appliance, full leg	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0672	Segmental gradient pressure pneumatic appliance, full arm	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0673	Segmental gradient pressure pneumatic appliance, half leg	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0705	Transfer device, any type, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	Prior authorization required
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Prior authorization required
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Prior authorization required

E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Prior authorization required
E0776	IV pole	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Prior authorization required
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Prior authorization required
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Prior authorization required
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Prior authorization required
E0784	External ambulatory infusion pump, insulin	Prior authorization required
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Prior authorization required
E0791	Parenteral infusion pump, stationary, single, or multichannel	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0840	Traction frame, attached to headboard, cervical traction	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0850	Traction stand, free standing, cervical traction	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0855	Cervical traction equipment not requiring additional stand or frame	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0860	Traction equipment, overdoor, cervical	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0880	Traction stand, freestanding, extremity traction (e.g., Buck's)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0890	Traction frame, attached to footboard, pelvic traction	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0900	Traction stand, freestanding, pelvic traction (e.g., Buck's)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0920	Fracture frame, attached to bed, includes weights	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0930	Fracture frame, freestanding, includes weights	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0935	Continuous passive motion exercise device for use on knee only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0940	Trapeze bar, freestanding, complete with grab bar	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E0941	Gravity assisted traction device, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0942	Cervical head harness/halter	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0944	Pelvic belt/harness/boot	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0945	Extremity belt/harness	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, four-poster)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0947	Fracture frame, attachments for complex pelvic traction	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0948	Fracture frame, attachments for complex cervical traction	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0950	Wheelchair accessory, tray, each	Prior authorization required

E0951	Heel loop/holder, any type, with or without ankle strap, each	Prior authorization required with billed charges greater than or equal to \$750.
E0952	Toe loop/holder, any type, each	Prior authorization required with billed charges greater than or equal to \$750.
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Prior authorization required with billed charges greater than or equal to \$750.
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Prior authorization required with billed charges greater than or equal to \$750.
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Prior authorization required with billed charges greater than or equal to \$750.
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Prior authorization required
E0959	Manual wheelchair accessory, adapter for amputee, each	Prior authorization required with billed charges greater than or equal to \$750.
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Prior authorization required with billed charges greater than or equal to \$750.
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Prior authorization required with billed charges greater than or equal to \$750.
E0966	Manual wheelchair accessory, headrest extension, each	Prior authorization required with billed charges greater than or equal to \$750.
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Prior authorization required
E0968	Commode seat, wheelchair	Prior authorization required

E0969	Narrowing device, wheelchair	Prior authorization required
E0970	No. 2 footplates, except for elevating legrest	Prior authorization required
E0971	Manual wheelchair accessory, antitipping device, each	Prior authorization required with billed charges greater than or equal to \$750.
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Prior authorization required with billed charges greater than or equal to \$750.
E0974	Manual wheelchair accessory, antirollback device, each	Prior authorization required with billed charges greater than or equal to \$750.
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Prior authorization required with billed charges greater than or equal to \$750.
E0980	Safety vest, wheelchair	Prior authorization required with billed charges greater than or equal to \$750.
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Prior authorization required
E0982	Wheelchair accessory, back upholstery, replacement only, each	Prior authorization required
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Prior authorization required
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Prior authorization required
E0985	Wheelchair accessory, seat lift mechanism	Prior authorization required
E0986	Manual wheelchair accessory, push-rim activated power assist system	Prior authorization required
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	Prior authorization required
E0990	Wheelchair accessory, elevating legrest, complete assembly, each	Prior authorization required
E0992	Manual wheelchair accessory, solid seat insert	Prior authorization required
E0994	Armrest, each	Prior authorization required with billed charges greater than or equal to \$750.
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
E1002	Wheelchair accessory, power seating system, tilt only	Prior authorization required

E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Prior authorization required
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Prior authorization required
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Prior authorization required
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Prior authorization required
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Prior authorization required
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Prior authorization required
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	Prior authorization required
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Prior authorization required
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Prior authorization required
E1014	Reclining back, addition to pediatric size wheelchair	Prior authorization required
E1015	Shock absorber for manual wheelchair, each	Prior authorization required with billed charges greater than or equal to \$750.
E1016	Shock absorber for power wheelchair, each	Prior authorization required with billed charges greater than or equal to \$750.
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	Prior authorization required
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	Prior authorization required
E1020	Residual limb support system for wheelchair, any type	Prior authorization required

E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Prior authorization required
E1029	Wheelchair accessory, ventilator tray, fixed	Prior authorization required
E1030	Wheelchair accessory, ventilator tray, gimbaled	Prior authorization required
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Prior authorization required
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	Prior authorization required
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Prior authorization required
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	Prior authorization required
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	Prior authorization required
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	Prior authorization required

E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Prior authorization required
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Prior authorization required
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	Prior authorization required
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	Prior authorization required
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Prior authorization required
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	Prior authorization required
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	Prior authorization required
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Prior authorization required
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	Prior authorization required
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	Prior authorization required
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Prior authorization required
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	Prior authorization required
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Prior authorization required
E1161	Manual adult size wheelchair, includes tilt in space	Prior authorization required
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Prior authorization required

E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	Prior authorization required
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	Prior authorization required
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	Prior authorization required
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	Prior authorization required
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Prior authorization required
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	Prior authorization required
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Prior authorization required
E1221	Wheelchair with fixed arm, footrests	Prior authorization required
E1222	Wheelchair with fixed arm, elevating legrests	Prior authorization required
E1223	Wheelchair with detachable arms, footrests	Prior authorization required
E1224	Wheelchair with detachable arms, elevating legrests	Prior authorization required
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Prior authorization required
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Prior authorization required
E1227	Special height arms for wheelchair	Prior authorization required
E1228	Special back height for wheelchair	Prior authorization required
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Prior authorization required
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Prior authorization required
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Prior authorization required

E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Prior authorization required
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Prior authorization required
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Prior authorization required
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Prior authorization required
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Prior authorization required
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	Prior authorization required
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	Prior authorization required
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Prior authorization required
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Prior authorization required
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	Prior authorization required
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	Prior authorization required
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Prior authorization required
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	Prior authorization required
E1296	Special wheelchair seat height from floor	Prior authorization required
E1297	Special wheelchair seat depth, by upholstery	Prior authorization required
E1298	Special wheelchair seat depth and/or width, by construction	Prior authorization required

E1355	Stand/rack	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Prior authorization required
E1392	Portable oxygen concentrator, rental	Prior authorization required
E1399	Durable medical equipment, miscellaneous	Prior authorization required
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1632	Wearable artificial kidney, each	Prior authorization required
E1699	Dialysis equipment, not otherwise specified	Prior authorization required
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E1902	Communication board, nonelectronic augmentative or alternative communication device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	Prior authorization required

E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	Prior authorization required
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	Prior authorization required
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	Prior authorization required
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	Prior authorization required
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Prior authorization required
E2207	Wheelchair accessory, crutch and cane holder, each	Prior authorization required
E2208	Wheelchair accessory, cylinder tank carrier, each	Prior authorization required
E2209	Accessory, arm trough, with or without hand support, each	Prior authorization required
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Prior authorization required
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Prior authorization required
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Prior authorization required
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Prior authorization required
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Prior authorization required
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Prior authorization required
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Prior authorization required
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Prior authorization required

E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Prior authorization required
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Prior authorization required
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	Prior authorization required
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Prior authorization required
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Prior authorization required
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	Prior authorization required
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Prior authorization required
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Prior authorization required
E2230	Manual wheelchair accessory, manual standing system	Prior authorization required
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Prior authorization required
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Prior authorization required
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Prior authorization required

E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Prior authorization required
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Prior authorization required
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Prior authorization required
E2324	Power wheelchair accessory, chin cup for chin control interface	Prior authorization required
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Prior authorization required
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Prior authorization required
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Prior authorization required
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Prior authorization required
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Prior authorization required
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Prior authorization required

E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Prior authorization required
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	Prior authorization required
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	Prior authorization required
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	Prior authorization required
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	Prior authorization required
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Prior authorization required
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	Prior authorization required
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	Prior authorization required
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	Prior authorization required
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Prior authorization required
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	Prior authorization required
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Prior authorization required
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	Prior authorization required
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Prior authorization required

E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	Prior authorization required
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	Prior authorization required
E2368	Power wheelchair component, drive wheel motor, replacement only	Prior authorization required
E2369	Power wheelchair component, drive wheel gear box, replacement only	Prior authorization required
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Prior authorization required
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Prior authorization required
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	Prior authorization required
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	Prior authorization required
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Prior authorization required
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Prior authorization required
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Prior authorization required
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Prior authorization required

E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Prior authorization required
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Prior authorization required
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Prior authorization required
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Prior authorization required
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Prior authorization required
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Prior authorization required
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Prior authorization required
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Prior authorization required
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Prior authorization required
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Prior authorization required
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Prior authorization required
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Prior authorization required
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Prior authorization required
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Prior authorization required
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	Prior authorization required

E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Prior authorization required
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Prior authorization required
E2512	Accessory for speech generating device, mounting system	Prior authorization required
E2599	Accessory for speech generating device, not otherwise classified	Prior authorization required
E2601	General use wheelchair seat cushion, width less than 22 in, any depth	Prior authorization required
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth	Prior authorization required
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth	Prior authorization required
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	Prior authorization required
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	Prior authorization required
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	Prior authorization required
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	Prior authorization required
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	Prior authorization required
E2609	Custom fabricated wheelchair seat cushion, any size	Prior authorization required
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	Prior authorization required
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	Prior authorization required

E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	Prior authorization required
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	Prior authorization required
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Prior authorization required
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	Prior authorization required
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Prior authorization required
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Prior authorization required
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Prior authorization required
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Prior authorization required
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	Prior authorization required
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	Prior authorization required
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	Prior authorization required
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	Prior authorization required
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Prior authorization required

E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	Prior authorization required
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Prior authorization required
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Prior authorization required
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Prior authorization required
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Prior authorization required
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Prior authorization required
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Prior authorization required
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
G0068	Professional services for the administration of antiinfective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Prior authorization required
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	Prior authorization required
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	Prior authorization required

G0076	Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0077	Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0078	Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0079	Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0080	Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0081	Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0082	Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required

G0083	Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0085	Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0086	Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0087	Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Prior authorization required
G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes	Prior authorization required after the 6th visit
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Prior authorization required after 18 visits per calendar year
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Prior authorization required after 18 visits per calendar year
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Prior authorization required after 18 visits per calendar year

G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Prior authorization required after 18 visits per calendar year
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Prior authorization required
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Prior authorization required
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Prior authorization required
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Prior authorization required
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Prior authorization required
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	Prior authorization required
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Prior authorization required

G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period	Prior authorization required
G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period	Prior authorization required
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	Prior authorization required
G0219	PET imaging whole body; melanoma for noncovered indications	Prior authorization required
G0235	PET imaging, any site, not otherwise specified	Prior authorization required
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Prior authorization required
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Prior authorization required

G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial	Prior authorization required
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Prior authorization required
G0297	Low dose CT scan (LDCT) for lung cancer screening	Prior authorization required
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Prior authorization required after the 6th visit
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Prior authorization required after the 6th visit
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Prior authorization required after the 13th visit.
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Prior authorization required
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	Prior authorization required
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Prior authorization required
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Prior authorization required
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Prior authorization required

G0451	Development testing, with interpretation and report, per standardized instrument form	Prior authorization required
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	Prior authorization required
G0490	Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)	Prior authorization required
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Prior authorization required after the 6th visit
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Prior authorization required after the 6th visit
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Prior authorization required after the 6th visit
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Prior authorization required after the 6th visit

G0502	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies	Prior authorization required
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G0503	<p>Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment</p>	Prior authorization required
G0504	<p>Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure); (use G0504 in conjunction with G0502, G0503)</p>	Prior authorization required

G0507	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team	Prior authorization required
G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	Prior authorization required after the 13th visit.
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	Prior authorization required

G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, noncovered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session	Prior authorization required
G2001	Brief (20 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2002	Limited (30 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2003	Moderate (45 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2004	Comprehensive (60 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required

G2005	Extensive (75 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2006	Brief (20 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2007	Limited (30 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2008	Moderate (45 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2009	Comprehensive (60 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required

G2013	Extensive (75 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Prior authorization required
G2015	Comprehensive (60 minutes) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)	Prior authorization required
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Prior authorization required
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Prior authorization required
G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and i	Prior authorization required

G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and inter	Prior authorization required
G9012	Other specified case management service not elsewhere classified	Prior authorization required
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Prior authorization required
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes	Prior authorization required
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes	Prior authorization required
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes	Prior authorization required
G9949	Leg pain was not measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively	Prior authorization required
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	Prior authorization required
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Notification required for first day 5 days. Prior authorization required for 6+ days.
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Prior authorization required

H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Prior authorization required
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	Prior authorization required
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Prior authorization required
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	Prior authorization required
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Prior authorization required
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	Prior authorization required
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Prior authorization required
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Prior authorization required
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Prior authorization required
H0039	Assertive community treatment, face-to-face, per 15 minutes	Prior authorization required
H0040	Assertive community treatment program, per diem	Prior authorization required
H0041	Foster care, child, nontherapeutic, per diem	Prior authorization required
H0042	Foster care, child, nontherapeutic, per month	Prior authorization required
H0043	Supported housing, per diem	Prior authorization required

H0044	Supported housing, per month	Prior authorization required
H0045	Respite care services, not in the home, per diem	Prior authorization required
H0046	Mental health services, not otherwise specified	Prior authorization required
H1000	Prenatal care, at-risk assessment	Prior authorization required
H1001	Prenatal care, at-risk enhanced service; antepartum management	Prior authorization required
H1002	Prenatal care, at risk enhanced service; care coordination	Prior authorization required
H1003	Prenatal care, at-risk enhanced service; education	Prior authorization required
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	Prior authorization required
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	Prior authorization required
H2001	Rehabilitation program, per 1/2 day	Prior authorization required
H2011	Crisis intervention service, per 15 minutes	Prior authorization required
H2012	Behavioral health day treatment, per hour	Prior authorization required
H2013	Psychiatric health facility service, per diem	Prior authorization required
H2014	Skills training and development, per 15 minutes	Prior authorization required
H2015	Comprehensive community support services, per 15 minutes	Prior authorization required
H2016	Comprehensive community support services, per diem	Prior authorization required
H2017	Psychosocial rehabilitation services, per 15 minutes	Prior authorization required
H2018	Psychosocial rehabilitation services, per diem	Prior authorization required
H2019	Therapeutic behavioral services, per 15 minutes	Prior authorization required
H2020	Therapeutic behavioral services, per diem	Prior authorization required
H2021	Community-based wrap-around services, per 15 minutes	Prior authorization required
H2022	Community-based wrap-around services, per diem	Prior authorization required
H2023	Supported employment, per 15 minutes	Prior authorization required
H2024	Supported employment, per diem	Prior authorization required
H2025	Ongoing support to maintain employment, per 15 minutes	Prior authorization required
H2026	Ongoing support to maintain employment, per diem	Prior authorization required
H2027	Psychoeducational service, per 15 minutes	Prior authorization required
H2028	Sexual offender treatment service, per 15 minutes	Prior authorization required

H2029	Sexual offender treatment service, per diem	Prior authorization required
H2030	Mental health clubhouse services, per 15 minutes	Prior authorization required
H2031	Mental health clubhouse services, per diem	Prior authorization required
H2032	Activity therapy, per 15 minutes	Prior authorization required
H2033	Multisystemic therapy for juveniles, per 15 minutes	Prior authorization required
H2034	Alcohol and/or drug abuse halfway house services, per diem	Prior authorization required
H2036	Alcohol and/or other drug treatment program, per diem	Prior authorization required
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Prior authorization required
K0001	Standard wheelchair	Prior authorization required
K0002	Standard hemi (low seat) wheelchair	Prior authorization required
K0003	Lightweight wheelchair	Prior authorization required
K0004	High strength, lightweight wheelchair	Prior authorization required
K0005	Ultralightweight wheelchair	Prior authorization required
K0006	Heavy-duty wheelchair	Prior authorization required
K0007	Extra heavy-duty wheelchair	Prior authorization required
K0009	Other manual wheelchair/base	Prior authorization required
K0010	Standard-weight frame motorized/power wheelchair	Prior authorization required
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Prior authorization required
K0012	Lightweight portable motorized/power wheelchair	Prior authorization required
K0013	Custom motorized/power wheelchair base	Prior authorization required
K0014	Other motorized/power wheelchair base	Prior authorization required
K0015	Detachable, nonadjustable height armrest, each	Prior authorization required with billed charges greater than or equal to \$750.
K0017	Detachable, adjustable height armrest, base, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.

K0019	Arm pad, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0020	Fixed, adjustable height armrest, pair	Prior authorization required with billed charges greater than or equal to \$750.
K0037	High mount flip-up footrest, each	Prior authorization required with billed charges greater than or equal to \$750.
K0038	Leg strap, each	Prior authorization required with billed charges greater than or equal to \$750.
K0039	Leg strap, H style, each	Prior authorization required with billed charges greater than or equal to \$750.
K0040	Adjustable angle footplate, each	Prior authorization required with billed charges greater than or equal to \$750.
K0041	Large size footplate, each	Prior authorization required with billed charges greater than or equal to \$750.
K0042	Standard size footplate, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0043	Footrest, lower extension tube, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0044	Footrest, upper hanger bracket, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0045	Footrest, complete assembly, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0046	Elevating legrest, lower extension tube, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0050	Ratchet assembly, replacement only	Prior authorization required with billed charges greater than or equal to \$750.
K0051	Cam release assembly, footrest or legrest, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.

K0052	Swingaway, detachable footrests, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0053	Elevating footrests, articulating (telescoping), each	Prior authorization required with billed charges greater than or equal to \$750.
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	Prior authorization required with billed charges greater than or equal to \$750.
K0065	Spoke protectors, each	Prior authorization required with billed charges greater than or equal to \$750.
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0073	Caster pin lock, each	Prior authorization required with billed charges greater than or equal to \$750.
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Prior authorization required with billed charges greater than or equal to \$750.
K0098	Drive belt for power wheelchair, replacement only	Prior authorization required with billed charges greater than or equal to \$750.
K0105	Iv hanger, each	Prior authorization required with billed charges greater than or equal to \$750.
K0108	Wheelchair component or accessory, not otherwise specified	Prior authorization required
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	Prior authorization required

K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
K0552	Supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Prior authorization required
K0730	Controlled dose inhalation drug delivery system	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Prior authorization required
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Prior authorization required
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Prior authorization required
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Prior authorization required
K0743	Suction pump, home model, portable, for use on wounds	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required

K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Prior authorization required
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior authorization required
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Prior authorization required
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior authorization required
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Prior authorization required
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Prior authorization required
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior authorization required

K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior authorization required
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Prior authorization required
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior authorization required
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Prior authorization required
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior authorization required
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Prior authorization required
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required

K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Prior authorization required
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Prior authorization required
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior authorization required
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior authorization required
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior authorization required
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior authorization required

K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Prior authorization required
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior authorization required
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior authorization required
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior authorization required
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Prior authorization required
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Prior authorization required
K0898	Power wheelchair, not otherwise classified	Prior authorization required
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Prior authorization required

L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0170	Cervical, collar, molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0220	Thoracic, rib belt, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L0450	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0455	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0457	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0467	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0469	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0472	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0643	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0649	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0810	Halo procedure, cervical halo incorporated into jacket vest	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0970	Thoracic-lumbar-sacral orthosis (TLSO), corset front	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0972	Lumbar-sacral orthosis (LSO), corset front	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0974	Thoracic-lumbar-sacral orthosis (TLSO), full corset	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0976	Lumbar-sacral orthosis (LSO), full corset	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0978	Axillary crutch extension	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L0984	Protective body sock, prefabricated, off-the-shelf, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L0999	Addition to spinal orthosis, not otherwise specified	Prior authorization required
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTL SO) (Milwaukee), inclusive of furnishing initial orthotic, including model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1001	Cervical-thoracic-lumbar-sacral orthosis (CTL SO), immobilizer, infant size, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, axilla sling	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1020	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, kyphosis pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1025	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, kyphosis pad, floating	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1030	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, lumbar bolster pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L1040	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, lumbar or lumbar rib pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1050	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, sternal pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, thoracic pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1070	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, trapezius sling	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, outrigger	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1090	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, lumbar sling	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, ring flange, plastic or leather	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1120	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO), scoliosis orthosis, cover for upright, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1220	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1240	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L1250	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior ASIS pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1260	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic derotation pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1270	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1280	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), rib gusset (elastic), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1290	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1300	Other scoliosis procedure, body jacket molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1310	Other scoliosis procedure, postoperative body jacket	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1499	Spinal orthosis, not otherwise specified	Prior authorization required

L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1610	Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1650	Hip orthosis (HO), abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1660	Hip orthosis (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.

L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	Prior authorization required with billed charges greater than or equal to \$750.
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1902	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.

L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BKorthosis), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BKorthosis), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.

L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AKorthosis), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AKorthosis), without knee joint, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AKorthosis), custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AKorthosis), without knee joint, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2035	Knee-ankle-foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.

L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2070	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2190	Addition to lower extremity fracture orthosis, waist belt	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2200	Addition to lower extremity, limited ankle motion, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2240	Addition to lower extremity, round caliper and plate attachment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2265	Addition to lower extremity, long tongue stirrup	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2280	Addition to lower extremity, molded inner boot	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2310	Addition to lower extremity, abduction bar, straight	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Prior authorization required with billed charges greater than or equal to \$750.
L2335	Addition to lower extremity, anterior swing band	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2340	Addition to lower extremity, pretibial shell, molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2360	Addition to lower extremity, extended steel shank	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2370	Addition to lower extremity, Patten bottom	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2390	Addition to lower extremity, offset knee joint, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2397	Addition to lower extremity orthosis, suspension sleeve	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2405	Addition to knee joint, drop lock, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2492	Addition to knee joint, lift loop for drop lock ring	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2580	Addition to lower extremity, pelvic control, pelvic sling	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2660	Addition to lower extremity, thoracic control, thoracic band	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2670	Addition to lower extremity, thoracic control, paraspinal uprights	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2680	Addition to lower extremity, thoracic control, lateral support uprights	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2768	Orthotic side bar disconnect device, per bar	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2785	Addition to lower extremity orthosis, drop lock retainer, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2795	Addition to lower extremity orthosis, knee control, full kneecap	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	Prior authorization required with billed charges greater than or equal to \$750.
L2810	Addition to lower extremity orthosis, knee control, condylar pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L2999	Lower extremity orthoses, not otherwise specified	Prior authorization required
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3001	Foot, insert, removable, molded to patient model, Spenco, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3030	Foot insert, removable, formed to patient foot, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3040	Foot, arch support, removable, premolded, longitudinal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3050	Foot, arch support, removable, premolded, metatarsal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3140	Foot, abduction rotation bar, including shoes	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3150	Foot, abduction rotation bar, without shoes	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3160	Foot, adjustable shoe-styled positioning device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3202	Orthopedic shoe, oxford with supinator or pronator, child	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3206	Orthopedic shoe, hightop with supinator or pronator, child	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3208	Surgical boot, each, infant	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3209	Surgical boot, each, child	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3211	Surgical boot, each, junior	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3212	Benesch boot, pair, infant	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3213	Benesch boot, pair, child	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3214	Benesch boot, pair, junior	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3215	Orthopedic footwear, ladies shoe, oxford, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3219	Orthopedic footwear, mens shoe, oxford, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3221	Orthopedic footwear, mens shoe, depth inlay, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3251	Foot, shoe molded to patient model, silicone shoe, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Prior authorization required with billed charges greater than or equal to \$750.
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3254	Nonstandard size or width	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3255	Nonstandard size or length	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3260	Surgical boot/shoe, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3265	Plastazote sandal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3300	Lift, elevation, heel, tapered to metatarsals, per in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3310	Lift, elevation, heel and sole, neoprene, per in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3320	Lift, elevation, heel and sole, cork, per in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3330	Lift, elevation, metal extension (skate)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3332	Lift, elevation, inside shoe, tapered, up to one-half in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3334	Lift, elevation, heel, per in	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3340	Heel wedge, SACH	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3350	Heel wedge	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3360	Sole wedge, outside sole	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3370	Sole wedge, between sole	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3380	Clubfoot wedge	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3390	Outflare wedge	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3400	Metatarsal bar wedge, rocker	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3410	Metatarsal bar wedge, between sole	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3420	Full sole and heel wedge, between sole	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3430	Heel, counter, plastic reinforced	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3440	Heel, counter, leather reinforced	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3450	Heel, SACH cushion type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3455	Heel, new leather, standard	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3460	Heel, new rubber, standard	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3465	Heel, Thomas with wedge	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3470	Heel, Thomas extended to ball	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3480	Heel, pad and depression for spur	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3485	Heel, pad, removable for spur	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3500	Orthopedic shoe addition, insole, leather	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3510	Orthopedic shoe addition, insole, rubber	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3520	Orthopedic shoe addition, insole, felt covered with leather	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3530	Orthopedic shoe addition, sole, half	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3540	Orthopedic shoe addition, sole, full	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3550	Orthopedic shoe addition, toe tap, standard	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3560	Orthopedic shoe addition, toe tap, horseshoe	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3595	Orthopedic shoe addition, March bar	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	Prior authorization required
L3650	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3670	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges greater than or equal to \$750.
L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges greater than or equal to \$750.

L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	Prior authorization required with billed charges greater than or equal to \$750.
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Prior authorization required with billed charges greater than or equal to \$750.
L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3912	Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3924	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3956	Addition of joint to upper extremity orthosis, any material; per joint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L3999	Upper limb orthosis, not otherwise specified	Prior authorization required

L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4002	Replacement strap, any orthosis, includes all components, any length, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4010	Replace trilateral socket brim	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4020	Replace quadrilateral socket brim, molded to patient model	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4030	Replace quadrilateral socket brim, custom fitted	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L4050	Replace molded calf lacer, for custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4060	Replace high roll cuff	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4070	Replace proximal and distal upright for KAFO	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4080	Replace metal bands KAFO, proximal thigh	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4100	Replace leather cuff KAFO, proximal thigh	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4130	Replace pretibial shell	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4205	Repair of orthotic device, labor component, per 15 minutes	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4210	Repair of orthotic device, repair or replace minor parts	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4386	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4387	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4392	Replacement, soft interface material, static AFO	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4394	Replace soft interface material, foot drop splint	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	Prior authorization required
L5010	Partial foot, molded socket, ankle height, with toe filler	Prior authorization required
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Prior authorization required
L5050	Ankle, Symes, molded socket, SACH foot	Prior authorization required
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Prior authorization required
L5100	Below knee (BK), molded socket, shin, SACH foot	Prior authorization required
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	Prior authorization required
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Prior authorization required
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	Prior authorization required
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	Prior authorization required
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Prior authorization required
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Prior authorization required
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Prior authorization required

L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Prior authorization required
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	Prior authorization required
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Prior authorization required
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	Prior authorization required
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	Prior authorization required
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	Prior authorization required
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Prior authorization required
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Prior authorization required
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Prior authorization required
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Prior authorization required
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Prior authorization required
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Prior authorization required

L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Prior authorization required
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	Prior authorization required
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Prior authorization required
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Prior authorization required
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Prior authorization required
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Prior authorization required
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	Prior authorization required
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Prior authorization required
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	Prior authorization required
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system	Prior authorization required

L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	Prior authorization required
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	Prior authorization required
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	Prior authorization required
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	Prior authorization required
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	Prior authorization required
L5618	Addition to lower extremity, test socket, Symes	Prior authorization required
L5620	Addition to lower extremity, test socket, below knee (BK)	Prior authorization required
L5622	Addition to lower extremity, test socket, knee disarticulation	Prior authorization required
L5624	Addition to lower extremity, test socket, above knee (AK)	Prior authorization required
L5626	Addition to lower extremity, test socket, hip disarticulation	Prior authorization required
L5628	Addition to lower extremity, test socket, hemipelvectomy	Prior authorization required
L5629	Addition to lower extremity, below knee, acrylic socket	Prior authorization required
L5630	Addition to lower extremity, Symes type, expandable wall socket	Prior authorization required
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	Prior authorization required
L5632	Addition to lower extremity, Symes type, PTB brim design socket	Prior authorization required
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	Prior authorization required
L5636	Addition to lower extremity, Symes type, medial opening socket	Prior authorization required

L5637	Addition to lower extremity, below knee (BK), total contact	Prior authorization required
L5638	Addition to lower extremity, below knee (BK), leather socket	Prior authorization required
L5639	Addition to lower extremity, below knee (BK), wood socket	Prior authorization required
L5640	Addition to lower extremity, knee disarticulation, leather socket	Prior authorization required
L5642	Addition to lower extremity, above knee (AK), leather socket	Prior authorization required
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Prior authorization required
L5644	Addition to lower extremity, above knee (AK), wood socket	Prior authorization required
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	Prior authorization required
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	Prior authorization required
L5647	Addition to lower extremity, below knee (BK), suction socket	Prior authorization required
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	Prior authorization required
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	Prior authorization required
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	Prior authorization required
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	Prior authorization required
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	Prior authorization required
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	Prior authorization required
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prior authorization required
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prior authorization required

L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prior authorization required
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prior authorization required
L5661	Addition to lower extremity, socket insert, multidurometer Symes	Prior authorization required
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	Prior authorization required
L5666	Addition to lower extremity, below knee (BK), cuff suspension	Prior authorization required
L5668	Addition to lower extremity, below knee (BK), molded distal cushion	Prior authorization required
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	Prior authorization required
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	Prior authorization required
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	Prior authorization required
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Prior authorization required
L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	Prior authorization required
L5678	Additions to lower extremity, below knee (BK), joint covers, pair	Prior authorization required
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Prior authorization required

L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	Prior authorization required
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Prior authorization required
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	Prior authorization required
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Prior authorization required
L5684	Addition to lower extremity, below knee, fork strap	Prior authorization required
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	Prior authorization required
L5686	Addition to lower extremity, below knee (BK), back check (extension control)	Prior authorization required
L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	Prior authorization required
L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	Prior authorization required
L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	Prior authorization required
L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	Prior authorization required
L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	Prior authorization required

L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	Prior authorization required
L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	Prior authorization required
L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	Prior authorization required
L5699	All lower extremity prostheses, shoulder harness	Prior authorization required
L5700	Replacement, socket, below knee (BK), molded to patient model	Prior authorization required
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	Prior authorization required
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Prior authorization required
L5704	Custom shaped protective cover, below knee (BK)	Prior authorization required
L5705	Custom shaped protective cover, above knee (AK)	Prior authorization required
L5706	Custom shaped protective cover, knee disarticulation	Prior authorization required
L5707	Custom shaped protective cover, hip disarticulation	Prior authorization required
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	Prior authorization required
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	Prior authorization required
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Prior authorization required
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	Prior authorization required
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	Prior authorization required
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	Prior authorization required

L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Prior authorization required
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	Prior authorization required
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	Prior authorization required
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	Prior authorization required
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Prior authorization required
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	Prior authorization required
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	Prior authorization required
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Prior authorization required
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	Prior authorization required
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	Prior authorization required
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Prior authorization required
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Prior authorization required
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	Prior authorization required
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	Prior authorization required
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Prior authorization required

L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	Prior authorization required
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Prior authorization required
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Prior authorization required
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Prior authorization required
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	Prior authorization required
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Prior authorization required
L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	Prior authorization required
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	Prior authorization required
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Prior authorization required
L5910	Addition, endoskeletal system, below knee (BK), alignable system	Prior authorization required
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	Prior authorization required
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	Prior authorization required
L5930	Addition, endoskeletal system, high activity knee control frame	Prior authorization required
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	Prior authorization required
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	Prior authorization required

L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Prior authorization required
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	Prior authorization required
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	Prior authorization required
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	Prior authorization required
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Prior authorization required
L5970	All lower extremity prostheses, foot, external keel, SACH foot	Prior authorization required
L5972	All lower extremity prostheses, foot, flexible keel	Prior authorization required
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Prior authorization required
L5974	All lower extremity prostheses, foot, single axis ankle/foot	Prior authorization required
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	Prior authorization required
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	Prior authorization required
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	Prior authorization required
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	Prior authorization required
L5980	All lower extremity prostheses, flex-foot system	Prior authorization required
L5981	All lower extremity prostheses, flex-walk system or equal	Prior authorization required
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	Prior authorization required
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	Prior authorization required
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Prior authorization required

L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	Prior authorization required
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	Prior authorization required
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Prior authorization required
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Prior authorization required
L5999	Lower extremity prosthesis, not otherwise specified	Prior authorization required
L6000	Partial hand, thumb remaining	Prior authorization required
L6010	Partial hand, little and/or ring finger remaining	Prior authorization required
L6020	Partial hand, no finger remaining	Prior authorization required
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device	Prior authorization required
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Prior authorization required
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Prior authorization required
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Prior authorization required
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	Prior authorization required
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Prior authorization required
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Prior authorization required
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Prior authorization required

L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Prior authorization required
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Prior authorization required
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Prior authorization required
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Prior authorization required
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Prior authorization required
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Prior authorization required
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Prior authorization required
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Prior authorization required
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prior authorization required
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prior authorization required
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prior authorization required
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prior authorization required
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prior authorization required
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Prior authorization required

L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Prior authorization required
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Prior authorization required
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Prior authorization required
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Prior authorization required
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Prior authorization required
L6600	Upper extremity additions, polycentric hinge, pair	Prior authorization required
L6605	Upper extremity additions, single pivot hinge, pair	Prior authorization required
L6610	Upper extremity additions, flexible metal hinge, pair	Prior authorization required
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Prior authorization required
L6615	Upper extremity addition, disconnect locking wrist unit	Prior authorization required
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	Prior authorization required
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	Prior authorization required

L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	Prior authorization required
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Prior authorization required
L6625	Upper extremity addition, rotation wrist unit with cable lock	Prior authorization required
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	Prior authorization required
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	Prior authorization required
L6630	Upper extremity addition, stainless steel, any wrist	Prior authorization required
L6632	Upper extremity addition, latex suspension sleeve, each	Prior authorization required
L6635	Upper extremity addition, lift assist for elbow	Prior authorization required
L6637	Upper extremity addition, nudge control elbow lock	Prior authorization required
L6640	Upper extremity additions, shoulder abduction joint, pair	Prior authorization required
L6641	Upper extremity addition, excursion amplifier, pulley type	Prior authorization required
L6642	Upper extremity addition, excursion amplifier, lever type	Prior authorization required
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	Prior authorization required
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Prior authorization required
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	Prior authorization required
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Prior authorization required
L6650	Upper extremity addition, shoulder universal joint, each	Prior authorization required
L6655	Upper extremity addition, standard control cable, extra	Prior authorization required
L6660	Upper extremity addition, heavy-duty control cable	Prior authorization required
L6665	Upper extremity addition, Teflon, or equal, cable lining	Prior authorization required
L6670	Upper extremity addition, hook to hand, cable adapter	Prior authorization required

L6672	Upper extremity addition, harness, chest or shoulder, saddle type	Prior authorization required
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	Prior authorization required
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	Prior authorization required
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	Prior authorization required
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	Prior authorization required
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	Prior authorization required
L6686	Upper extremity addition, suction socket	Prior authorization required
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	Prior authorization required
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	Prior authorization required
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	Prior authorization required
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	Prior authorization required
L6691	Upper extremity addition, removable insert, each	Prior authorization required
L6692	Upper extremity addition, silicone gel insert or equal, each	Prior authorization required
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Prior authorization required
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Prior authorization required

L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	Prior authorization required
L6703	Terminal device, passive hand/mitt, any material, any size	Prior authorization required
L6704	Terminal device, sport/recreational/work attachment, any material, any size	Prior authorization required
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	Prior authorization required
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Prior authorization required
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	Prior authorization required
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Prior authorization required
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	Prior authorization required
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Prior authorization required
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Prior authorization required
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Prior authorization required
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	Prior authorization required
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Prior authorization required
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Prior authorization required
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Prior authorization required

L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Prior authorization required
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Prior authorization required
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Prior authorization required
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Prior authorization required
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Prior authorization required
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Prior authorization required
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Prior authorization required
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Prior authorization required
L6915	Hand restoration (shading and measurements included), replacement glove for above	Prior authorization required
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prior authorization required
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prior authorization required

L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prior authorization required
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prior authorization required
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prior authorization required
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prior authorization required
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prior authorization required
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prior authorization required
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prior authorization required

L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal	Prior authorization required
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prior authorization required
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prior authorization required
L7007	Electric hand, switch or myoelectric controlled, adult	Prior authorization required
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Prior authorization required
L7009	Electric hook, switch or myoelectric controlled, adult	Prior authorization required
L7040	Prehensile actuator, switch controlled	Prior authorization required
L7045	Electric hook, switch or myoelectric controlled, pediatric	Prior authorization required
L7170	Electronic elbow, Hosmer or equal, switch controlled	Prior authorization required
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Prior authorization required
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	Prior authorization required
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	Prior authorization required
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Prior authorization required
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Prior authorization required

L7259	Electronic wrist rotator, any type	Prior authorization required
L7360	Six volt battery, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L7362	Battery charger, six volt, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L7364	Twelve volt battery, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L7366	Battery charger, 12 volt, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L7367	Lithium ion battery, rechargeable, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L7368	Lithium ion battery charger, replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	Prior authorization required

L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	Prior authorization required
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	Prior authorization required
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	Prior authorization required
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	Prior authorization required
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	Prior authorization required
L7499	Upper extremity prosthesis, not otherwise specified	Prior authorization required
L7510	Repair of prosthetic device, repair or replace minor parts	Prior authorization required
L7520	Repair prosthetic device, labor component, per 15 minutes	Prior authorization required
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L8010	Breast prosthesis, mastectomy sleeve	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8020	Breast prosthesis, mastectomy form	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8030	Breast prosthesis, silicone or equal, without integral adhesive	Prior authorization required
L8031	Breast prosthesis, silicone or equal, with integral adhesive	Prior authorization required
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	Prior authorization required
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	Prior authorization required
L8040	Nasal prosthesis, provided by a nonphysician	Prior authorization required
L8041	Midfacial prosthesis, provided by a nonphysician	Prior authorization required
L8042	Orbital prosthesis, provided by a nonphysician	Prior authorization required
L8300	Truss, single with standard pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8310	Truss, double with standard pads	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8320	Truss, addition to standard pad, water pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L8330	Truss, addition to standard pad, scrotal pad	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8400	Prosthetic sheath, below knee, each	Prior authorization required
L8410	Prosthetic sheath, above knee, each	Prior authorization required
L8415	Prosthetic sheath, upper limb, each	Prior authorization required
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	Prior authorization required
L8420	Prosthetic sock, multiple ply, below knee (BK), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8430	Prosthetic sock, multiple ply, above knee (AK), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8435	Prosthetic sock, multiple ply, upper limb, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8440	Prosthetic shrinker, below knee (BK), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8460	Prosthetic shrinker, above knee (AK), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L8465	Prosthetic shrinker, upper limb, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8485	Prosthetic sock, single ply, fitting, upper limb, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8499	Artificial larynx, any type	Prior authorization required
L8500	Tracheostomy speaking valve	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8501	Unlisted procedure for miscellaneous prosthetic services	Prior authorization required
L8505	Artificial larynx replacement battery/accessory, any type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8515	Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L8600	Implantable breast prosthesis, silicone or equal	Prior authorization required
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8614	Cochlear device, includes all internal and external components	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8615	Headset/headpiece for use with cochlear implant device, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8616	Microphone for use with cochlear implant device, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8617	Transmitting coil for use with cochlear implant device, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8627	Cochlear implant, external speech processor, component, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

L8628	Cochlear implant, external controller component, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8690	Auditory osseointegrated device, includes all internal and external components	Prior authorization required for billed chargers greater than or equal to \$750.00
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Prior authorization required for billed chargers greater than or equal to \$750.00
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Prior authorization required
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	Prior authorization required
M0075	Cellular therapy	Prior authorization required
M0076	Prolotherapy	Prior authorization required
M0100	Intragastric hypothermia using gastric freezing	Prior authorization required
M0300	IV chelation therapy (chemical endarterectomy)	Prior authorization required
M0301	Fabric wrapping of abdominal aneurysm	Prior authorization required

Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice	Prior authorization required
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	Prior authorization required
Q4100	Skin substitute, not otherwise specified	Prior authorization required
Q4101	Apligraf, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4102	Oasis wound matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4103	Oasis burn matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4106	Dermagraft, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4107	GRAFTJACKET, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4108	Integra matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4110	PriMatrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4111	GammaGraft, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4112	Cymetra, injectable, 1 cc	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	Prior authorization required for billed chargers greater than or equal to \$750.00

Q4114	Integra flowable wound matrix, injectable, 1 cc	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4115	AlloSkin, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4116	AlloDerm, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4117	HYALOMATRIX, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4118	MatriStem micromatrix, 1 mg	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4121	TheraSkin, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4123	AlloSkin RT, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4125	Arthroflex, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4127	Talymed, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4130	Strattice TM, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00

Q4131	EpiFix, per sq cm	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
Q4132	Grafix Core and GrafixPL Core, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4134	hMatrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4135	Mediskin, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4136	E-Z Derm, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4138	Biodfence dryflex, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4140	Biodfence, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4141	Alloskin AC, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4142	XCM biologic tissue matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4143	Repriza, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4145	Epifix, injectable, 1 mg	Prior authorization required for billed chargers greater than or equal to \$750.00

Q4146	Tensix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4149	Excellagen, 0.1 cc	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4150	Allowrap DS or dry, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4151	Amnioband or guardian, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4152	Dermapure, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4153	Dermavest and Plurivest, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4154	Biovance, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4155	Neox Flo or Clarix Flo 1 mg	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4156	Neox 100 or Clarix 100, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4157	Revitalon, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4158	Kerecis Omega3, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4159	Affinity, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4160	Nushield, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00

Q4161	Bio-ConneKt wound matrix, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4163	WoundEx, BioSkin, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4164	Helicoll, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4165	Keramatrix or Kerasorb, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4166	Cytal, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4167	Truskin, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4168	AmnioBand, 1 mg	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4169	Artacent wound, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4170	Cygnus, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4171	Interfyl, 1 mg	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4172	PuraPly or PuraPly AM, per sq cm	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
Q4173	PalinGen or PalinGen XPlus, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Prior authorization required for billed chargers greater than or equal to \$750.00

Q4175	Miroderm, per sq cm	Prior authorization required for billed chargers greater than or equal to \$750.00
Q4176	Neopatch or Therion, per sq cm	Prior authorization required
Q4177	FlowerAmnioFlo, 0.1 cc	Prior authorization required
Q4178	FlowerAmnioPatch, per sq cm	Prior authorization required
Q4179	FlowerDerm, per sq cm	Prior authorization required
Q4180	Revita, per sq cm	Prior authorization required
Q4181	Amnio Wound, per sq cm	Prior authorization required
Q4182	Transcyte, per sq cm	Prior authorization required
Q4183	Surgigraft, per sq cm	Prior authorization required
Q4184	Cellesta or Cellesta Duo, per sq cm	Prior authorization required
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Prior authorization required
Q4188	AmnioArmor, per sq cm	Prior authorization required
Q4189	Artacent AC, 1 mg	Prior authorization required
Q4190	Artacent AC, per sq cm	Prior authorization required
Q4191	Restorigin, per sq cm	Prior authorization required
Q4192	Restorigin, 1 cc	Prior authorization required
Q4193	Coll-e-Derm, per sq cm	Prior authorization required
Q4194	Novachor, per sq cm	Prior authorization required
Q4195	PuraPly, per sq cm	Prior authorization required
Q4196	PuraPly AM, per sq cm	Prior authorization required
Q4197	PuraPly XT, per sq cm	Prior authorization required
Q4198	Genesis Amniotic Membrane, per sq cm	Prior authorization required
Q4200	SkinTE, per sq cm	Prior authorization required
Q4201	Matrion, per sq cm	Prior authorization required
Q4202	Keroxx (2.5 g/cc), 1 cc	Prior authorization required
Q4203	Derma-Gide, per sq cm	Prior authorization required
Q4204	XWRAP, per sq cm	Prior authorization required
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Prior authorization required
Q4208	Novafix, per sq cm	Prior authorization required

Q4209	SurGraft, per sq cm	Prior authorization required
Q4210	Axotl Graft or Axotl DualGraft, per sq cm	Prior authorization required
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Prior authorization required
Q4212	AlloGen, per cc	Prior authorization required
Q4213	Ascent, 0.5 mg	Prior authorization required
Q4214	Cellesta Cord, per sq cm	Prior authorization required
Q4215	Axotl Ambient or Axotl Cryo, 0.1 mg	Prior authorization required
Q4216	Artacent Cord, per sq cm	Prior authorization required
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Prior authorization required
Q4218	SurgiCORD, per sq cm	Prior authorization required
Q4219	SurgiGRAFT-DUAL, per sq cm	Prior authorization required
Q4220	BellaCell HD or Surederm, per sq cm	Prior authorization required
Q4221	Amnio Wrap2, per sq cm	Prior authorization required
Q4222	ProgenaMatrix, per sq cm	Prior authorization required
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Prior authorization required
Q4227	AmnioCoreTM, per sq cm	Prior authorization required
Q4228	BioNextPATCH, per sq cm	Prior authorization required
Q4229	Cogenex Amniotic Membrane, per sq cm	Prior authorization required
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Prior authorization required
Q4231	Corplex P, per cc	Prior authorization required
Q4232	Corplex, per sq cm	Prior authorization required
Q4233	SurFactor or NuDyn, per 0.5 cc	Prior authorization required
Q4234	XCellerate, per sq cm	Prior authorization required
Q4235	AMNIOREPAIR or AltIPly, per sq cm	Prior authorization required
Q4236	carePATCH, per sq cm	Prior authorization required
Q4237	Cryo-Cord, per sq cm	Prior authorization required
Q4238	Derm-Maxx, per sq cm	Prior authorization required
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Prior authorization required

Q4240	CoreCyte, for topical use only, per 0.5 cc	Prior authorization required
Q4241	PolyCyte, for topical use only, per 0.5 cc	Prior authorization required
Q4242	AmnioCyte Plus, per 0.5 cc	Prior authorization required
Q4244	Procenta, per 200 mg	Prior authorization required
Q4245	AmnioText, per cc	Prior authorization required
Q4246	CoreText or ProText, per cc	Prior authorization required
Q4247	Amniotext patch, per sq cm	Prior authorization required
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Prior authorization required
Q9985	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Prior authorization required
Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg	Prior authorization required
Q9989	Ustekinumab, for intravenous injection, 1 mg	Prior authorization required
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per MG	Prior authorization required
S0201	Partial hospitalization services, less than 24 hours, per diem	Prior authorization required
S0514	Color contact lens, per lens	Prior authorization required
S0590	Integral lens service, miscellaneous services reported separately	Prior authorization required
S1015	IV tubing extension set	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S1090	Mometasone furoate sinus implant, 370 micrograms	Prior authorization required
S2053	Transplantation of small intestine and liver allografts	Prior authorization required
S2054	Transplantation of multivisceral organs	Prior authorization required
S2060	Lobar lung transplantation	Prior authorization required

S2065	Simultaneous pancreas kidney transplantation	Prior authorization required
S2102	Islet cell tissue transplant from pancreas; allogeneic	Prior authorization required
S2103	Adrenal tissue transplant to brain	Prior authorization required
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre and post transplant care in the global definition	Prior authorization required
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	Prior authorization required
S2202	Echosclerotherapy	Prior authorization required
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Prior authorization required
S3841	Genetic testing for retinoblastoma	Prior authorization required
S3842	Genetic testing for von Hippel-Lindau disease	Prior authorization required
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Prior authorization required
S3845	Genetic testing for alpha-thalassemia	Prior authorization required
S3846	Genetic testing for hemoglobin E beta-thalassemia	Prior authorization required
S3849	Genetic testing for Niemann-Pick disease	Prior authorization required
S3850	Genetic testing for sickle cell anemia	Prior authorization required

S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Prior authorization required
S3853	Genetic testing for myotonic muscular dystrophy	Prior authorization required
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Prior authorization required
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	Prior authorization required
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Prior authorization required
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Prior authorization required
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Prior authorization required for billed chargers greater than or equal to \$750.00
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	Prior authorization required for billed chargers greater than or equal to \$750.00
S5101	Day care services, adult; per half day	Prior authorization required
S5102	Day care services, adult; per diem	Prior authorization required
S5108	Home care training to home care client, per 15 minutes	Prior authorization required
S5109	Home care training to home care client, per session	Prior authorization required
S5110	Home care training, family; per 15 minutes	Prior authorization required
S5111	Home care training, family; per session	Prior authorization required
S5115	Home care training, nonfamily; per 15 minutes	Prior authorization required
S5116	Home care training, nonfamily; per session	Prior authorization required
S5120	Chore services; per 15 minutes	Prior authorization required
S5121	Chore services; per diem	Prior authorization required
S5125	Attendant care services; per 15 minutes	Prior authorization required
S5126	Attendant care services; per diem	Prior authorization required
S5130	Homemaker service, NOS; per 15 minutes	Prior authorization required
S5131	Homemaker service, NOS; per diem	Prior authorization required

S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	Prior authorization required
S5136	Companion care, adult (e.g., IADL/ADL); per diem	Prior authorization required
S5150	Unskilled respite care, not hospice; per 15 minutes	Prior authorization required
S5151	Unskilled respite care, not hospice; per diem	Prior authorization required
S5160	Emergency response system; installation and testing	Prior authorization required
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Prior authorization required
S5162	Emergency response system; purchase only	Prior authorization required
S5165	Home modifications; per service	Prior authorization required
S5175	Laundry service, external, professional; per order	Prior authorization required
S5180	Home health respiratory therapy, initial evaluation	Prior authorization required
S5181	Home health respiratory therapy, NOS, per diem	Prior authorization required
S5199	Personal care item, NOS, each	Prior authorization required
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Prior authorization required for billed chargers greater than or equal to \$750.00
S5518	Home infusion therapy, all supplies necessary for catheter repair	Prior authorization required for billed chargers greater than or equal to \$750.00
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion	Prior authorization required for billed chargers greater than or equal to \$750.00
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Prior authorization required for billed chargers greater than or equal to \$750.00

S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8035	Magnetic source imaging	Prior authorization required
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Prior authorization required
S8042	Magnetic resonance imaging (MRI), low-field	Prior authorization required
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	Prior authorization required
S8185	Flutter device	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8186	Swivel adaptor	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8189	Tracheostomy supply, not otherwise classified	Prior authorization required
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8424	Gradient pressure aid (sleeve), ready made	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8425	Gradient pressure aid (glove), custom made, medium weight	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8427	Gradient pressure aid (glove), ready made	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S8940	Equestrian/hippotherapy, per session	Prior authorization required
S8950	Complex lymphedema therapy, each 15 minutes	Prior authorization required after the 13th visit.
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Prior authorization required after the 13th visit.
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
S9001	Home uterine monitor with or without associated nursing services	Prior authorization required
S9097	Home visit for wound care	Prior authorization required

S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	Prior authorization required
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Prior authorization required
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Prior authorization required
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Prior authorization required
S9152	Speech therapy, re-evaluation	Prior authorization required after the 13th visit. <u>Prior authorization required after the 13th visit for members under age 21.</u> <u>Prior authorizaiton required for members aged 21 and over.</u>
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	Prior authorization required
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Prior authorization required
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	Prior authorization required

S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	Prior authorization required
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	Prior authorization required
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required

S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Prior authorization required
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Prior authorization required
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Prior authorization required
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Prior authorization required
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Prior authorization required
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required

S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Prior authorization required
S9434	Modified solid food supplements for inborn errors of metabolism	Prior authorization required
S9435	Medical foods for inborn errors of metabolism	Prior authorization required
S9480	Intensive outpatient psychiatric services, per diem	Prior authorization required
S9482	Family stabilization services, per 15 minutes	Prior authorization required
S9484	Crisis intervention mental health services, per hour	Prior authorization required
S9485	Crisis intervention mental health services, per diem	Prior authorization required
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	Prior authorization required
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required

S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Prior authorization required
S9988	Services provided as part of a Phase I clinical trial	Prior authorization required
S9990	Services provided as part of a phase ii clinical trial	Prior authorization required
S9991	Services provided as part of a phase iii clinical trial	Prior authorization required
S9999	Sales tax	Prior authorization required
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	Prior authorization required
T1002	RN services, up to 15 minutes	Prior authorization required
T1003	LPN/LVN services, up to 15 minutes	Prior authorization required
T1004	Services of a qualified nursing aide, up to 15 minutes	Prior authorization required
T1005	Respite care services, up to 15 minutes	Prior authorization required
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Prior authorization required

T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Prior authorization required
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Prior authorization required
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Prior authorization required
T1021	Home health aide or certified nurse assistant, per visit	Prior authorization required
T1022	Contracted home health agency services, all services provided under contract, per day	Prior authorization required
T1030	Nursing care, in the home, by registered nurse, per diem	Prior authorization required
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	Prior authorization required
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in remarks	Prior authorization required
T2012	Habilitation, educational; waiver, per diem	Prior authorization required
T2013	Habilitation, Educational, waiver; per hour	Prior authorization required
T2014	Habilitation, prevocational, waiver; per diem	Prior authorization required
T2015	Habilitation, prevocational, waiver; per hour	Prior authorization required
T2016	Habilitation, residential, waiver; per diem	Prior authorization required
T2017	Habilitation, residential, waiver; 15 minutes	Prior authorization required
T2018	Habilitation, supported employment, waiver; per diem	Prior authorization required
T2019	Habilitation, supported employment, waiver; per 15 minutes	Prior authorization required
T2020	Day habilitation, waiver; per diem	Prior authorization required
T2021	Day habilitation, waiver; per 15 minutes	Prior authorization required

T2024	Service assessment/plan of care development, waiver	Prior authorization required
T2025	Waiver services; not otherwise specified (NOS)	Prior authorization required
T2026	Specialized childcare, waiver; per diem	Prior authorization required
T2027	Specialized childcare, waiver; per 15 minutes	Prior authorization required
T2028	Specialized supply, not otherwise specified, waiver	Prior authorization required
T2029	Specialized medical equipment, not otherwise specified, waiver	Prior authorization required
T2030	Assisted living, waiver; per month	Prior authorization required
T2031	Assisted living; waiver, per diem	Prior authorization required
T2032	Residential care, not otherwise specified (NOS), waiver; per month	Prior authorization required
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	Prior authorization required
T2034	Crisis intervention, waiver; per diem	Prior authorization required
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	Prior authorization required
T2036	Therapeutic camping, overnight, waiver; each session	Prior authorization required
T2037	Therapeutic camping, day, waiver; each session	Prior authorization required
T2038	Community transition, waiver; per service	Prior authorization required
T2039	Vehicle modifications, waiver; per service	Prior authorization required
T2040	Financial management, self-directed, waiver; per 15 minutes	Prior authorization required
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	Prior authorization required
T2044	Hospice inpatient respite care; per diem	Prior authorization required
T2045	Hospice general inpatient care; per diem	Prior authorization required
T2046	Hospice long-term care, room and board only; per diem	Prior authorization required
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4533	Youth sized disposable incontinence product, brief/diaper, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)

T4539	Incontinence product, diaper/brief, reusable, any size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4542	Incontinence product, disposable underpad, small size, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
V2199	Not otherwise classified, single vision lens	Prior authorization required
V2299	Specialty bifocal (by report)	Prior authorization required
V2399	Specialty trifocal (by report)	Prior authorization required
V2500	Contact lens, PMMA, spherical, per lens	Prior authorization required
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Prior authorization required
V2502	Contact lens PMMA, bifocal, per lens	Prior authorization required
V2503	Contact lens, pmma, color vision deficiency, per lens	Prior authorization required
V2510	Contact lens, gas permeable, spherical, per lens	Prior authorization required
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Prior authorization required
V2512	Contact lens, gas permeable, bifocal, per lens	Prior authorization required
V2513	Contact lens, gas permeable, extended wear, per lens	Prior authorization required
V2520	Contact lens, hydrophilic, spherical, per lens	Prior authorization required
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	Prior authorization required
V2522	Contact lens, hydrophilic, bifocal, per lens	Prior authorization required
V2523	Contact lens, hydrophilic, extended wear, per lens	Prior authorization required
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	Prior authorization required

V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Prior authorization required
V2599	Contact lens, other type	Prior authorization required
V2623	Prosthetic eye, plastic, custom	Prior authorization required
V2624	Polishing/resurfacing of ocular prosthesis	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
V2625	Enlargement of ocular prosthesis	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
V2626	Reduction of ocular prosthesis	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
V2627	Scleral cover shell	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
V2628	Fabrication and fitting of ocular conformer	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
V2629	Prosthetic eye, other type	Prior authorization required with billed charges great than or equal to \$750.00. Prior authorization required for all rentals (RR modifier)
V2700	Balance lens, per lens	Prior authorization required
V2710	Slab off prism, glass or plastic, per lens	Prior authorization required

V2715	Prism, per lens	Prior authorization required
V2718	Press-on lens, Fresnel prism, per lens	Prior authorization required
V2730	Special base curve, glass or plastic, per lens	Prior authorization required
V2744	Tint, photochromatic, per lens	Prior authorization required
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	Prior authorization required
V2750	Antireflective coating, per lens	Prior authorization required
V2755	U-v lens, per lens	Prior authorization required
V2760	Scratch resistant coating, per lens	Prior authorization required
V2762	Polarization, any lens material, per lens	Prior authorization required
V2781	Progressive lens, per lens	Prior authorization required
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	Prior authorization required
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	Prior authorization required
V2784	Lens, polycarbonate or equal, any index, per lens	Prior authorization required
V2797	Vision supply, accessory and/or service component of another hcpcs vision code	Prior authorization required
V2799	Vision item or service, miscellaneous	Prior authorization required
V5030	Hearing aid, monaural, body worn, air conduction	Prior authorization required for billed chargers greater than or equal to \$750.00
V5040	Hearing aid, monaural, body worn, bone conduction	Prior authorization required for billed chargers greater than or equal to \$750.00
V5050	Hearing aid, monaural, in the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5060	Hearing aid, monaural, behind the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5070	Glasses, air conduction	Prior authorization required for billed chargers greater than or equal to \$750.00

V5080	Glasses, bone conduction	Prior authorization required for billed chargers greater than or equal to \$750.00
V5095	Semi-implantable middle ear hearing prosthesis	Prior authorization required for billed chargers greater than or equal to \$750.00
V5100	Hearing aid, bilateral, body worn	Prior authorization required for billed chargers greater than or equal to \$750.00
V5120	Binaural, body	Prior authorization required for billed chargers greater than or equal to \$750.00
V5130	Binaural, in the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5140	Binaural, behind the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5150	Binaural, glasses	Prior authorization required for billed chargers greater than or equal to \$750.00
V5170	Hearing aid, cros, in the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	Prior authorization required
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	Prior authorization required
V5180	Hearing aid, cros, behind the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	Prior authorization required
V5190	Hearing aid, contralateral routing, monaural, glasses	Prior authorization required for billed chargers greater than or equal to \$750.00
V5210	Hearing aid, bicros, in the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	Prior authorization required
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	Prior authorization required

V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	Prior authorization required
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	Prior authorization required
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	Prior authorization required
V5220	Hearing aid, BICROS, behind the ear	Prior authorization required for billed chargers greater than or equal to \$750.00
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	Prior authorization required
V5230	Hearing aid, contralateral routing system, binaural, glasses	Prior authorization required for billed chargers greater than or equal to \$750.00
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	Prior authorization required for billed chargers greater than or equal to \$750.00
V5243	Hearing aid, analog, monaural, itc (in the canal)	Prior authorization required for billed chargers greater than or equal to \$750.00
V5244	Hearing aid, digitally programmable analog, monaural, cic	Prior authorization required for billed chargers greater than or equal to \$750.00
V5245	Hearing aid, digitally programmable, analog, monaural, itc	Prior authorization required for billed chargers greater than or equal to \$750.00
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	Prior authorization required for billed chargers greater than or equal to \$750.00
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	Prior authorization required for billed chargers greater than or equal to \$750.00
V5248	Hearing aid, analog, binaural, cic	Prior authorization required for billed chargers greater than or equal to \$750.00
V5249	Hearing aid, analog, binaural, itc	Prior authorization required for billed chargers greater than or equal to \$750.00
V5250	Hearing aid, digitally programmable analog, binaural, cic	Prior authorization required for billed chargers greater than or equal to \$750.00
V5251	Hearing aid, digitally programmable analog, binaural, itc	Prior authorization required for billed chargers greater than or equal to \$750.00
V5252	Hearing aid, digitally programmable, binaural, ite	Prior authorization required for billed chargers greater than or equal to \$750.00

V5253	Hearing aid, digitally programmable, binaural, bte	Prior authorization required for billed chargers greater than or equal to \$750.00
V5254	Hearing aid, digital, monaural, CIC	Prior authorization required for billed chargers greater than or equal to \$750.00
V5255	Hearing aid, digital, monaural, itc	Prior authorization required for billed chargers greater than or equal to \$750.00
V5256	Hearing aid, digital, monaural, ite	Prior authorization required for billed chargers greater than or equal to \$750.00
V5257	Hearing aid, digital, monaural, BTE	Prior authorization required for billed chargers greater than or equal to \$750.00
V5258	Hearing aid, digital, binaural, CIC	Prior authorization required for billed chargers greater than or equal to \$750.00
V5259	Hearing aid, digital, binaural, ITC	Prior authorization required for billed chargers greater than or equal to \$750.00
V5260	Hearing aid, digital, binaural, ITE	Prior authorization required for billed chargers greater than or equal to \$750.00
V5261	Hearing aid, digital, binaural, BTE	Prior authorization required for billed chargers greater than or equal to \$750.00
V5262	Hearing aid, disposable, any type, monaural	Prior authorization required for billed chargers greater than or equal to \$750.00
V5263	Hearing aid, disposable, any type, binaural	Prior authorization required for billed chargers greater than or equal to \$750.00
V5264	Ear mold/insert, not disposable, any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5265	Ear mold/insert, disposable, any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5266	Battery for use in hearing device	Prior authorization required for billed chargers greater than or equal to \$750.00
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	Prior authorization required

V5268	Assistive listening device, telephone amplifier, any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5269	Assistive listening device, alerting, any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5270	Assistive listening device, television amplifier, any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5271	Assistive listening device, television caption decoder	Prior authorization required for billed chargers greater than or equal to \$750.00
V5272	Assistive listening device, tdd	Prior authorization required for billed chargers greater than or equal to \$750.00
V5273	Assistive listening device, for use with cochlear implant	Prior authorization required for billed chargers greater than or equal to \$750.00
V5274	Assistive listening device, not otherwise specified	Prior authorization required
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	Prior authorization required for billed chargers greater than or equal to \$750.00
V5284	Assistive listening device, personal FM/DM, ear level receiver	Prior authorization required for billed chargers greater than or equal to \$750.00
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	Prior authorization required for billed chargers greater than or equal to \$750.00
V5286	Assistive listening device, personal blue tooth FM/DM receiver	Prior authorization required for billed chargers greater than or equal to \$750.00
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	Prior authorization required
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	Prior authorization required for billed chargers greater than or equal to \$750.00

V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5290	Assistive listening device, transmitter microphone, any type	Prior authorization required for billed chargers greater than or equal to \$750.00
V5298	Hearing aid, not otherwise classified	Prior authorization required
V5299	Hearing service, miscellaneous	Prior authorization required
V5362	Speech screening	Prior authorization required after the 13th visit.
V5363	Language screening	Prior authorization required after the 13th visit.
V5364	Dysphagia screening	Prior authorization required after the 13th visit.
93798	Cardiac Rehab/Monitor	No prior authorization required for members under age 21. Prior authoroization required for members aged 21 and over.
97127	Ther Ivntj W/Focus Cog Funcj	No prior authorization required for members under age 21.
97164	Physical Therapy Re-Eval Est Plan Care 20 Mins	Prior authoroization required for members aged 21 and over.
97168	Occupational Ther Re-Eval Est Plan Care 30 Mins	No prior authorization required for members under age 21.
S9129	Occupational therapy, in the	Prior authoroization required for members aged 21 and over.
S9131	Pt in the home per diem	No prior authorization required for members under age 21.
S9152	Speech therapy, re-eval	Prior authoroization required for members aged 21 and over.

31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	No prior authorization required. <u>Prior authorization required.</u>
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	No prior authorization required. <u>Prior authorization required.</u>
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	No prior authorization required. <u>Prior authorization required.</u>
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	No prior authorization required. <u>Prior authorization required.</u>