



Mercy Care has eliminated prior authorization for approximately 1,300 service codes that currently require prior authorization. We hope this will make caring for our members easier for you. To find additional codes grids for services that will continue to require authorization please visit www.MercyCareAZ.org > For Providers.

Dental benefits are administered by DentaQuest. Please contact DentaQuest for benefit requirements.

For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.

This grid contains all codes that require authorization.

Benefit coverage may vary by member and may be subject to special conditions.

Code	Description	Variance Detail
0001M	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH	
0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	
0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	
0006U	DETCJ IA MEDS SBST SUPPL & FOODS 120+ ANALYTES	
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	
0007U	RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	
0008U	HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA	
0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	
0011M	ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG	
0011U	RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	
0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW	
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	
0018U	ONC THYR 10 MICRORNA SEQ +/- RSLT MOD HI RSK MAL	
0019U	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	
0020U	RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	
0021U	ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA&RNA 23 GENES	
0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	
0024U	GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	
0025U	TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	
0026U	ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS	
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	

0029U	RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS	
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	
0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	
0032U	COMT GENE ANALYSIS C.472GGT A VARIANT	
0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	This specific code is not open for payment as there is another code that should be used.
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	This specific code is not open for payment as there is another code that should be used.
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	This specific code is not open for payment as there is another code that should be used.
0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	This specific code is not open for payment as there is another code that should be used.
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	This specific code is not open for payment as there is another code that should be used.
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	
0051U	RX MNTR DRUGS PRESENT LC-MS/MS UR 31 DRUG PANEL	
0052U	LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENRFUGTN	
0053U	ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC ALG	
0054U	RX MNTR 14+ CLASS DRUGS & SBSTS CAPILLARY BLOOD	
0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	
0056U	HEM AML DNA GENE REARRANGEMENT BLOOD/BONE MARROW	
0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	
0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	
0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD +/-	
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	
0061U	TC MEAS 5 BIOMARKERS W/SFDI MULTI-SPECTRAL ALYS	
0071T	US ABLATJ UTERINE LEIOMYOMATA LT 200 CC TISSUE	This specific code is not open for payment as there is another code that should be used.
0075T	TCAT PLMT XTRC VRT CRTD STENT RS&I PROQ 1ST VSL	This specific code is not open for payment as there is another code that should be used.
0076T	TCAT PLMT XTRC VRT CRTD STENT RS&IPROQ EA VSL	This specific code is not open for payment as there is another code that should be used.
0085T	BREATH TEST HEART TRANSPLANT REJECTION	This specific code is not open for payment as there is another code that should be used.
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
0100T	PLMT SCJNCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA	This specific code is not open for payment as there is another code that should be used.
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	This specific code is not open for payment as there is another code that should be used.
0102T	EXTRCRPL SHOCK WAVE W/ANES LAT HUMERL EPICONDYLE	This specific code is not open for payment as there is another code that should be used.
0106T	QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI	This specific code is not open for payment as there is another code that should be used.

0107T	QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI	This specific code is not open for payment as there is another code that should be used.
0108T	QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI	This specific code is not open for payment as there is another code that should be used.
0109T	QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI	This specific code is not open for payment as there is another code that should be used.
0110T	QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI	This specific code is not open for payment as there is another code that should be used.
0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS	This specific code is not open for payment as there is another code that should be used.
0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY	This specific code is not open for payment as there is another code that should be used.
0159T	COMPUTER AIDED DETECTION BREAST MRI	
0174T	CAD CHEST RADIOGRAPH CONCURRENT W/INTERPRETATION	This specific code is not open for payment as there is another code that should be used.
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ	This specific code is not open for payment as there is another code that should be used.
0188T	VIDEOCONFERENCED CRITICAL CARE FIRST 30-74 MIN	This specific code is not open for payment as there is another code that should be used.
0189T	VIDEOCONFERENCED CRITICAL CARE EA ADDL 30 MIN	This specific code is not open for payment as there is another code that should be used.
0195T	ARTHRODESIS PRESACRAL INTRBDY W/O INSTRUM L5/S1	This specific code is not open for payment as there is another code that should be used.
0196T	ARTHRODESIS PRESACRAL INTRBDY W/O INSTRUM L4/L5	This specific code is not open for payment as there is another code that should be used.
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/I&R	This specific code is not open for payment as there is another code that should be used.
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
0200T	PERQ SAC AGMNTJ UNI W/WO BALO/MCHNL DEV 1/GT NDL	This specific code is not open for payment as there is another code that should be used.
0201T	PERQ SAC AGMNTJ BI W/WO BALO/MCHNL DEV 2/GT NDLS	This specific code is not open for payment as there is another code that should be used.
0202T	POST VERT ARTHRPLSTY W/WO BONE CEMENT 1 LUMB LVL	This specific code is not open for payment as there is another code that should be used.
0205T	IV CATH CORONARY VESSEL/GRAFT SPECTROSCOPY EA VSL	This specific code is not open for payment as there is another code that should be used.
0206T	CPTR DBS ALYS MLT CYCLS CAR ELEC DTA 2/GT ECG LDS	This specific code is not open for payment as there is another code that should be used.
0207T	EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI	This specific code is not open for payment as there is another code that should be used.
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	This specific code is not open for payment as there is another code that should be used.
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR & BONE	This specific code is not open for payment as there is another code that should be used.
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	This specific code is not open for payment as there is another code that should be used.
0211T	SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION	This specific code is not open for payment as there is another code that should be used.

0212T	COMPRES AUDIOM THRESHOLD EVAL & SPEECH RECOG	This specific code is not open for payment as there is another code that should be used.
0213T	NJX DX/THER PARAVERT FCT JT W/US CER/THOR 1 LVL	
0214T	NJX DX/THER PARAVERT FCT JT W/US CER/THOR 2ND LVL	
0215T	NJX PARAVERTBRL FACET JT W/US CER/THOR 3RD> LVL	
0216T	NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC 1 LVL	
0217T	NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC LVL 2	
0218T	NJX PARAVERTBRL FCT JT W/US LUMB/SAC 3RD> LVL	
0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG & GRFT CERV	This specific code is not open for payment as there is another code that should be used.
0220T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT THOR	This specific code is not open for payment as there is another code that should be used.
0221T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT LUMB	This specific code is not open for payment as there is another code that should be used.
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	This specific code is not open for payment as there is another code that should be used.
0228T	NJX ANES/STEROID TFRML EDRL W/US CER/THOR 1 LVL	
0229T	NJX ANES/STERD TFRML EDRL W/US CER/THOR EA ADDL	
0230T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL	
0231T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL	
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	This specific code is not open for payment as there is another code that should be used.
0269T	REV/REMLV CARTD SINS BARREFLX ACT DEV TOT SYSTEM	This specific code is not open for payment as there is another code that should be used.
0270T	REV/REMLV CARTD SINS BARREFLX ACT DEV LEAD ONLY	This specific code is not open for payment as there is another code that should be used.
0271T	REV/REMLV CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	This specific code is not open for payment as there is another code that should be used.
0272T	INTRIGORTION DEV EVAL CARTD SINS BARREFLX W/I&R	This specific code is not open for payment as there is another code that should be used.
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W/PRGRM	This specific code is not open for payment as there is another code that should be used.
0274T	PERC LAMINO-/LAMINECTOMY IMAGE GUIDE CERV/THORAC	This specific code is not open for payment as there is another code that should be used.
0275T	PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR	This specific code is not open for payment as there is another code that should be used.
0290T	CORNEA INCISNS RECIPIENT CORNEA W/LASR KERTPLSTY	This specific code is not open for payment as there is another code that should be used.
0355T	GI TRACT IMAGING INTRALUMINAL COLON WITH I&R	This specific code is not open for payment as there is another code that should be used.
0470T	OCT SKN IMG ACQUISJ I&R 1ST LES	This specific code is not open for payment as there is another code that should be used.
0471T	OCT SKN IMG ACQUISJ I&R EA ADDL LES	This specific code is not open for payment as there is another code that should be used.
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W/ADJ & REPR	This specific code is not open for payment as there is another code that should be used.
0482T	ABSOLUTE QUAN MYOCARD BLD FLO PET STRESS & REST	
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	
0502T	COR FFR DERIVED CTA DATA PREP & TRANSMIS	
0503T	COR FFR CTA DATA ALYS & GNRJ ESTIMATED FFR MODEL	

0504T	COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT	
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	
0510T	Removal of sinus tarsi implant	
0511T	Removal and reinsertion of sinus tarsi implant	
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	
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)	
0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	
0522T	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, including review and report, wireless cardiac stimulator for left	
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) inter	

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	
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)	
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	
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	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	
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	
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	
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	
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	
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	

0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	
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 cl	
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 cl	
10040	ACNE SURGERY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/LT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
11954	SUBCUTANEOUS INJECTION FILLING MATRL GT 10.0 CC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15776	PUNCH GRAFT HAIR TRANSPLANT GT 15 PUNCH GRAFTS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

15780	DERMABRASION TOTAL FACE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15781	DERMABRASION SEGMENTAL FACE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15782	DERMABRASION REGIONAL OTHER THAN FACE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15783	DERMABRASION SUPERFICIAL ANY SITE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15786	ABRASION 1 LESION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15819	CERVICOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15820	BLEPHAROPLASTY LOWER EYELID	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15822	BLEPHAROPLASTY UPPER EYELID	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15824	RHYTIDECTOMY FOREHEAD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

15828	RHYTIDECTOMY CHEEK CHIN & NECK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15829	RHYTIDECTOMY SMAS FLAP	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15837	EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15877	SUCTION ASSISTED LIPECTOMY TRUNK	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
17360	CHEMICAL EXFOLIATION ACNE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
19324	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	This specific code is not open for payment as there is another code that should be used.
22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	This specific code is not open for payment as there is another code that should be used.
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	This specific code is not open for payment as there is another code that should be used.
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
3021F	LEFT VENTRICULAR EJECTION FRACTION LT 40PCT	This specific code is not open for payment as there is another code that should be used.
32851	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	
32852	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	
32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	
32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	

33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision an	
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
35683	BYP AUTOG COMPOSIT 3/GT SEG FROM 2/GT LOCATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	This specific code is not open for payment as there is another code that should be used.
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	This specific code is not open for payment as there is another code that should be used.
44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	
48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	
50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	This specific code is not open for payment as there is another code that should be used.
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	This specific code is not open for payment as there is another code that should be used.
54160	CIRCUMCISION NEONATE	This specific code is not open for payment as there is another code that should be used.
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
55400	VASOVASOSTOMY VASOVASORRHAPHY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
55870	ELECTROEJACULATION	
55970	INTERSEX SURG MALE FEMALE	
55980	INTERSEX SURG FEMALE MALE	
56805	CLITOROPLASTY INTERSEX STATE	
57335	VAGINOPLASTY INTERSEX STATE	
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/LT	
58262	VAG HYST 250 GM/LT W/RMVL TUBE&/OVARY	
58263	VAG HYST 250 GM/LT W/RMVL TUBE OVARY W/RPR NTRCL	
58267	VAG HYST 250 GM/LT W/COLPO-URTCSTOPEXY	
58270	VAGINAL HYSTERECTOMY 250 GM/LT W/RPR ENTEROCELE	
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	
58290	VAGINAL HYSTERECTOMY UTERUS GT 250 GM	
58291	VAG HYST GT 250 GM RMVL TUBE&/OVARY	
58292	VAG HYST GT 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	
58293	VAG HYST GT 250 GM COLPOURTCSTOPEXY W/WO NDSC CTR	
58294	VAGINAL HYSTERECTOMY GT 250 GM RPR ENTEROCELE	
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58323	SPERM WASHING ARTIFICIAL INSEMINATION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	

58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	This specific code is not open for payment as there is another code that should be used.
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/LT	
58542	LAPS SUPRACRV HYSTERECT 250 GM/LT RMVL TUBE/OVAR	
58543	LAPS SUPRACERVICAL HYSTERECTOMY GT 250	
58544	LAPS SUPRACRV HYSTEREC GT 250 G RMVL TUBE/OVARY	
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/LT	
58552	LAPS W/VAG HYSTERECT 250 GM&RMVL TUBE&/OVARIES	
58553	LAPS W/VAGINAL HYSTERECTOMY GT 250 GRAMS	
58554	LAPS VAGINAL HYSTERECT GT 250 GM RMVL TUBE&/OVAR	
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/LT	
58571	LAPS TOTAL HYSTERECT 250 GM/LT W/RMVL TUBE/OVARY	
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58661	LAPS RMVL ADNEXAL STRUXS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58670	LAPAROSCOPY FULGURATION OVIDUCTS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
58672	LAPAROSCOPY FIMBRIOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

58673	LAPAROSCOPY SALPINGOSTOMY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	
58750	TUBOTUBAL ANASTATOMOSIS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58752	TUBOUTERINE IMPLANTATION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58760	FIMBRIOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58770	SALPINGOSTOMY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58974	EMBRYO TRANSFER INTRAUTERINE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	
59830	TX SEPTIC ABORTION SURGICAL	
59840	INDUCED ABORTION DILATION AND CURETTAGE	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59841	INDUCED ABORTION DILATION & EVACUATION	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59850	INDUCED ABORTION 1/GT AMNIOTIC INJX W/D&C/EVACJ	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.

59851	INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS D&C	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59852	INDUCE ABORT 1/GT AMNIOT NJXS DLVR FETUS HYSTOTM	
59855	INDUCED ABORT 1/GT VAG SUPPOSITORIES DLVR FETUS	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59856	INDUCED ABORT 1/GT VAG SUPP DLVR FETUS D&C &/EVAC	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59857	INDUCED ABORT 1/GT VAG SUPPOS DLVR FETUS HYSTOT	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
59866	MULTIFETAL PREGNANCY REDUCTION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	This specific code is not open for payment as there is another code that should be used.
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	This specific code is not open for payment as there is another code that should be used.
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	This specific code is not open for payment as there is another code that should be used.
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	This specific code is not open for payment as there is another code that should be used.
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	This specific code is not open for payment as there is another code that should be used.
62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/GT LEVELS LUMBAR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62292	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63650	PRO IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63663	REVJ INCL RPLCMT NSTIM ELTRD PRO RA INCL FLUOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64520	INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
65710	KERATOPLASTY ANTERIOR LAMELLAR	
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	
65750	KERATOPLASTY PENETRAING APHAKIA	
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	
65760	KERATOMILEUSIS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
65765	KERATOPHAKIA	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
65767	EPIKERATOPLASTY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
65771	RADIAL KERATOTOMY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
69090	EAR PIERCING	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
70336	MRI TEMPOROMANDIBULAR JOINT	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70540	MRI ORBIT FACE &/NECK W/O CONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70544	MRA HEAD W/O CONTRST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70545	MRA HEAD W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70546	MRA HEAD W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70547	MRA NECK W/O CONTRST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70548	MRA NECK W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

70549	MRA NECK W/O &W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71250	CT THORAX W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71260	CT THORAX W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71270	CT THORAX W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71550	MRI CHEST W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71551	MRI CHEST W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71552	MRI CHEST W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
71555	MRA CHEST W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72127	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72129	CT THORACIC SPINE W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

72192	CT PELVIS W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72193	CT PELVIS W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72194	CT PELVIS W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72195	MRI PELVIS W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72196	MRI PELVIS W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72198	MRA PELVIS W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72285	DISKOGRAPY CERVICAL/THORACIC RS&I	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
72295	DISKOGRAPY LUMBAR RS&I	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73206	CT ANGIOGRAPHY UPPER EXTREMITY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73706	CT ANGIOGRAPHY LOWER EXTREMITY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74150	CT ABDOMEN W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74160	CT ABDOMEN W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/GT BODY RE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74182	MRI ABDOMEN W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	This specific code is not open for payment as there is another code that should be used.
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
76390	MRI SPECTROSCOPY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
76391	Magnetic resonance (eg, vibration) elastography	
76948	US GUIDANCE ASPIRATION OVA IMG S&I	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	
76981	Ultrasound, elastography; parenchyma (eg, organ)	
76982	Ultrasound, elastography; first target lesion	
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	

77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77012	CT GUIDANCE NEEDLE PLACEMENT	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77013	CT GUIDANCE &MONITORING VISC TISS ABLATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77021	MR GUIDANCE NEEDLE PLACEMENT	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77022	MR GUIDANCE &MONITORING TISSUE ABLATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
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	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
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	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77058	MRI BREAST UNILATERAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77059	MRI BREAST BILATERAL	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77078	CT BONE MINERL DENSITY STUDY 1/GT SITS AXIAL SKE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
77084	BONE MARROW BLOOD SUPPLY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78351	BONE DENSTY 1/GT SITES DUAL PHOTON ABSORPTIOMETR	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78491	MYOICRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

78492	MYOCDR IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78812	PET IMAGING SKULL BASE TO MID-THIGH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78813	PET IMAGING WHOLE BODY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	
81120	IDH1 COMMON VARIANTS	
81121	IDH2 COMMON VARIANTS	
81161	DMD DUPLICATION/DELETION ANALYSIS	
81162	BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
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)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	

81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
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)	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	

81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	
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)	
81211	BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA	
81212	BRCA1&BRCA2 ANAL 185DEL/AG5385INSC/6174DELT	
81213	BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS	
81214	BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS	
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	
81232	DYPD GENE ANALYSIS COMMON VARIANTS	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	
81235	EGFR GENE ANALYSIS COMMON VARIANTS	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	
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)	
81238	F9 FULL GENE SEQUENCE	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	
81240	F2 GENE ANALYSIS 20210G GT A VARIANT	
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	
81242	FANCC GENE ANALYSIS COMMON VARIANT	
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	

81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	
81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS	
81247	G6PD GENE ANALYSIS COMMON VARIANTS	
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	
81250	G6PC GENE ANALYSIS COMMON VARIANTS	
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	
81255	HEXA GENE ANALYSIS COMMON VARIANTS	
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	
81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	
81258	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	
81259	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	
81261	IGH REARRANGE ABNORMAL CLONAL POP AMPLIFIED	
81262	IGH REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	
81263	IGH VARIABLE REGION SOMATIC MUTATION ANALYSIS	
81264	IGK GENE REARRANGE DETECT ABNORMAL CLONAL POP	
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	
81269	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	
81273	KIT GENE ANALYSIS D816 VARIANT(S)	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	
81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	

81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	
81302	MECP2 GENE ANALYSIS FULL SEQUENCE	
81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	
81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	
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	
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	
81331	SNRPN/UBE3A METHYLATION ANALYSIS	
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	

81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	
81335	TPMT GENE ANALYSIS COMMON VARIANTS	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	
81340	TRB REARRANGEMENT ANAL AMPLIFICATION METHOD	
81341	TRB REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	
81342	TRG GENE REARRANGEMENT ANALYSIS	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	
81346	TYMS GENE ANALYSIS COMMON VARIANTS	
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	
81361	HBB COMMON VARIANTS	
81362	HBB KNOWN FAMILIAL VARIANTS	
81363	HBB DUPLICATION/DELETION VARIANTS	
81364	HBB FULL GENE SEQUENCE	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	
81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	
81415	EXOME SEQUENCE ANALYSIS	
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	
81422	FETAL CHROMOSOMAL MICRODEL TJ GENOMIC SEQ ANALYS	

81425	GENOME SEQUENCE ANALYSIS	
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	
81431	HEARING LOSS DUP/DEL ANALYSIS	
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	
81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, p	
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	
81455	GEN SEQ ANALYS SOL ORG/HEMTOIMPHOID NEO 51/GT GEN	
81460	WHOLE MITOCHONDRIAL GENOME	
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	
81490	AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS	
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	
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 benefi	
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	
81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	
81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	

81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	
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 necroinflamm	
83006	GROWTH STIMULATION EXPRESSED GENE 2	
84830	OVULATION TEST VISUAL COLOR COMPARISON HLH	This specific code is not open for payment as there is another code that should be used.
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	This specific code is not open for payment as there is another code that should be used.
86794	ZIKA VIRUS IGM ANTIBODY	
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	This specific code is not open for payment as there is another code that should be used.
86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	This specific code is not open for payment as there is another code that should be used.
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	This specific code is not open for payment as there is another code that should be used.
87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	
87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	
87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	
87634	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	
87662	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	
88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88005	NECROPSY GROSS EXAMINATION W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88016	NECROPSY GROSS EXAM MACERATED STILLBORN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88020	NECROPSY GROSS & MICROSCOPIC W/O CNS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88036	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88037	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88040	NECROPSY FORENSIC EXAMINATION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
88045	NECROPSY CORONER CALL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89250	CUL OOCYTE/EMBRYO LT 4 DAYS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89251	CUL OOCYTE/EMBRYO LT 4 D CO-CULT OOCYTE/EMBRY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89254	OOCYTE ID FROM FOLLICULAR FLU	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89255	PREPJ EMBRYO TR	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89258	CRYOPRSRV EMBRYO	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89259	CRYOPRSRV SPRM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	
89268	INSEMINATION OOCYTES	This specific code is not open for payment as there is another code that should be used.
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	This specific code is not open for payment as there is another code that should be used.
89280	ASSTD FERTILIZATION MICROTQ LT /EQUAL 10 OOCYTES	This specific code is not open for payment as there is another code that should be used.
89281	ASSTD FERTILIZATION MICROTQ GT 10 OOCYTES	This specific code is not open for payment as there is another code that should be used.
89290	BX OOCYTE MICROTQ LT /EQU 5 EMBRY	This specific code is not open for payment as there is another code that should be used.
89291	BX OOCYTE MICROTQ GT 5 EMBRY	This specific code is not open for payment as there is another code that should be used.
89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	
89325	SPERM ANTIBODIES	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89329	SPERM EVALUATION HAMSTER PENETRATION TEST	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	This specific code is not open for payment as there is another code that should be used.
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	This specific code is not open for payment as there is another code that should be used.
89337	CRYOPRESERVATION MATURE OOCYTE(S)	
89342	STORAGE PER YEAR EMBRYO	This specific code is not open for payment as there is another code that should be used.
89343	STORAGE PER YEAR SPERM/SEMEN	This specific code is not open for payment as there is another code that should be used.
89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	This specific code is not open for payment as there is another code that should be used.
89346	STORAGE PER YEAR OOCYTE	This specific code is not open for payment as there is another code that should be used.
89352	THAWING CRYOPRESERVED EMBRYO	This specific code is not open for payment as there is another code that should be used.
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	This specific code is not open for payment as there is another code that should be used.
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	This specific code is not open for payment as there is another code that should be used.
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	This specific code is not open for payment as there is another code that should be used.
90281	IMMUNE GLOBULIN IG HUMAN IM USE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	This specific code is not open for payment as there is another code that should be used.
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90661	CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	This specific code is not open for payment as there is another code that should be used.
90664	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	This specific code is not open for payment as there is another code that should be used.
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	This specific code is not open for payment as there is another code that should be used.
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	This specific code is not open for payment as there is another code that should be used.
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	This specific code is not open for payment as there is another code that should be used.
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	This specific code is not open for payment as there is another code that should be used.
90880	HYPNOTHERAPY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	This specific code is not open for payment as there is another code that should be used.
90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	This specific code is not open for payment as there is another code that should be used.
91111	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	This specific code is not open for payment as there is another code that should be used.
92559	AUDIOMETRIC TESTING GROUPS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care	
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	This specific code is not open for payment as there is another code that should be used.
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	This specific code is not open for payment as there is another code that should be used.
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	This specific code is not open for payment as there is another code that should be used.
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	This specific code is not open for payment as there is another code that should be used.
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	This specific code is not open for payment as there is another code that should be used.
96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
97010	APPLICATION MODALITY 1/GT AREAS HOT/COLD PACKS	This specific code is not open for payment as there is another code that should be used.

97012	APPL MODALITY 1/GT AREAS TRACTION MECHANICAL	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97014	APPL MODALITY 1/GT AREAS ELEC STIMJ UNATTENDED	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97016	APPL MODALITY 1/GT AREAS VASOPNEUMATIC DEVICES	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97018	APPL MODALITY 1/GT AREAS PARAFFIN BATH	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97022	APPLICATION MODALITY 1/GT AREAS WHIRLPOOL	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97024	APPLICATION MODALITY 1/GT AREAS DIATHERMY	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97026	APPLICATION MODALITY 1/GT AREAS INFRARED	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97028	APPL MODALITY 1/GT AREAS ULTRAVIOLET	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97032	APPL MODALITY 1/GT AREAS ELEC STIMJ EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97033	APPL MODALITY 1/GT AREAS IONTOPHORESIS EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97034	APPL MODALITY 1/GT AREAS CONTRAST BATHS EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97035	APPL MODALITY 1/GT AREAS ULTRASOUND EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97036	APPL MODALITY 1/GT AREAS HUBBARD TANK EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES

97110	THERAPEUTIC PX 1/GT AREAS EACH 15 MIN EXERCISES	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97112	THER PX 1/GT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97113	THER PX 1/GT AREAS EACH 15 MIN AQUA THER W/XERSS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97116	THER PX 1/GT AREAS EA 15 MIN GAIT TRAINJ W/STAIR	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97124	THER PX 1/GT AREAS EACH 15 MINUTES MASSAGE	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97127	THERAPEUTIC IVNTJ W/FOCUS ON COGNITIVE FUNCTION	
97140	MANUAL THERAPY TQS 1/GT REGIONS EACH 15 MINUTES	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97150	THERAPEUTIC PROCEDURES GROUP 2/GT INDIVIDUALS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES

97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97537	COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97542	WHEELCHAIR MGMT EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97545	WORK HARDENING/CONDITIONING 1ST 2 HR	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97546	WORK HARDENING/CONDITIONING EACH HOUR	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
97810	ACUPUNCTURE 1/GT NDLES W/O ELEC STIMJ INIT 15 MIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
97811	ACUPUNCTURE 1/GT NDLS W/O ELEC STIMJ EA 15 MIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
97813	ACUPUNCTURE 1/GT NDLS W/ELEC STIMJ 1ST 15 MIN	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
97814	ACUP 1/GT NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	This specific code is not open for payment as there is another code that should be used.
98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	This specific code is not open for payment as there is another code that should be used.
98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	This specific code is not open for payment as there is another code that should be used.
98969	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	This specific code is not open for payment as there is another code that should be used.
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	This specific code is not open for payment as there is another code that should be used.
99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	This specific code is not open for payment as there is another code that should be used.
99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99075	MEDICAL TESTIMONY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99078	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99080	SPEC REPORTS GT USUAL MED COMUNICAJ/STAND RPRTG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99082	UNUSUAL TRAVEL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99090	ANALYSIS CLINICAL DATA STORED IN COMPUTERS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99091	COLLJ&INTERPJ PHYS/QHP PHYSIO COMPUTR DATA 30 MI	This specific code is not open for payment as there is another code that should be used.
99100	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/LT	This specific code is not open for payment as there is another code that should be used.

99116	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	This specific code is not open for payment as there is another code that should be used.
99135	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	This specific code is not open for payment as there is another code that should be used.
99140	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	This specific code is not open for payment as there is another code that should be used.
99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	This specific code is not open for payment as there is another code that should be used.
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION GT 30 MIN	This specific code is not open for payment as there is another code that should be used.
99444	PHYS/QHP ONLINE EVALUATION & MANAGEMENT SERVICE	This specific code is not open for payment as there is another code that should be used.
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	This specific code is not open for payment as there is another code that should be used.
99455	WORK RELATED/MED DBLT XM TREATING PHYS	This specific code is not open for payment as there is another code that should be used.
99456	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	This specific code is not open for payment as there is another code that should be used.
99487	CMLPX CHRON CARE MGMT W/O PT VST 1ST HR PER MO	This specific code is not open for payment as there is another code that should be used.
99489	CMLPX CHRON CARE MGMT EA ADDL 30 MIN PER MONTH	This specific code is not open for payment as there is another code that should be used.
99495	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	This specific code is not open for payment as there is another code that should be used.
99496	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	This specific code is not open for payment as there is another code that should be used.
99500	HOME VISIT PRENATAL MONITORING & ASSESSMENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99501	HOME VISIT POSTNATAL ASSMT&F-UP CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99502	HOME VISIT NEWBORN CARE & ASSESSMENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99503	HOME VISIT RESPIRATORY THERAPY CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99504	HOME VISIT MECHANICAL VENTILATION CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

99505	HOME VISIT STOMA CARE&MAINT CLST&CSTOST	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99506	HOME VISIT INTRAMUSCULAR INJECTIONS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99507	HOME VISIT CARE&MAINT CATH	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99509	HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99511	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99512	HOME VISIT HEMODIALYSIS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
99601	HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR	
99602	HOME NFS/SPECTY DRUG ADMN PR VST LT /2 HR EA HR	
99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	This specific code is not open for payment as there is another code that should be used.
99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	This specific code is not open for payment as there is another code that should be used.
99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	This specific code is not open for payment as there is another code that should be used.
A0888	NONCOVERED AMBULANCE MILEAGE PER MILE	
A4550	SURGICAL TRAYS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	
A4566	SHOULDER SLING/VEST ABDUCTION RESTRAINER PREFAB	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
A4570	SPLINTS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

A4580	CAST SUPPLIES	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
A4590	SPECIAL CASTING MATERIAL	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
A5500	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT	
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	
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	
A7025	HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND	
A7026	HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND	
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES	
A8003	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES	
A9273	HOT WATER BOTTLE ICE CAP OR COLLAR ANY TYPE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
A9285	Inversion/eversion correction device	
A9286	HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA	
A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI	
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	
B4100	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	
B4102	ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML EQU 1 U	
B4103	ENTRAL FORMULA PED REPL FLS&LYTES 500 ML EQU 1 U	
B4104	ADDITIVE FOR ENTERAL FORMULA	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	
B4149	ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS	
B4150	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS	
B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	
B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	
B4154	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB	
B4155	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS	
B4157	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	
B4158	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS	
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS	
B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	
B4161	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS	
B4162	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	
B9002	ENTERAL NUTRITION INFUSION PUMP ANY TYPE	

B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE	
C1767	GENERATOR NEUROSTIMULATOR NONRECHARGEABLE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
C1778	LEAD NEUROSTIMULATOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
C1787	PATIENT PROG PATIENT PROGRAMMER NEUROSTIMULATOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
C1816	RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
C1820	GEN NEUROSTIM W/RECHRG BATTERY & CHARGING SYSTEM	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	
C1830	Powered bone marrow biopsy needle	This specific code is not open for payment as there is another code that should be used.
C1840	LENS INTRAOCULAR TELESCOPIC	This specific code is not open for payment as there is another code that should be used.
C1883	ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
C1897	LEAD NEUROSTIMULATOR TEST KIT	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
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 pro	
C9250	HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SD 2ML	This specific code is not open for payment as there is another code that should be used.
C9354	ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM	This specific code is not open for payment as there is another code that should be used.
C9355	COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH	This specific code is not open for payment as there is another code that should be used.
C9356	TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM	This specific code is not open for payment as there is another code that should be used.
C9358	DERM SUBST NAT NONDNTR COL FET BOV PER 0.5 SQ CM	This specific code is not open for payment as there is another code that should be used.
C9360	DERM SUBST NAT NONDNTRD COL NEO BOV ORIG 0.5 CM	This specific code is not open for payment as there is another code that should be used.
C9361	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH	This specific code is not open for payment as there is another code that should be used.
C9362	POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC	This specific code is not open for payment as there is another code that should be used.
C9363	SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM	This specific code is not open for payment as there is another code that should be used.

C9364	PORCINE IMPLANT PERMACOL PER SQUARE CM	This specific code is not open for payment as there is another code that should be used.
C9468	INJECTION FACTOR IX GLYCOPEGYLATED REBINYN 1 IU	
C9727	INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL	This specific code is not open for payment as there is another code that should be used.
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobro	
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	
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)	
E0194	AIR FLUIDIZED BED	
E0256	HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	
E0296	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS	
E0297	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS	
E0310	BEDSIDE RAILS FULL-LENGTH	
E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	
E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	
E0424	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR	
E0425	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	
E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	
E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR	
E0446	TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES	
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	
E0465	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF	
E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	
E0483	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA	
E0485	ORL DEVC/APPL RDUCL UP ARWAY COLLAPSIBILITY PRFAB	
E0486	ORL DEVC/APPL RDUCL UP AIRWAY COLLAPSIBILITY CSTM	
E0572	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE	
E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY	
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE	
E0619	APNEA MONITOR WITH RECORDING FEATURE	
E0620	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA	
E0627	SEAT LIFT MECHANISM ELECTRIC ANY TYPE	
E0629	SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE	
E0635	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	
E0639	PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL	
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	
E0641	STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ	
E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	

E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	
E0720	TENS DEVICE TWO LEAD LOCALIZED STIMULATION	
E0730	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION	
E0731	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	
E0740	NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS	
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	
E0769	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	
E0770	FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS	
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	
E0785	IMPLANTABLE INTRASPINAL CATHETER USED W/PUMP-REPL	
E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE	
E0946	FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED	
E0947	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION	
E0953	WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA	
E0954	WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE EACH FOOT	
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	
E1003	WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC	
E1004	WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC	
E1005	WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC	
E1006	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC	
E1007	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC	
E1008	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC	
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	
E1100	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS	
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED	
E1230	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER	
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	
E1352	OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS	
E1391	O2 CONC 2 DEL PORT 85PCT /GT O2 CONC PRSC FLW RATE EA	
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	
E1405	OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV	
E1406	OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV	
E1700	JAW MOTION REHABILITATION SYSTEM	
E1701	REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX	
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE	
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE	
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE	
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE	
E1818	STATIC PROGRESSIVE STRETCH FOREARM DEVICE	

E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE	
E2100	BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER	
E2101	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE	
E2216	MNL WC ACCESS FOAM FILL PROPULSION TIRE ANY SZ	
E2217	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE	
E2218	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE	
E2230	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS	
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	
E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	
E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	
E2325	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL	
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE	
E2358	PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA	
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	
E2372	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTERY EA	
E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	
E2500	SPEECH GEN DEVC DIGITIZED LT /EQU 8 MINS REC TIME	
E2502	SPCH GEN DEVC DIGTIZDGT 8 MINS LT EQU 20 MINS REC TIME	
E2504	SPCH GEN DEVC DIGTIZDGT 20 MINSLT /EQU 40 MINS REC TIME	
E2506	SPEECH GEN DEVICE DIGITIZED GT 40 MINS REC TIME	
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT	
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS	
E2511	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST	
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	
E2610	WHEELCHAIR SEAT CUSHION POWERED	
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	
E2627	WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO	
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	
E2630	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	
E8000	GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS	
E8001	GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS	
E8002	GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS	
G0128	DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5	This specific code is not open for payment as there is another code that should be used.
G0129	OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION	This specific code is not open for payment as there is another code that should be used.
G0151	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN	
G0152	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN	
G0153	SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN	
G0155	SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN	This specific code is not open for payment as there is another code that should be used.

G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	This specific code is not open for payment as there is another code that should be used.
G0157	SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
G0158	SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN	Authorization is required for DDD members regardless of age. Coverage limitations may apply. Please refer to the AHCCCS Medical Policy Manual 310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES
G0159	SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS	
G0160	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS	
G0161	SERVICE SLP HH EST/DEL SPCH-LANG PATH MP EA 15 M	
G0162	SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS	
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION	
G0176	ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
G0177	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
G0252	PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR	This specific code is not open for payment as there is another code that should be used.
G0255	CURRNT PERCEPT THRESHOLD/SNCT PER LIMB ANY NERVE	This specific code is not open for payment as there is another code that should be used.
G0282	E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281	This specific code is not open for payment as there is another code that should be used.
G0288	RECON CT ANGIO AORTA SURG PLANNING VASC SURG	This specific code is not open for payment as there is another code that should be used.
G0295	ELECMAGNET TX 1/GT AREA WND CARE NOT G0329/OTH USE	This specific code is not open for payment as there is another code that should be used.
G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	
G0300	DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN	
G0341	PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH&INFUS	This specific code is not open for payment as there is another code that should be used.
G0342	LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS	This specific code is not open for payment as there is another code that should be used.
G0343	LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS	This specific code is not open for payment as there is another code that should be used.
G0428	COLL MENISCUS IMPL PROC FILLING MENISCAL DEFECTS	This specific code is not open for payment as there is another code that should be used.
G0429	DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
G0490	FACE-TO-FACE HH NSG VST RHC/FQHC AREA SHTG HHA	

G0493	SKILLED SERVICES RN OBV & ASMT PT COND EA 15 MIN	
G0494	SKILLED SRVC LPN OBS & ASMT PT COND EA 15 MIN	
G0495	SKD SRVC RN TRAIN&/EDU PT/FAM HH/HOSPC EA 15 MIN	
G0496	SKD SRVC LPN TRAIN&/EDU PT/FAM HH/HOSPC E 15 MIN	
G9001	COORDINATED CARE FEE INITIAL RATE	This specific code is not open for payment as there is another code that should be used.
G9002	COORDINATED CARE FEE MAINTENANCE RATE	This specific code is not open for payment as there is another code that should be used.
G9003	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL	This specific code is not open for payment as there is another code that should be used.
G9004	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL	This specific code is not open for payment as there is another code that should be used.
G9005	COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE	This specific code is not open for payment as there is another code that should be used.
G9006	COORDINATED CARE FEE HOME MONITORING	This specific code is not open for payment as there is another code that should be used.
G9007	COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE	This specific code is not open for payment as there is another code that should be used.
G9008	COORD CARE FEE PHYS COORD CARE OVERSIGHT SRVC	This specific code is not open for payment as there is another code that should be used.
G9009	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVEL 3	This specific code is not open for payment as there is another code that should be used.
G9010	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVEL4	This specific code is not open for payment as there is another code that should be used.
G9011	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5	This specific code is not open for payment as there is another code that should be used.
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	This specific code is not open for payment as there is another code that should be used.
G9016	SMOK CESSATN CNSL IND ABSNCE/ADD OTH E&M-SESS	This specific code is not open for payment as there is another code that should be used.
G9050	ONC; PRIM FOCUS VST; WRKUP EVAL/STAG TM DX/RECUR	This specific code is not open for payment as there is another code that should be used.
G9051	ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS	This specific code is not open for payment as there is another code that should be used.
G9052	ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE	This specific code is not open for payment as there is another code that should be used.
G9053	ONC; PRIM FOCUS; EXP MGMT EVIDENCE CA; TX FUTURE	This specific code is not open for payment as there is another code that should be used.
G9054	ONC; PRIM FOCUS; SUP PT TERM CA; PALLIATIVE TX	This specific code is not open for payment as there is another code that should be used.
G9055	ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST	This specific code is not open for payment as there is another code that should be used.
G9056	ONC; PRAC GUIDELINES; MGMT ADHERES TO GUIDELINES	This specific code is not open for payment as there is another code that should be used.
G9057	ONC; PRAC GUIDE; MGMT DIFFR PT ENROLL CLIN TRIAL	This specific code is not open for payment as there is another code that should be used.
G9058	ONC; PRAC GUIDE; MGMT DIFFER PHYS DISAGREE GUIDE	This specific code is not open for payment as there is another code that should be used.
G9059	ONC; PRAC GUIDELINES; MGMT DIFFERS PT OPT ALT TX	This specific code is not open for payment as there is another code that should be used.
G9060	ONC; PRAC GUIDELINE; MGMT DIFFER PT COMORBID ILL	This specific code is not open for payment as there is another code that should be used.

G9061	ONC; PRAC GUIDE; PTS COND NOT ADDRESSED GUIDE	This specific code is not open for payment as there is another code that should be used.
G9062	ONC; PRAC GUIDELINES; MGMT DIFFERS OTH REASON	This specific code is not open for payment as there is another code that should be used.
G9063	ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9064	ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9065	ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9066	ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9068	ONC; STATUS; SC& COMB SM/NONSM; LTD NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9069	ONC; STATUS; SCLC SM CELL&COMB SM/NONSM; EXT MET	This specific code is not open for payment as there is another code that should be used.
G9070	ONC; STATUS; SCLC SC&COMB SM/NONSM; EXTENT UNKN	This specific code is not open for payment as there is another code that should be used.
G9071	ONC; F BRST;ACA; ST I/II;ER&/PR POS;NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9072	ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9073	ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9074	ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9075	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9077	ONC;PROS CA;T1-T2C&GLESN 27&PSALT /EQU 20 NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9078	ONC; PROS CA; T2/T3A GLEASON 8-10/PSAGT 20 NO METS	This specific code is not open for payment as there is another code that should be used.
G9079	ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9080	ONC; STATUS; PROS CA; TX RISING PSA/FAIL DECLINE	This specific code is not open for payment as there is another code that should be used.
G9083	ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9084	ONC; STATUS; COLON CA; T1-3 NO M0 NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9085	ONC; STATUS; COLON CA; T4 NO M0 NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9086	ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9087	ONC; STATUS; COLON CA; M1 MET W/CURR EVIDENCE DZ	This specific code is not open for payment as there is another code that should be used.
G9088	ONC; STATUS; COLON CA;M1 MET NO CURR EVIDENCE DZ	This specific code is not open for payment as there is another code that should be used.
G9089	ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.

G9090	ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9091	ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9092	ONC; STATUS; RECTAL CA; T1-3 N1-2 M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9094	ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9095	ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9096	ONC; STATUS; ESOPH CA; T1-T3 N0-N1/NX NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9097	ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9098	ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9099	ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9100	ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9101	ONC; STATUS; GASTRC CA; R1/R2 RESECT NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9102	ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN	This specific code is not open for payment as there is another code that should be used.
G9103	ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9104	ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9105	ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9106	ONC; STATUS; PAN CA; R1/R2 RESECT NO PROGRESSION	This specific code is not open for payment as there is another code that should be used.
G9107	ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.
G9109	ONC; STATUS; HEAD&NCK CA; T1-T2&N0 M0 NO PROGRSS	This specific code is not open for payment as there is another code that should be used.
G9110	ONC; STATUS; HEAD&NCK CA; T3-4&/N1-3 M0 NO PROGRS	This specific code is not open for payment as there is another code that should be used.
G9111	ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR	This specific code is not open for payment as there is another code that should be used.
G9112	ONC; STATUS; HEAD&NECK CA; EXTENT OF DZ UNKNOWN	This specific code is not open for payment as there is another code that should be used.
G9113	ONC DS STATUS OVARIAN CA ST IA-B NO PROGRESSN	This specific code is not open for payment as there is another code that should be used.
G9114	ONC; OV CA; ST IA-B GR 2-3; ST IC; ST II; NO PROGRS	This specific code is not open for payment as there is another code that should be used.
G9116	ONC; STATUS; OVARIAN CA; PROGRSSN&/PLATINM RSIST	This specific code is not open for payment as there is another code that should be used.
G9117	ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL	This specific code is not open for payment as there is another code that should be used.

G9123	ONC; CML; CHRON PHASE NOT HEMATOL CYT/MOL REMISS	This specific code is not open for payment as there is another code that should be used.
G9124	ONC; CML; ACCEL PHASE NOT HEMA CYT/MOL REMISS	This specific code is not open for payment as there is another code that should be used.
G9125	ONC; CML BP NOT HEMAT CYTOGENIC/MOLECULAR REMISS	This specific code is not open for payment as there is another code that should be used.
G9126	ONC; CML HEMATOLOGIC CYTOGENIC/MOLECULAR REMISS	This specific code is not open for payment as there is another code that should be used.
G9128	ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I	This specific code is not open for payment as there is another code that should be used.
G9129	ONC; LTD TO MX MYELOMA SYS DZ ST II/HIGHER	This specific code is not open for payment as there is another code that should be used.
G9130	ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL	This specific code is not open for payment as there is another code that should be used.
G9147	OP IV INSULIN TX MEASURE: RQ; &/UUN; &/GLU; &/K+	This specific code is not open for payment as there is another code that should be used.
H0003	ALCOHL &/ RX SCR; LAB ANALY PRESENC ALCOHL &/ RX	This specific code is not open for payment as there is another code that should be used.
H0005	ALCOHOL &OR DRUG SERVICES; GROUP CNSL CLINICIAN	This specific code is not open for payment as there is another code that should be used.
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	This specific code is not open for payment as there is another code that should be used.
H0007	ALCOHOL &OR DRUG SERVICES; CRISIS INTERVENTION	This specific code is not open for payment as there is another code that should be used.
H0008	ALCOHOL &OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	This specific code is not open for payment as there is another code that should be used.
H0009	ALCOHOL &OR DRUG SERVICES; ACUTE DTOX HOSP IP	This specific code is not open for payment as there is another code that should be used.
H0010	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	This specific code is not open for payment as there is another code that should be used.
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	This specific code is not open for payment as there is another code that should be used.
H0012	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	This specific code is not open for payment as there is another code that should be used.
H0013	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP	This specific code is not open for payment as there is another code that should be used.
H0014	ALCOHOL &OR DRUG SERVICES; AMB DETOXIFICATION	This specific code is not open for payment as there is another code that should be used.
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC	This specific code is not open for payment as there is another code that should be used.
H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM	For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM	For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE	This specific code is not open for payment as there is another code that should be used.

H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	This specific code is not open for payment as there is another code that should be used.
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE	This specific code is not open for payment as there is another code that should be used.
H0024	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE	This specific code is not open for payment as there is another code that should be used.
H0026	ALCOHL&/RX PREVENTION PROCESS SERVICE CMTY-BASED	This specific code is not open for payment as there is another code that should be used.
H0027	ALCOHOL &OR DRUG PREVENTION ENVIR SERVICE	This specific code is not open for payment as there is another code that should be used.
H0028	ALCOHL&/RX PREV PROB ID&REF SRVC NOT W/ASSESS	This specific code is not open for payment as there is another code that should be used.
H0029	ALCOHOL &OR DRUG PREVENTION ALTERNATIVES SERVICE	This specific code is not open for payment as there is another code that should be used.
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	This specific code is not open for payment as there is another code that should be used.
H0032	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	This specific code is not open for payment as there is another code that should be used.
H0033	ORAL MEDICATION ADMIN DIRECT OBSERVATION	This specific code is not open for payment as there is another code that should be used.
H0035	MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS	This specific code is not open for payment as there is another code that should be used.
H0039	ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN	This specific code is not open for payment as there is another code that should be used.
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH	This specific code is not open for payment as there is another code that should be used.
H0043	SUPPORTED HOUSING PER DIEM	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
H0044	SUPPORTED HOUSING PER MONTH	This specific code is not open for payment as there is another code that should be used.
H0045	RESPIRE CARE SERVICES NOT IN THE HOME PER DIEM	This specific code is not open for payment as there is another code that should be used.
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
H0048	ALC &/OTH RX TST: CLCT&HNDLING ONLY OTH THAN BLD	This specific code is not open for payment as there is another code that should be used.
H0049	ALCOHOL AND/OR DRUG SCREENING	This specific code is not open for payment as there is another code that should be used.
H0050	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN	This specific code is not open for payment as there is another code that should be used.
H1000	PRENATAL CARE AT-RISK ASSESSMENT	This specific code is not open for payment as there is another code that should be used.
H1001	PRENATAL CARE AT-RISK ENHNCD SRVC; ANTPRTM MGMT	This specific code is not open for payment as there is another code that should be used.

H1002	PRENATAL CARE AT-RISK ENHNCD SRVC;CARE COORD	This specific code is not open for payment as there is another code that should be used.
H1003	PRENATAL CARE AT-RISK ENHNCD SERVICE; EDUCATION	This specific code is not open for payment as there is another code that should be used.
H1004	PRENATAL CARE AT-RISK ENHNCD SRVC; F/U HOM VISIT	This specific code is not open for payment as there is another code that should be used.
H1005	PRENATAL CARE AT-RISK ENHANCED SERVICE PACKAGE	This specific code is not open for payment as there is another code that should be used.
H1010	NON-MEDICAL FAM PLANNING EDUCATION PER SESSION	This specific code is not open for payment as there is another code that should be used.
H1011	FAM ASSESS LIC BHVAL HLTH PROF STATE DEFINED	This specific code is not open for payment as there is another code that should be used.
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	This specific code is not open for payment as there is another code that should be used.
H2001	REHABILITATION PROGRAM PER 1/2 DAY	This specific code is not open for payment as there is another code that should be used.
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN	This specific code is not open for payment as there is another code that should be used.
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
H2024	SUPPORTED EMPLOYMENT PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2028	SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
H2029	SEXUAL OFFENDER TREATMENT SERVICE PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2030	MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
H2031	MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2032	ACTIVITY THERAPY PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
H2034	ALCOHOL &OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2035	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER HOUR	This specific code is not open for payment as there is another code that should be used.
H2036	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM	This specific code is not open for payment as there is another code that should be used.
H2037	DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN	This specific code is not open for payment as there is another code that should be used.
J0185	Injection, aprepitant, 1 mg	
J0270	INJECTION ALPROSTADIL 1.25 MCG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	

J0517	Injection, benralizumab, 1 mg	
J0567	Injection, cerliponase alfa, 1 mg	
J0584	Injection, burosumab-twza 1 mg	
J0585	BOTULINUM TOXIN TYPE A PER UNIT	
J0875	INJECTION DALBAVANCIN 5MG	
J0878	INJECTION DAPTOMYCIN 1 MG	
J1095	Injection dexamethasone 9%	
J1301	Injection, edaravone, 1 mg	
J1428	INJECTION ETEPLIRSEN 10 MG	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	
J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	
J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	
J1575	INJ IMMUNE GLOBULIN/HYALURONIDASE 100 MG IG	
J1595	INJECTION GLATIRAMER ACETATE 20 MG	This specific code is not open for payment as there is another code that should be used.
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	
J1628	Injection, guselkumab, 1 mg	
J1745	INJECTION INFILIXIMAB EXCLUDES BIOSIMILAR 10 MG	
J1746	Injection, ibalizumab-uiyk, 10 mg	
J2020	INJECTION LINEZOLID 200 MG	
J2186	Injection, meropenem-vaborbactam	
J2326	INJECTION NUSINERSEN 0.1 MG	
J2469	INJECTION PALONOSETRON HCL 25 MCG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
J3245	Injection, til-drakizumab, 1 mg	
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	
J3316	Injection, triptorelin, extended-release, 3.75 mg	
J3355	INJECTION UROFOLLITROPIN 75 IU	This specific code is not open for payment as there is another code that should be used.
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	
J3490	UNCLASSIFIED DRUGS	
J3570	LAETRILE AMYGDALIN VITAMIN B17	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
J3590	UNCLASSIFIED BIOLOGICS	

J7170	Injection, emicizumab-kxwh, 0.5 mg	
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	
J7180	INJECTION FACTOR XIII 1 I.U.	
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	
J7182	INJECTION FACTOR VIII PER IU	
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	
J7187	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU	
J7188	INJECTION FACTOR VIII PER I.U.	
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	
J7200	INJECTION FACTOR IX RIXUBIS PER IU	
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	
J7209	INJECTION FACTOR VIII 1 I.U.	
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	
J7306	LEVONORGESTREL CNTRACPTV IMPL SYS INCL IMPL&SPL	Prior authorization for this service/procedure is managed by Aetna Medicaid Family Planning and may or may not be a covered benefit. Please FAX or call (602) 798-2745 or (800) 573-4165.
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	This specific code is not open for payment as there is another code that should be used.
J7640	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG	This specific code is not open for payment as there is another code that should be used.
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	
J8515	CABERGOLINE ORAL 0.25 MG	This specific code is not open for payment as there is another code that should be used.
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	This specific code is not open for payment as there is another code that should be used.
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	
J9057	Injection, copanlisib, 1 mg	
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	
J9173	Injection, durvalumab, 10 mg	
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	
J9212	INJECTION INTERFERON ALFA-1 RECOMBINANT 1 MCG	
J9213	INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U	
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	

J9225	HISTRELIN IMPLANT VANTAS 50 MG	
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	
J9311	Injection, rituximab 10 mg and hyaluronidase	
J9312	Injection, rituximab, 10 mg	
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	
K0065	SPOKE PROTECTORS EACH	
K0073	CASTER PIN LOCK EACH	
K0098	DRIVE BELT FOR POWER WHEELCHAIR REPLACEMNT ONLY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
K0105	IV HANGER EACH	
K0108	OTHER ACCESSORIES	No authorization is required when billed with an RB modifier.
K0455	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED	
K0603	REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	
K0733	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA	
K0743	SUCTION PUMP HOME MODEL PORTABLE FOR USE WOUNDS	
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS	
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS	
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO & EQU 300 LBS	
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO & EQU 300 LBS	
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO & EQU 300 LBS	
K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO & EQU 300 LBS	
K0822	PWR WC GRP 2 STD SLING SEAT PT TO & EQU 300 LBS	
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQU 300 LBS	
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/GT	
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/GT	
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO & EQU 300 LBS	
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	

K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/GT	
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO &EQU 300 LBS	
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &EQU 300 LBS	
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	
K0848	PWR WC GRP 3 STD SLING SEAT PT TO & EQU 300 LBS	
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & EQU 300 LBS	
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/GT	
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/GT	
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &EQU 300 LB	
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &EQU 300 LB	
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &EQU 300 LB	
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/GT	
K0868	PWR WC GRP 4 STD SLING SEAT PT TO & EQU 300 LBS	
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & EQU 300 LBS	
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &EQU 300 LB	
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &EQU 300 LB	
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &EQU 300 LB	
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &EQU 300 LBS	
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &EQU 125 LB	
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &EQU 125 LB	
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8681	PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.

L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8683	RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8685	IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8686	IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8687	IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8688	IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8689	EXT RECHARG SYS BATTERY IMPL NEUROSTIM REPL ONLY	Please contact eviCore, Inc. for prior authorization of these services at www.eviCore.com , phone 888-693-3211 or fax 844-822-3862.
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	
M0075	CELLULAR THERAPY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
M0300	IV CHELATION THERAPY	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
P2031	HAIR ANALYSIS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	This specific code is not open for payment as there is another code that should be used.
Q4187	Epicord, per square centimeter	
Q4189	Artacent ac, 1 mg	
Q4190	Artacent ac, per square centimeter	
Q4191	Restorigin, per square centimeter	

Q4192	Restorigin, 1 cc	
Q4193	Coll-e-derm, per square centimeter	
Q4194	Novachor, per square centimeter	
Q4195	Puraply, per square centimeter	
Q4196	Puraply am, per square centimeter	
Q4197	Puraply xt, per square centimeter	
Q4198	Genesis amniotic membrane, per square centimeter	
Q4200	Skin te, per square centimeter	
Q4201	Matrion, per square centimeter	
Q4202	Keroxx (2.5g/cc), 1cc	
Q4203	Derma-gide, per square centimeter	
Q4204	Xwrap, per square centimeter	
Q5001	HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE	
Q5002	HOSPICE/HOME HEALTH CARE IN ASSISTED LIVING FACL	
Q5003	HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF	
Q5003	HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF	
Q5004	HOSPICE CARE PROVIDED SKILLED NURSING FACILITY	
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	
Q5006	HOSPICE CARE PROV INPATIENT HOSPICE FACILITY	
Q5007	HOSPICE CARE PROV LONG TERM CARE FACILITY	
Q5008	HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY	
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	
S0012	BUTORPHANOL TARTRATE NASAL SPRAY 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0014	TACRINE HYDROCHLORIDE 10 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0021	INJECTION CEFOPERAZONE SODIUM 1 GM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0030	INJECTION METRONIDAZOLE 500 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0034	INJECTION OFLOXACIN 400 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0039	INJECTION SULFAMETHOXAZOLE&TRIMETHOPRIM 10 ML	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0040	INJ TICARCILLIN DISODIUM&CLAVULANATE K+ 3.1 GMS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0073	INJECTION AZTREONAM 500 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0074	INJECTION CEFOTETAN DISODIUM 500 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0078	INJECTION FOSPHENYTOIN SODIUM 750 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0080	INJECTION PENTAMIDINE ISETHIONATE 300 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0081	INJECTION PIPERACILLIN SODIUM 500 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0088	IMATINIB 100 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0090	SILDENAFIL CITRATE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0091	GRANISETRON HYDROCHLORIDE 1 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0092	INJECTION HYDROMORPHONE HYDROCHLORIDE 250 MG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0093	INJECTION MORPHINE SULFATE 500 MG	

S0104	ZIDOVUDINE ORAL 100 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0106	BUPROPION HCI SUSTAINED RLSE TAB 150 MG 60 TABS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0108	MERCAPTOPYRINE ORAL 50 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0109	METHADONE ORAL 5MG	This specific code is not open for payment as there is another code that should be used.
S0117	TRETINOIN TOPICAL 5 GRAMS	This specific code is not open for payment as there is another code that should be used.
S0122	INJECTION MENOTROPINS 75 IU	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0126	INJECTION FOLLITROPIN ALFA 75 IU	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0128	INJECTION FOLLITROPIN BETA 75 IU	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0132	INJECTION GANIRELIX ACETATE 250 MCG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0136	CLOZAPINE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0137	DIDANOSINE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0138	FINASTERIDE 5 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0139	MINOXIDIL 10 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0140	SAQUINAVIR 200 MG	This specific code is not open for payment as there is another code that should be used.
S0142	COLISTIMTHATE SODIUM INHAL SOL CONC FORM-PER MG	This specific code is not open for payment as there is another code that should be used.

S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	This specific code is not open for payment as there is another code that should be used.
S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	This specific code is not open for payment as there is another code that should be used.
S0155	STERILE DILUTANT FOR EPOPROSTENOL 50 ML	This specific code is not open for payment as there is another code that should be used.
S0156	EXEMESTANE 25 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	This specific code is not open for payment as there is another code that should be used.
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	This specific code is not open for payment as there is another code that should be used.
S0166	INJECTION OLANZAPINE 2.5 MG	This specific code is not open for payment as there is another code that should be used.
S0169	CALCITROL 0.25 MICROGRAM	This specific code is not open for payment as there is another code that should be used.
S0170	ANASTROZOLE ORAL 1 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0171	INJECTION BUMETANIDE 0.5 MG	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0172	CHLORAMBUCIL ORAL 2 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0174	DOLASETRON MESYLATE ORAL 50 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0175	FLUTAMIDE ORAL 125 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0176	HYDROXYUREA ORAL 500 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0177	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0178	LOMUSTINE ORAL 10 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0179	MEGESTROL ACETATE ORAL 20 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0182	PROCARBAZINE HYDROCHLORIDE ORAL 50 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0183	PROCHLORPERAZINE MALEATE ORAL 5MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0187	TAMOXIFEN CITRATE ORAL 10 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0189	TESTOSTERONE PELLETT 75 MG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0194	DIALYSIS/STRESS VITAMIN SUPPL ORAL 100 CAPSULES	This specific code is not open for payment as there is another code that should be used.
S0197	PRENATAL VITAMINS 30-DAY SUPPLY	This specific code is not open for payment as there is another code that should be used.
S0201	PARTIAL HOSITALIZATION SERVICES LT 24 HR PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0207	PARAMEDIC INTERCEPT NON-HOS-BASED ALS SRVC NON-T	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0208	PARAMEDIC INTERCPT HOS-BASE ALS SRVC NON-TRNSPRT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0220	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 30 MIN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0221	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 60 MIN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0250	COMP GERIATRIC ASSESS&TX PLAN PRFRM ASSESS TEAM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0255	BY NURSE SOCIAL WORKER OR OTHER DESIGNATED STAFF	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0260	HISTORY AND PHYSICAL RELATED TO SURGICAL PROC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0265	GENETIC COUNSELING PHYS SUPERVISION EA 15 MINS	This specific code is not open for payment as there is another code that should be used.
S0273	PHYS VST MEMBER HOME OUTSIDE CAPITATION ARRNGMNT	This specific code is not open for payment as there is another code that should be used.
S0274	NP VST MEMBER HOME OUTSIDE CAPITATION ARRANGMENT	This specific code is not open for payment as there is another code that should be used.
S0280	MEDICAL HOME PROG COMP CARE COORD INITIAL PLAN	This specific code is not open for payment as there is another code that should be used.
S0281	MEDICAL HOME PROGRAM COMP CARE COORD MAINT PLAN	This specific code is not open for payment as there is another code that should be used.
S0302	CMPL EARLY PERIODIC SCREENING DX&TX SERVICE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0310	HOSPITALIST SERVICES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM	This specific code is not open for payment as there is another code that should be used.
S0320	TEL CALLS RN TO DZ MGMT PROGM MEMB MONITOR; MO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0340	LIFESTYL MOD PROG MGMT COR ART DZ; LIFESTYL MOD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0341	LIFESTYL MOD PROG MGMT COR ART DZ; 2ND/3RD QTR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0342	LIFESTYL MOD PROG MGMT COR ART DZ; 4TH QTR/STAGE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0390	ROUTINE FOOT CARE; PER VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0395	IMPRESSION CASTING FOOT PERFORMED PRACTITIONER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0400	GLOBAL FEE XTRACORP SHOCK WAVE LITH KIDNEY STONE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0500	DISPOSABLE CONTACT LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0504	SINGLE VISION PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0506	BIFOCAL VISION PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0508	TRIFOCAL VISION PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0510	NON-PRESCRIPTION LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0512	DAILY WEAR SPECIALTY CONTACT LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0514	COLOR CONTACT LENS PER LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0515	SCLERAL LENS LIQUID BANDAGE DEVICE PER LENS	This specific code is not open for payment as there is another code that should be used.
S0516	SAFETY EYEGLASS FRAMES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0518	SUNGLASSES FRAMES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0580	POLYCARBONATE LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0581	NONSTANDARD LENS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0592	COMPREHENSIVE CONTACT LENS EVALUATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0595	DISPNSING NEW SPECTACLE LENSES PT SUPPLIED FRAME	This specific code is not open for payment as there is another code that should be used.
S0601	SCREENING PROCTOSCOPY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0610	ANNUAL GYNECOLOGICAL EXAMINATION NEW PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0612	ANNUAL GYNECOLOGICAL EXAMINATION EST PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0613	ANNUAL GYN EXAM CLIN BREAST EXAM W/O PELV EVAL	This specific code is not open for payment as there is another code that should be used.
S0618	AUDIOMETRY FOR HEARING AID EVALUATION	This specific code is not open for payment as there is another code that should be used.
S0620	ROUTINE OPHTH EXAM INCL REFRACTION; NEW PT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0621	ROUTINE OPHTH EXAM INCL REFRACTION; EST PT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0622	PHYSICAL EXAM COLLEGE NEW OR ESTABLISHED PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0630	RMV SUTURES; PHYS NOT PHYS WHO ORIGLY CLOS WND	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0800	LASER IN SITU KERATOMILEUSIS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S0810	PHOTOREFRACTIVE KERATECTOMY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S0812	PHOTOTHERAPEUTIC KERATECTOMY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1001	DELUXE ITEM PATIENT AWARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1002	CUSTOMIZED ITEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1015	IV TUBING EXTENSION SET	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1016	NON-PVC IV ADMN SET W/RX THAT ARE NOT STABL PVC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1030	CONT NONINVASIVE GLU MONITORING DEVICE PURCHASE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S1031	CONT NONINVAS GLU MON DEVC RENTAL SENSOR REPL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2053	TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2060	LOBAR LUNG TRANSPLANTATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2066	BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI	This specific code is not open for payment as there is another code that should be used.
S2067	BRST RECON 1 BRST DIEP FLAP(S)&/GAP FLAP(S) UNI	This specific code is not open for payment as there is another code that should be used.
S2068	BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2070	CYSTO W/URETERSCPY&/PYELSCPY;LASR TX URETRL CALC	This specific code is not open for payment as there is another code that should be used.
S2079	LAP ESOPHAGOMYOTOMY HELLER TYPE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2080	LASER-ASSISTED UVULOPALATOPLASTY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	This specific code is not open for payment as there is another code that should be used.
S2102	ISLET CELL TISS TRANSPLANT FROM PANC; ALLOGENEIC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2112	ARTHROSCOPY KNEE SURGICAL HARVESTING CARTILAGE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2115	OSTEOTOMY PERIACETABULAR WITH INTERNAL FIXATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2117	ARTHROEREISIS SUBTALAR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2118	METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT	This specific code is not open for payment as there is another code that should be used.
S2120	LDL APHERES HEPARN-INDUCD XTRACORP LDL PRECIP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2150	BN MARROW/BLD DERIVD STEM CELLS HARV TPLNT&COMP;	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2152	SOLID ORGAN; TRANSPLANTATION & RELATED COMP	This specific code is not open for payment as there is another code that should be used.
S2202	ECHOSCLEROTHERAPY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2205	MIN INVASV DIR CAB SURG; ART GFT 1 COR ART GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2206	MIN INVASV DIR CAB SURG; ART GFT 2 COR ART GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2207	MIN INVAS DIR CAB; VEN GFT ONLY 1 COR VEN GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2208	MIN INVAS DIR CAB SURG; 1 ART&VEN GFT 1 VEN GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2209	MIN INVASV DIR CAB SURG; 2 ART GFT&1 VENUS GFT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2225	MYRINGOTOMY LASER-ASSISTED	This specific code is not open for payment as there is another code that should be used.
S2230	IMPL MAGNET CMPNT SEMI-IMPL HEARING DEVC MID EAR	This specific code is not open for payment as there is another code that should be used.
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	This specific code is not open for payment as there is another code that should be used.
S2260	INDUCED ABORTION 17 TO 24 WEEKS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2265	INDUCED ABORTION 25 TO 28 WEEKS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2266	INDUCED ABORTION 29 TO 31 WEEKS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2267	INDUCED ABORTION 32 WEEKS OR GREATER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2300	ARTHROSCOPE SHLDR SURG; W/THERML-INDUCD CPSLORR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2325	HIP CORE DECOMPRESSION	This specific code is not open for payment as there is another code that should be used.
S2340	CHEMODENERVATION ABDUCTOR MUSCLE VOCAL CORD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2341	CHEMODENERVATION ADDUCTOR MUSCLE VOCAL CORD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2342	NASAL ENDOSCOPIC POSNASAL ENDOSCOPIC POSTOP DEBR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2348	DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB	This specific code is not open for payment as there is another code that should be used.
S2350	DISKECT ANT W/OSTEOPHYTECT; LUMBAR 1 INTERSPACE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2351	DISKECT ANT W/OSTEOPHYTECT; LUMB EA ADD INTRSP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2400	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2401	REPAIR URINARY TRACT OBSTRUCTION FETUS IN UTERO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2402	REPAIR CCAM IN THE FETUS PROCEDURE IN UTERO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2403	REPAIR EPS IN FETUS PROCEDURE PERFORMED IN UTERO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S2404	REPAIR MYELOMENINGOCELE FETUS PROC PRFRM UTERO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2405	REPR SACROCOC TERATOMA FETUS IN UTERO	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT-TTTS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	This specific code is not open for payment as there is another code that should be used.
S3000	DIABETIC INDICATOR; RETINAL EYE EXAM DILATED BIL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3005	PERFORMANCE MSR EVAL PT SELF ASSESS DEPRESSION	This specific code is not open for payment as there is another code that should be used.
S3600	STAT LABORATORY REQUEST	This specific code is not open for payment as there is another code that should be used.
S3601	EMERG STAT LAB CHARGE PT HOMBOUND/RESID NRS FACL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3630	EOSINOPHIL COUNT BLOOD DIRECT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3645	HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3650	SALIVA TEST HORMONE LEVEL; DURING MENOPAUSE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3652	SALIVA TST HORMONE LEVL; ASSESS PRTERM LABR RISK	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3655	ANTISPERM ANTIBODIES TEST	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S3708	GASTROINTESTINAL FAT ABSORPTION STUDY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE	This specific code is not open for payment as there is another code that should be used.
S3841	GENETIC TESTING FOR RETINOBLASTOMA	This specific code is not open for payment as there is another code that should be used.
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	This specific code is not open for payment as there is another code that should be used.
S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS	This specific code is not open for payment as there is another code that should be used.
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	This specific code is not open for payment as there is another code that should be used.
S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA	This specific code is not open for payment as there is another code that should be used.
S3849	GENETIC TESTING FOR NIEMANN-PICK DISEASES	This specific code is not open for payment as there is another code that should be used.
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	This specific code is not open for payment as there is another code that should be used.
S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	This specific code is not open for payment as there is another code that should be used.
S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY	This specific code is not open for payment as there is another code that should be used.
S3861	GENETIC TESTING SCN5A & VARIANTS FOR SUSPECTED BS	This specific code is not open for payment as there is another code that should be used.
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	This specific code is not open for payment as there is another code that should be used.
S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	This specific code is not open for payment as there is another code that should be used.
S3870	CGH MICROARRAY TEST DD ASD &/OR INTELL DISABILTY	This specific code is not open for payment as there is another code that should be used.
S3902	BALLISTOCARDIOGRAM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S3904	MASTERS TWO STEP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4005	INTERIM LABOR FACILITY GLOBAL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4011	IN VITRO FERTILIZATION;	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4013	CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4014	CMPL CYCLE ZYGOTE INTRAFALLOPIAN TRNSF CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4015	CMPL IN VITRO FERTILIZATION CYCLE CASE RATE NOS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4016	FROZEN IN VITRO FERTILIZATION CYCLE CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4017	INCPL CYCLE TX CANCELED PRIOR TO STIM CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4018	FRZN EMB TRANS PROC CANCEL BEFR TRANS CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4020	IVF PROC CANCELLED BEFORE ASPIRATION CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4021	IVF PROC CANCELLED AFTER ASPIRATION CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4022	ASSISTED OOCYTE FERTILIZATION CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4023	DONOR EGG CYCLE INCOMPLETE CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4025	DONOR SERVICES IN VITRO FERTILIZATION CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S4030	SPERM PROCUREMENT&CRYOPRES SERVICES; INIT VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4031	SPERM PROCUREMENT&CRYOPRES SRVC; SUBSQT VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4035	STIM INTRAUTERINE INSEMINATION CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4037	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4040	MON & STORAGE CRYOPRESERVED EMBRYOS PER 30 DAYS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4042	MANAGEMENT OF OVULATION INDUCTION PER CYCLE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4981	INSRTION LEVONORGESTREL-RELEASING INTRAUTERN SYS	This specific code is not open for payment as there is another code that should be used.
S4990	NICOTINE PATCHES LEGEND	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4991	NICOTINE PATCHES NON-LEGEND	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S4995	SMOKING CESSATION GUM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5000	PRESCRIPTION DRUG GENERIC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5010	5PCT DEXTROSE AND 0.45PCT NORMAL SALINE 1000 ML	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S5012	5PCT DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5013	5PCT DXTROS/0.45PCT NL SALINE KCL&MGSO4 1000 ML	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5014	5PCT DEXTROSE/0.45PCT NL SALINE W/KCL&MGSO4 1500 ML	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5105	DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5109	HOME CARE TRAINING HOME CARE CLIENT PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization. No authorization is required for ACC members >21
S5110	HOME CARE TRAINING FAMILY; PER 15 MINUTES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5111	HOME CARE TRAINING FAMILY; PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5120	CHORE SERVICES; PER 15 MINUTES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5121	CHORE SERVICES; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5126	ATTENDANT CARE SERVICES; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5140	FOSTER CARE ADULT; PER DIEM	This specific code is not open for payment as there is another code that should be used.
S5141	FOSTER CARE ADULT; PER MONTH	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S5145	FOSTER CARE THERAPEUTIC CHILD; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5146	FOSTER CARE THERAPEUTIC CHILD; PER MONTH	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5165	HOME MODIFICATIONS; PER SERVICE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	This specific code is not open for payment as there is another code that should be used.
S5175	LAUNDRY SERVICE EXTERNAL PROFESSIONAL; PER ORDER	This specific code is not open for payment as there is another code that should be used.
S5185	MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH	This specific code is not open for payment as there is another code that should be used.
S5190	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN	This specific code is not open for payment as there is another code that should be used.
S5497	HOME INFUS TX CATH CARE/MAINT NOC; PER DIEM	This specific code is not open for payment as there is another code that should be used.
S5498	HOME INFUS TX CATH CARE/MAINT SIMPLE PER DIEM	This specific code is not open for payment as there is another code that should be used.
S5550	INSULIN RAPID ONSET; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5551	INSULIN MOST RAPID ONSET; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5552	INSULIN INTERMEDIATE ACTING; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5553	INSULIN LONG ACTING; 5 UNITS	This specific code is not open for payment as there is another code that should be used.
S5560	INSULIN DELIVERY DEVICE REUSABLE PEN; 1.5 ML SZ	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5561	INSULIN DELIVERY DEVICE REUSABLE PEN; 3 ML SIZE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5565	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 150 U	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5566	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 300 U	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S5570	INSULIN DELIV DEVICE DISPOSABLE PEN; 1.5 ML SIZE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S5571	INSULIN DELIV DEVICE DISPOSABLE PEN; 3 ML SIZE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8030	SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8035	MAGNETIC SOURCE IMAGING	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8040	TOPOGRAPHIC BRAIN MAPPING	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8055	ULTRASOUND GUID MULTIFETAL PG RDUC TECH CMPNT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS	This specific code is not open for payment as there is another code that should be used.
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	This specific code is not open for payment as there is another code that should be used.
S8096	PORTABLE PEAK FLOW METER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8097	ASTHMA KIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8100	HOLDING CHAMB/SPACR W/INHAL/NEBULIZR; W/O MASK	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8101	HOLDING CHAMB/SPACR W/AN INHAL/NEBULIZR; W/MASK	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8110	PEAK EXPIRATORY FLOW RATE	This specific code is not open for payment as there is another code that should be used.
S8120	O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8121	OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8185	FLUTTER DEVICE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8186	SWIVEL ADAPTOR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8210	MUCUS TRAP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8301	INFECTION CONTROL SUPPLIES NOS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8420	GRADIENT PRESSURE AID SLEEVE&GLOVE CUSTOM MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8421	GRADIENT PRESSURE AID SLEEVE&GLOVE READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8422	GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8423	GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8424	GRADIENT PRESSURE AID SLEEVE READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8425	GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8426	GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8427	GRADIENT PRESSURE AID GLOVE READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8428	GRADIENT PRESSURE AID GAUNTLET READY MADE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8429	GRADIENT PRESSURE EXTERIOR WRAP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8430	PADDING FOR COMPRESSION BANDAGE ROLL	This specific code is not open for payment as there is another code that should be used.
S8431	COMPRESSION BANDAGE ROLL	This specific code is not open for payment as there is another code that should be used.
S8450	SPLINT PREFABRICATED DIGIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8452	SPLINT PREFABRICATED ELBOW	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8460	CAMISOLE POST-MASTECTOMY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8490	INSULIN SYRINGES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8990	PHYSICAL/MANIP TX MAINT RATHER THAN RESTORATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S8999	RESUSCITATION BAG	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9007	ULTRAFILTRATION MONITOR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9024	PARANASAL SINUS ULTRASOUND	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY GALL STONES	This specific code is not open for payment as there is another code that should be used.
S9055	PROCUREN/OTH GROWTH FCT PREP PROMOTE WND HEALING	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9056	COMA STIMULATION PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9061	HOME ADMIN AEROSOLIZED DRUG THERAPY PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9083	GLOBAL FEE URGENT CARE CENTERS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9090	VERTEBRAL AXIAL DECOMPRESSION PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9097	HOME VISIT FOR WOUND CARE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9098	HOME VISIT PHOTOTHERAPY SERVICES PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9117	BACK SCHOOL PER VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM;-HR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	This specific code is not open for payment as there is another code that should be used.
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9125	RESPITE CARE IN THE HOME PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9126	HOSPICE CARE IN THE HOME PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9127	SOCIAL WORK VISIT IN THE HOME PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	
S9140	DIABETIC MGMT PROGM F/U VISIT NON-MD PROVIDER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9141	DIABETIC MANAGEMENT PROGM F/U VISIT MD PROVIDER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9145	INSULIN PUMP INITIATION INSTRUCTION USE OF PUMP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9150	EVALUATION BY OCCULARIST	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9325	HIT PAIN MANAGEMENT INFUSION; PER DIEM	This specific code is not open for payment as there is another code that should be used.
S9326	HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9327	HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9328	HIT IMPLANTED PUMP PAIN MGMT INFUS; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9329	HOME INFUSION TX CHEMOTHERAPY INFUSION; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9330	HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM	
S9331	HIT INTERMIT CHEMOTHAPY INFUS; CARE COORD-DIEM	
S9335	HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM	
S9336	HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM	
S9338	HIT IMMUTHAPY; CARE COORDINATION PER DIEM	
S9339	HOME THERAPY; PERITONEAL DIALYSIS PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9340	HOME THERAPY; ENTERAL NUTRITION; PER DIEM	
S9341	HOME TX; ENTERAL NUTRITION VIA GRAVITY; PER DIEM	
S9342	HOME TX; ENTERAL NUTRITION VIA PUMP; PER DIEM	
S9343	HOME TX; ENTERAL NUTRITION VIA BOLUS; PER DIEM	
S9345	HOME INFUSION TX ANTI-HEMOPHILIC AGENT; PER DIEM	
S9346	HOME INFUS TX ALPHA-1-PROTEINASE INHIBITOR; DIEM	
S9347	HIT UNINTRPED LNG-TERM CNTRL RATE IV/SUBQ;-DIEM	
S9348	HIT SYMPATHOMIMETIC/INOTROPIC AGENT PER DIEM	
S9349	HOME INFUSION THERAPY TOCOLYTIC; PER DIEM	
S9351	HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM	
S9353	HOME INFUSION THERAPY CONT INSULIN; PER DIEM	
S9355	HOME INFUSION THERAPY CHELATION; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9357	HOME INFUSION TX ENZYME REPL IV TX; PER DIEM	
S9359	HIT ANTI-TUMOR NECROS FACTOR IV TX; PER DIEM	
S9361	HOME INFUSION THERAPY DIURETIC IV TX; PER DIEM	
S9363	HIT ANTI-SPASMOTIC TX; CARE SPL&EQP PER DIEM	
S9364	HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9365	HOM INFUS TX TPN; 1 LITER-DAY DIEM	
S9366	HIT TPN; GT 1 LITER BUT NOT GT 2 LITERS-DA-DIEM	
S9367	HIT TPN; GT 2 LITERS BUT NOT GT 3 LITERS-DA -DIEM	
S9368	HIT TOTAL PARENTERAL NUTRIT; GT 3 LITERS-DA -DIEM	
S9370	HOME THERAPY INTERMITTENT ANTI-EMETIC INJ TX;	
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJ TX;	
S9373	HOME INFUSION THERAPY HYDRATION TX; PER DIEM	
S9374	HOME INFUSION THERAPY HYDRATION TX; 1 LITER DAY	
S9375	HIT HYDRATION TX; GT 1 LITER NOGT 2 LITERS DAY	
S9376	HIT HYDRATION TX; GT 2 LITERS NOGT 3 LITERS DAY	
S9377	HOME INFUS THERAPY HYDRATION TX; GT 3 LITERS DAY	
S9379	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	
S9381	DEL/SRVC HI RISK REQ ESCORT/EXTRA PROTECT VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9401	ANTICOAGULAT CLIN INCL ALL SERV NO LAB PER SESS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9436	CHILDBIRTH PREP/LAMAZE CLASS NON-MD PER SESS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9437	CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9438	CESAREAN BIRTH CLASSES NON-PHYSICIAN PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9439	VBAC CLASSES NON-PHYSICIAN PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9441	ASTHMA ED NON-PHYSICIAN PROVIDER PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9442	BIRTHING CLASSES NON-PHYSICIAN PROVIDER-SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9443	LACTATION CLASSES NON-PHYSICIAN PROVIDER-SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9444	PARENTING CLASSES NON-PHYSICIAN PER SESS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9446	PT ED NOC NON-PHYSICIAN PROVIDER GROUP SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9447	INFANT SAFETY CLASSES NON-PHYSICIAN PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9449	WEIGHT MANAGEMENT CLASSES NON-PHYS PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9452	NUTRITION CLASSES NON-PHYSICIAN PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9453	SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9454	STRESS MGMT CLASSES NON-PHYSICIAN PER SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9455	DIABETIC MANAGEMENT PROGRAM GROUP SESSION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9460	DIABETIC MANAGEMENT PROGRAM NURSE VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9465	DIABETIC MANAGEMENT PROGRAM DIETITIAN VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9472	CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9473	PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9474	ENTRSTML TX REGISTERED NRS CERT ENTRSTML TX-DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9475	AMB SET SUBSTANCE ABS TX/DTOXFICATION SRVC-DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9476	VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM	This specific code is not open for payment as there is another code that should be used.
S9482	FAMILY STABILIZATION SERVICES PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
S9529	HOME OR SKILLED NURSING FACILITY PATIENT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9537	HOME TX HEMATOPOIETIC HORMONE INJ TX;PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9538	HOME TRANSFUSION OF BLOOD PRODUCT; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9558	HIT GROWTH HORMONE W/CARE COORDINATION PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9559	HIT INTERFERON W/CARE COORDINATION PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9562	HOM INJ TX PALIVIZUMAB W/ADMN PHRM CARE-PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9590	HOM TX IRRIG TX; W/ADMN PHRM SRVC CARE-PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9810	HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9900	SRVC JOURNAL-LISTED CS PRACT HEALING PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9970	HEALTH CLUB MEMBERSHIP ANNUAL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9981	MEDICAL RECORDS COPYING FEE ADMINISTRATIVE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9982	MEDICAL RECORDS COPYING FEE PER PAGE	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9986	NOT MEDICALLY NECESSARY SERVICE	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9988	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL	This specific code is not open for payment as there is another code that should be used.
S9989	SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

S9994	LODNGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1001	NURSING ASSESSMENT/EVALUATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1004	SERVICES QUALIFIED NURSING AIDE UP TO 15 MINUTES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1005	RESPIRE CARE SERVICES UP TO 15 MINUTES	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1006	ALCOHOL &OR SUBSTANCE ABS SRVC FAM/COUPLE CNSL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1007	ALCOHOL&/SUBSTNC ABS SRVC TX PLAN DVLP&/MOD	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1009	CHILD SIT-CHILD IND REC ALCOHL&/SUBSTNC ABS SRVC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1010	MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1012	ALCOHOL&/SUBSTANCE ABS SERVICES SKILLS DVLP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1014	TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1017	TARGETED CASE MANAGEMENT EACH 15 MINS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.

T1018	SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	For Home and Community Based Services or Long Term Care prior authorization is managed through the Mercy Case Manager, please call (602) 263-3000 or (800) 624-3879.
T1020	PERSONAL CARE SERVICES PER DIEM	
T1021	HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT	
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1024	EVAL&TX TEAM PROV CARE MX/SEV HANDICAP CHLD PER	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1025	INTEN MXDISCIPLIN SRVC CHILD W/CMPLX IMPAIR DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1026	INTEN MXDISCIPLIN SRVC CHILD W/CMPLX IMPAIR HR	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1027	FAMILY TRAIN & COUNSEL CHILD DEVELOPMENT 15 MINS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1028	ASSESSMENT HOME PHYSICAL & FAMILY ENVIRONMENT	This specific code is not open for payment as there is another code that should be used.
T1029	COMP ENVIR LEAD INVESTIGAT NOT W/LAB ANALY-DWELL	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T1502	ADMIN ORL IM&/SUBQ MED HLTH CARE AGCY/PROF-VISIT	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2001	NON-EMERG TRANSPORTATION; PT ATTENDANT/ESCORT	This specific code is not open for payment as there is another code that should be used.

T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2004	NON-EMERG TRNSPRT; COMMERCIAL CARRIER MULTI-PASS	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2010	PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2011	PASRR LEVEL II EVALUATION PER EVALUATION	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2012	HABILITATION EDUCATIONAL WAIVER; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2013	HABILITATION EDUCATIONAL WAIVER; PER HOUR	This specific code is not open for payment as there is another code that should be used.
T2014	HABILITATION PREVOCATIONAL WAIVER; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2015	HABILITATION PREVOCATIONAL WAIVER; PER HOUR	This specific code is not open for payment as there is another code that should be used.
T2016	HABILITATION RESIDENTIAL WAIVER; PER DIEM	No authorization is required for ACC members >21
T2021	DAY HABILITATION WAIVER; PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
T2022	CASE MANAGEMENT; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2023	TARGETED CASE MANAGEMENT; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2024	SERVICE ASSESSMENT/PLAN CARE DEVELOPMENT WAIVER	This specific code is not open for payment as there is another code that should be used.
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	This specific code is not open for payment as there is another code that should be used.
T2027	SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES	This specific code is not open for payment as there is another code that should be used.
T2028	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER	This specific code is not open for payment as there is another code that should be used.
T2029	SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER	This specific code is not open for payment as there is another code that should be used.
T2030	ASSISTED LIVING WAIVER; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2031	ASSISTED LIVING WAIVER; PER DIEM	No authorization is required for ACC members >21
T2032	RESIDENTIAL CARE NOS WAIVER; PER MONTH	This specific code is not open for payment as there is another code that should be used.
T2033	RESIDENTIAL CARE NOS WAIVER; PER DIEM	No authorization is required for ACC members >21
T2034	CRISIS INTERVENTION WAIVER; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2035	UTIL SRVC SUPP MED EQP&ASSTIV TECH/DEVC WAIVER	This specific code is not open for payment as there is another code that should be used.

T2036	THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION	This specific code is not open for payment as there is another code that should be used.
T2037	THERAPEUTIC CAMPING DAY WAIVER; EACH SESSION	This specific code is not open for payment as there is another code that should be used.
T2039	VEHICLE MODIFICATIONS WAIVER; PER SERVICE	This specific code is not open for payment as there is another code that should be used.
T2041	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; 15 MIN	This specific code is not open for payment as there is another code that should be used.
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR	This specific code is not open for payment as there is another code that should be used.
T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	This specific code is not open for payment as there is another code that should be used.
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2046	HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM&BD-DIEM	This specific code is not open for payment as there is another code that should be used.
T2101	HUMAN BREAST MILK PROCESSING STORAGE&DSTRB ONLY	This specific code is not open for payment as there is another code that should be used.
T4521	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4522	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4523	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4524	ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.

T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4529	PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4530	PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4532	PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4534	YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4535	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T4536	INCONT PROD PROTVE UNDWEAR/PULLON REUSBL SIZE EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4538	DIAPER SERVICE REUSABLE DIAPER EACH DIAPER	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4539	INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.

T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	This specific code has another code which more accurately reflects the service(s). If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4543	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T4544	ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	Authorization required for quantities over 180 for members age 21 and over. Up to 240 allowed per month for members age 3-20 without prior authorization.
T5001	POSITIONING SEAT PERSON SPECIAL/ORTHOPEdic NEED	This specific code is not open for payment as there is another code that should be used.
V2025	DELUXE FRAME	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	
V2299	SPECIALTY BIFOCAL	
V2399	SPECIALTY TRIFOCAL	
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	
V2702	DELUXE LENS FEATURE	This specific code is not open for payment as there is another code that should be used.
V2745	ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
V2756	EYE GLASS CASE	This specific code is not open for payment as there is another code that should be used.
V2761	MIRROR COAT TYPE SOLID GRADENT/EQU LENS MATL-LENS	This specific code is not open for payment as there is another code that should be used.
V2762	POLARIZATION ANY LENS MATERIAL PER LENS	This specific code is not open for payment. If this code is appropriate for the service(s) you are providing, please submit a request for Prior Authorization.
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS	This specific code is not open for payment as there is another code that should be used.
V2788	PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS	This specific code is not open for payment as there is another code that should be used.
V2797	VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE	This specific code is not open for payment as there is another code that should be used.
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	

V5267	HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC	
V5268	ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE	This specific code is not open for payment as there is another code that should be used.
V5269	ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE	This specific code is not open for payment as there is another code that should be used.
V5270	ASSTIVE LISTENING DEVICE TELEVISN AMPLIFIER TYPE	This specific code is not open for payment as there is another code that should be used.
V5271	ASSTIVE LISTENING DEVC TELEVISN CAPTION DECODER	This specific code is not open for payment as there is another code that should be used.
V5272	ASSISTIVE LISTENING DEVICE TDD	This specific code is not open for payment as there is another code that should be used.
V5273	ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT	This specific code is not open for payment as there is another code that should be used.
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	
V5336	REPAIR/MOD AUGMENTATIV COMMUNICAT SYSTEM/DEVICE	