



## Changes to Authorization Guidelines for Selected Medical Services

Effective **April 1, 2022**, Healthfirst will change its authorization guidelines for selected medical services. These changes are part of Healthfirst’s ongoing responsibility to evaluate its medical policies compared to the latest scientific evidence and specialty society guidance.

Meanwhile, prior-authorization requirements may be added/updated/removed for certain codes, and post-service determinations may still be applicable based on criteria published in medical policies or local/national coverage determination criteria.

**Note:** Any authorizations on file at this time will remain effective until the next reauthorization is required. As of **April 1, 2022**, authorization requests will be reviewed under the new authorization guidelines.

### More Information

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

**See list below for current prior-authorization requirements for all services, including delegated vendors.**

Code	Code Description	Final Decision	Auth Managed By
0002U	oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (lc-ms/ms) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	Authorization Required	Healthfirst
0003U	oncology (ovarian) biochemical assays of five proteins (apolipoprotein a-1, ca 125 ii, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0007U	drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including dna authentication in comparison to buccal dna, per date of service	Authorization Required	Healthfirst
0008U	helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rna, gyra, pbp1, rdxa and rpob, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	Authorization Required	Healthfirst
0009U	oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (dep) sorting, reported as erbb2 gene amplified or non-amplified	Authorization Required	Healthfirst
0010U	infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Authorization Required	Healthfirst
0011U	prescription drug monitoring, evaluation of drugs present by lc-ms/ms, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	Authorization Required	Healthfirst
0016U	oncology (hematolymphoid neoplasia), rna, bcr/abl1 major and minor breakpoint fusion transcripts, quantitative pcr amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Authorization Required	Healthfirst
0017U	oncology (hematolymphoid neoplasia), jak2 mutation, dna, pcr amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of jak2 mutation not detected or detected	Authorization Required	Healthfirst
0023U	oncology (acute myelogenous leukemia), dna, genotyping of internal tandem duplication, p.d835, p.i836, using mononuclear cells, reported as detection or non-detection of flt3 mutation and indication for or against the use of midostaurin	Authorization Required	Healthfirst
0027U	jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Authorization Required	Healthfirst
0038U	vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative	Authorization Required	Healthfirst
0039U	deoxyribonucleic acid (dna) antibody, double stranded, high avidity	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0040U	bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Authorization Required	Healthfirst
0046U	flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative	Authorization Required	Healthfirst
0049U	npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Authorization Required	Healthfirst
0051U	prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (lc-ms/ms), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	Authorization Required	Healthfirst
0052U	lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of hdl, ldl, and vldl by vertical auto profile ultracentrifugation	Authorization Required	Healthfirst
0054U	prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	Authorization Required	Healthfirst
0058U	oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus oncoprotein (small t antigen), serum, quantitative	Authorization Required	Healthfirst
0059U	oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid protein (vp1), serum, reported as positive or negative	Authorization Required	Healthfirst
0061U	transcutaneous measurement of five biomarkers (tissue oxygenation [sto2], oxyhemoglobin [cthbo2], deoxyhemoglobin [cthbr], papillary and reticular dermal hemoglobin concentrations [cthb1 and cthb2]), using spatial frequency domain imaging (sfdi) and multi-spectral analysis	Authorization Required	Healthfirst
0071T	focused ultrasound ablation of uterine leiomyomata, including mr guidance; total leiomyomata volume less than 200 cc of tissue	Authorization Required	Healthfirst
0072T	focused ultrasound ablation of uterine leiomyomata, including mr guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Authorization Required	Healthfirst
0075T	transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0076T	transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
0095T	removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
0098T	revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
0101T	extracorporeal shock wave involving musculoskeletal system, not otherwise specified	Authorization Required	Healthfirst
0106T	quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	Authorization Required	Healthfirst
0107T	quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	Authorization Required	Healthfirst
0108T	quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	Authorization Required	Healthfirst
0109T	quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	Authorization Required	Healthfirst
0110T	quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	Authorization Required	Healthfirst
0139U	neurology (autism spectrum disorder [asd]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), lc-ms/ms, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of asd)	Authorization Required	Healthfirst
0163T	total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
0164T	removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0165T	revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
0168U	fetal aneuploidy (trisomy 21, 18, and 13) dna sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	Authorization Required	Healthfirst
01990	physiological support for harvesting of organ(s) from brain-dead patient	Authorization Required	Healthfirst
01996	daily hospital management of epidural or subarachnoid continuous drug administration	Authorization Required	Healthfirst
0206U	neurology (alzheimer disease); cell aggregation using morphometric imaging and protein kinase c-epsilon (pkce) concentration in response to amylospheroid treatment by elisa, cultured skin fibroblasts, each reported as positive or negative for alzheimer disease	Authorization Required	Healthfirst
0207T	evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Authorization Required	Healthfirst
0207U	neurology (alzheimer disease); quantitative imaging of phosphorylated erk1 and erk2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for alzheimer disease (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
0219U	infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [pr], reverse transcriptase [rt], integrase [int]), algorithm reported as prediction of antiviral drug susceptibility	Authorization Required	Healthfirst
0222U	red cell antigen (rh blood group) genotyping (rhd and rhce), gene analysis, next-generation sequencing, rh proximal promoter, exons 1-10, portions of introns 2-3	Authorization Required	Healthfirst
0227U	drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (lc-ms/ms) using multiple reaction monitoring (mrm), with drug or metabolite description, includes sample validation	Authorization Required	Healthfirst
0232T	injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Authorization Required	Healthfirst
0243U	obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0247U	obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (ibp4), sex hormone-binding globulin (shbg), quantitative measurement by lc-ms/ms, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	Authorization Required	Healthfirst
0248U	oncology (brain), spheroid cell culture in a 3d microenvironment, 12 drug panel, tumor-response prediction for each drug	Authorization Required	Healthfirst
0249U	oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	Authorization Required	Healthfirst
0250U	oncology (solid organ neoplasm), targeted genomic sequence dna analysis of 505 genes, interrogation for somatic alterations (snvs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Authorization Required	Healthfirst
0251U	hepcidin-25, enzyme-linked immunosorbent assay (elisa), serum or plasma	Authorization Required	Healthfirst
0252U	fetal aneuploidy short tandem-repeat comparative analysis, fetal dna from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy	Authorization Required	Healthfirst
0253U	reproductive medicine (endometrial receptivity analysis), rna gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	Authorization Required	Healthfirst
0254U	reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic dna genomic sequence analysis for aneuploidy, and a mitochondrial dna score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested	Authorization Required	Healthfirst
0342T	therapeutic apheresis with selective hdl delipidation and plasma reinfusion	Authorization Required	Healthfirst
0345T	transcatheter mitral valve repair percutaneous approach via the coronary sinus	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0351T	optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	Authorization Required	Healthfirst
0352T	optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	Authorization Required	Healthfirst
0353T	optical coherence tomography of breast, surgical cavity; real-time intraoperative	Authorization Required	Healthfirst
0354T	optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	Authorization Required	Healthfirst
0355T	gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Authorization Required	Healthfirst
0356T	insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	Authorization Required	Healthfirst
0402T	collagen cross-linking of cornea, including removal of the corneal epithelium and intraoperative pachymetry, when performed (report medication separately)	Authorization Required	Healthfirst
0423T	secretory type ii phospholipase a2 (spla2-ii)	Authorization Required	Healthfirst
0440T	ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Authorization Required	Healthfirst
0441T	ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Authorization Required	Healthfirst
0442T	ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Authorization Required	Healthfirst
0451T	insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	Authorization Required	Healthfirst
0452T	insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	Authorization Required	Healthfirst
0453T	insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0454T	insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	Authorization Required	Healthfirst
0455T	removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	Authorization Required	Healthfirst
0456T	removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	Authorization Required	Healthfirst
0457T	removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	Authorization Required	Healthfirst
0458T	removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	Authorization Required	Healthfirst
0459T	relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes	Authorization Required	Healthfirst
0460T	repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	Authorization Required	Healthfirst
0461T	repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device	Authorization Required	Healthfirst
0462T	programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day	Authorization Required	Healthfirst
0463T	interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day	Authorization Required	Healthfirst
0466T	insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0467T	revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	Authorization Required	Healthfirst
0468T	removal of chest wall respiratory sensor electrode or electrode array	Authorization Required	Healthfirst
0475T	recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	Authorization Required	Healthfirst
0476T	recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	Authorization Required	Healthfirst
0477T	recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	Authorization Required	Healthfirst
0478T	recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	Authorization Required	Healthfirst
0481T	injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Authorization Required	Healthfirst
0483T	transcatheter mitral valve implantation/replacement (tmvi) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed	Authorization Required	Healthfirst
0484T	transcatheter mitral valve implantation/replacement (tmvi) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Authorization Required	Healthfirst
0488T	preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days	Authorization Required	Healthfirst
0494T	surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0495T	initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and x ray when performed; first two hours in sterile field	Authorization Required	Healthfirst
0496T	initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and x ray when performed; each additional hour (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
0497T	external patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	Authorization Required	Healthfirst
0498T	external patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	Authorization Required	Healthfirst
0499T	cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	Authorization Required	Healthfirst
0640T	noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound	Authorization Required	Healthfirst
0641T	noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition only, each flap or wound	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0642T	noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); interpretation and report only, each flap or wound	Authorization Required	Healthfirst
0643T	transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Authorization Required	Healthfirst
0644T	transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Authorization Required	Healthfirst
0645T	transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Authorization Required	Healthfirst
0646T	transcatheter tricuspid valve implantation (ttvi)/ replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Authorization Required	Healthfirst
0647T	insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Authorization Required	Healthfirst
0648T	quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	Authorization Required	Healthfirst
0649T	quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0650T	programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	Authorization Required	Healthfirst
0651T	magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Authorization Required	Healthfirst
0652T	esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Authorization Required	Healthfirst
0653T	esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Authorization Required	Healthfirst
0654T	esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Authorization Required	Healthfirst
0655T	transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging	Authorization Required	Healthfirst
0656T	vertebral body tethering, anterior; up to 7 vertebral segments	Authorization Required	Healthfirst
0657T	vertebral body tethering, anterior; 8 or more vertebral segments	Authorization Required	Healthfirst
0658T	electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Authorization Required	Healthfirst
0659T	transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Authorization Required	Healthfirst
0660T	implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Authorization Required	Healthfirst
0661T	removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Authorization Required	Healthfirst
0662T	scalp cooling, mechanical; initial measurement and calibration of cap	Authorization Required	Healthfirst
0663T	scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0664T	donor hysterectomy (including cold preservation); open, from cadaver donor	Authorization Required	Healthfirst
0665T	donor hysterectomy (including cold preservation); open, from living donor	Authorization Required	Healthfirst
0666T	donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Authorization Required	Healthfirst
0667T	donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Authorization Required	Healthfirst
0668T	backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Authorization Required	Healthfirst
0669T	backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Authorization Required	Healthfirst
0670T	backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Authorization Required	Healthfirst
11201	removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
11920	tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Authorization Required	Healthfirst
11921	tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Authorization Required	Healthfirst
11922	tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
11960	insertion of tissue expander(s) for other than breast, including subsequent expansion	Authorization Required	Healthfirst
11970	replacement of tissue expander with permanent implant	Authorization Required	Healthfirst
15271	application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
15272	application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
15731	forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	Authorization Required	Healthfirst
15734	muscle, myocutaneous, or fasciocutaneous flap; trunk	Authorization Required	Healthfirst
15738	muscle, myocutaneous, or fasciocutaneous flap; lower extremity	Authorization Required	Healthfirst
15760	graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	Authorization Required	Healthfirst
15769	grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Authorization Required	Healthfirst
15771	grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Authorization Required	Healthfirst
15772	grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
15773	grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Authorization Required	Healthfirst
15774	grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
15775	punch graft for hair transplant; 1 to 15 punch grafts	Authorization Required	Healthfirst
15776	punch graft for hair transplant; more than 15 punch grafts	Authorization Required	Healthfirst
15777	implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
15780	dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Authorization Required	Healthfirst
15781	dermabrasion; segmental, face	Authorization Required	Healthfirst
15782	dermabrasion; regional, other than face	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
15783	dermabrasion; superficial, any site (eg, tattoo removal)	Authorization Required	Healthfirst
15786	abrasion; single lesion (eg, keratosis, scar)	Authorization Required	Healthfirst
15787	abrasion; each additional 4 lesions or less (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
15819	cervicoplasty	Authorization Required	Healthfirst
15830	excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Authorization Required	Healthfirst
15833	excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Authorization Required	Healthfirst
15834	excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Authorization Required	Healthfirst
15835	excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Authorization Required	Healthfirst
15836	excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Authorization Required	Healthfirst
15837	excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Authorization Required	Healthfirst
15838	excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Authorization Required	Healthfirst
15839	excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Authorization Required	Healthfirst
15840	graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	Authorization Required	Healthfirst
15841	graft for facial nerve paralysis; free muscle graft (including obtaining graft)	Authorization Required	Healthfirst
15842	graft for facial nerve paralysis; free muscle flap by microsurgical technique	Authorization Required	Healthfirst
15845	graft for facial nerve paralysis; regional muscle transfer	Authorization Required	Healthfirst
15847	excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
15999	unlisted procedure, excision pressure ulcer	Authorization Required	Healthfirst
17380	electrolysis epilation, each 30 minutes	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
17999	unlisted procedure, skin, mucous membrane and subcutaneous tissue	Authorization Required	Healthfirst
19120	excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	Authorization Required	Healthfirst
19300	mastectomy for gynecomastia	Authorization Required	Healthfirst
19301	mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Authorization Required	Healthfirst
19303	mastectomy, simple, complete	Authorization Required	Healthfirst
19305	mastectomy, radical, including pectoral muscles, axillary lymph nodes	Authorization Required	Healthfirst
19306	mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban type operation)	Authorization Required	Healthfirst
19316	mastopexy	Authorization Required	Healthfirst
19318	breast reduction	Authorization Required	Healthfirst
19325	breast augmentation with implant	Authorization Required	Healthfirst
19328	removal of intact breast implant	Authorization Required	Healthfirst
19330	removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Authorization Required	Healthfirst
19340	insertion of breast implant on same day of mastectomy (ie, immediate)	Authorization Required	Healthfirst
19342	insertion or replacement of breast implant on separate day from mastectomy	Authorization Required	Healthfirst
19350	nipple/areola reconstruction	Authorization Required	Healthfirst
19355	correction of inverted nipples	Authorization Required	Healthfirst
19357	tissue expander placement in breast reconstruction, including subsequent expansion(s)	Authorization Required	Healthfirst
19361	breast reconstruction; with latissimus dorsi flap	Authorization Required	Healthfirst
19364	breast reconstruction; with free flap (eg, ftram, diep, siea, gap flap)	Authorization Required	Healthfirst
19367	breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
19368	breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap, requiring separate microvascular anastomosis (supercharging)	Authorization Required	Healthfirst
19369	breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (tram) flap	Authorization Required	Healthfirst
19370	revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Authorization Required	Healthfirst
19371	peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Authorization Required	Healthfirst
19380	revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Authorization Required	Healthfirst
19396	preparation of moulage for custom breast implant	Authorization Required	Healthfirst
19499	unlisted procedure, breast	Authorization Required	Healthfirst
20931	allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
20937	autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
20938	autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
20957	bone graft with microvascular anastomosis; metatarsal	Authorization Required	Healthfirst
20962	bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	Authorization Required	Healthfirst
20999	unlisted procedure, musculoskeletal system, general	Authorization Required	Healthfirst
21089	unlisted maxillofacial prosthetic procedure	Authorization Required	Healthfirst
21125	augmentation, mandibular body or angle; prosthetic material	Authorization Required	Healthfirst
21127	augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Authorization Required	Healthfirst
21137	reduction forehead; contouring only	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
21138	reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Authorization Required	Healthfirst
21139	reduction forehead; contouring and setback of anterior frontal sinus wall	Authorization Required	Healthfirst
21141	reconstruction midface, lefort i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft	Authorization Required	Healthfirst
21142	reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft	Authorization Required	Healthfirst
21143	reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft	Authorization Required	Healthfirst
21145	reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Authorization Required	Healthfirst
21146	reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Authorization Required	Healthfirst
21147	reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Authorization Required	Healthfirst
21150	reconstruction midface, lefort ii; anterior intrusion (eg, treacher-collins syndrome)	Authorization Required	Healthfirst
21151	reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)	Authorization Required	Healthfirst
21154	reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i	Authorization Required	Healthfirst
21155	reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i	Authorization Required	Healthfirst
21159	reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i	Authorization Required	Healthfirst
21160	reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i	Authorization Required	Healthfirst
21172	reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
21175	reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Authorization Required	Healthfirst
21179	reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Authorization Required	Healthfirst
21180	reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Authorization Required	Healthfirst
21181	reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Authorization Required	Healthfirst
21182	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Authorization Required	Healthfirst
21183	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Authorization Required	Healthfirst
21184	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	Authorization Required	Healthfirst
21188	reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)	Authorization Required	Healthfirst
21193	reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; without bone graft	Authorization Required	Healthfirst
21194	reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; with bone graft (includes obtaining graft)	Authorization Required	Healthfirst
21195	reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Authorization Required	Healthfirst
21196	reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Authorization Required	Healthfirst
21198	osteotomy, mandible, segmental;	Authorization Required	Healthfirst
21199	osteotomy, mandible, segmental; with genioglossus advancement	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
21210	graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Authorization Required	Healthfirst
21215	graft, bone; mandible (includes obtaining graft)	Authorization Required	Healthfirst
21230	graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Authorization Required	Healthfirst
21247	reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Authorization Required	Healthfirst
21248	reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Authorization Required	Healthfirst
21249	reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	Authorization Required	Healthfirst
21255	reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Authorization Required	Healthfirst
21256	reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	Authorization Required	Healthfirst
21260	periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Authorization Required	Healthfirst
21261	periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Authorization Required	Healthfirst
21263	periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Authorization Required	Healthfirst
21267	orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Authorization Required	Healthfirst
21268	orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Authorization Required	Healthfirst
21270	malar augmentation, prosthetic material	Authorization Required	Healthfirst
21295	reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	Authorization Required	Healthfirst
21296	reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	Authorization Required	Healthfirst
21299	unlisted craniofacial and maxillofacial procedure	Authorization Required	Healthfirst
21499	unlisted musculoskeletal procedure, head	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
21899	unlisted procedure, neck or thorax	Authorization Required	Healthfirst
22206	osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Authorization Required	Healthfirst
22207	osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Authorization Required	Healthfirst
22208	osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
22210	osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Authorization Required	Healthfirst
22212	osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Authorization Required	Healthfirst
22214	osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Authorization Required	Healthfirst
22216	osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (list separately in addition to primary procedure)	Authorization Required	Healthfirst
22220	osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Authorization Required	Healthfirst
22222	osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Authorization Required	Healthfirst
22224	osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Authorization Required	Healthfirst
22226	osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
22999	unlisted procedure, abdomen, musculoskeletal system	Authorization Required	Healthfirst
23929	unlisted procedure, shoulder	Authorization Required	Healthfirst
24999	unlisted procedure, humerus or elbow	Authorization Required	Healthfirst
25999	unlisted procedure, forearm or wrist	Authorization Required	Healthfirst
26499	correction claw finger, other methods	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
26989	unlisted procedure, hands or fingers	Authorization Required	Healthfirst
27090	removal of hip prosthesis; (separate procedure)	Authorization Required	Healthfirst
27091	removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Authorization Required	Healthfirst
27120	acetabuloplasty; (eg, whitman, colonna, haygroves, or cup type)	Authorization Required	Healthfirst
27125	hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Authorization Required	Healthfirst
27130	arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Authorization Required	Healthfirst
27132	conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Authorization Required	Healthfirst
27134	revision of total hip arthroplasty; both components, with or without autograft or allograft	Authorization Required	Healthfirst
27137	revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Authorization Required	Healthfirst
27138	revision of total hip arthroplasty; femoral component only, with or without allograft	Authorization Required	Healthfirst
27299	unlisted procedure, pelvis or hip joint	Authorization Required	Healthfirst
27440	arthroplasty, knee, tibial plateau;	Authorization Required	Healthfirst
27441	arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Authorization Required	Healthfirst
27442	arthroplasty, femoral condyles or tibial plateau(s), knee;	Authorization Required	Healthfirst
27443	arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Authorization Required	Healthfirst
27445	arthroplasty, knee, hinge prosthesis (eg, walldius type)	Authorization Required	Healthfirst
27446	arthroplasty, knee, condyle and plateau; medial or lateral compartment	Authorization Required	Healthfirst
27447	arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)	Authorization Required	Healthfirst
27486	revision of total knee arthroplasty, with or without allograft; 1 component	Authorization Required	Healthfirst
27487	revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
27488	removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Authorization Required	Healthfirst
27499	decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	Authorization Required	Healthfirst
27599	unlisted procedure, femur or knee	Authorization Required	Healthfirst
27899	unlisted procedure, leg or ankle	Authorization Required	Healthfirst
28200	repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	Authorization Required	Healthfirst
28230	tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	Authorization Required	Healthfirst
28238	reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, kidner type procedure)	Authorization Required	Healthfirst
28250	division of plantar fascia and muscle (eg, steindler stripping) (separate procedure)	Authorization Required	Healthfirst
28270	capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	Authorization Required	Healthfirst
28288	ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	Authorization Required	Healthfirst
28899	unlisted procedure, foot or toes	Authorization Required	Healthfirst
29799	unlisted procedure, casting or strapping	Authorization Required	Healthfirst
29800	arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Authorization Required	Healthfirst
29804	arthroscopy, temporomandibular joint, surgical	Authorization Required	Healthfirst
29805	arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Authorization Required	Healthfirst
29806	arthroscopy, shoulder, surgical; capsulorrhaphy	Authorization Required	Healthfirst
29807	arthroscopy, shoulder, surgical; repair of slap lesion	Authorization Required	Healthfirst
29819	arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Authorization Required	Healthfirst
29820	arthroscopy, shoulder, surgical; synovectomy, partial	Authorization Required	Healthfirst
29821	arthroscopy, shoulder, surgical; synovectomy, complete	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
29822	arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Authorization Required	Healthfirst
29823	arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Authorization Required	Healthfirst
29824	arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)	Authorization Required	Healthfirst
29825	arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Authorization Required	Healthfirst
29826	arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
29827	arthroscopy, shoulder, surgical; with rotator cuff repair	Authorization Required	Healthfirst
29828	arthroscopy, shoulder, surgical; biceps tenodesis	Authorization Required	Healthfirst
29830	arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	Authorization Required	Healthfirst
29834	arthroscopy, elbow, surgical; with removal of loose body or foreign body	Authorization Required	Healthfirst
29835	arthroscopy, elbow, surgical; synovectomy, partial	Authorization Required	Healthfirst
29836	arthroscopy, elbow, surgical; synovectomy, complete	Authorization Required	Healthfirst
29837	arthroscopy, elbow, surgical; debridement, limited	Authorization Required	Healthfirst
29838	arthroscopy, elbow, surgical; debridement, extensive	Authorization Required	Healthfirst
29840	arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	Authorization Required	Healthfirst
29843	arthroscopy, wrist, surgical; for infection, lavage and drainage	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
29844	arthroscopy, wrist, surgical; synovectomy, partial	Authorization Required	Healthfirst
29845	arthroscopy, wrist, surgical; synovectomy, complete	Authorization Required	Healthfirst
29846	arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	Authorization Required	Healthfirst
29847	arthroscopy, wrist, surgical; internal fixation for fracture or instability	Authorization Required	Healthfirst
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	Authorization Required	Healthfirst
29860	arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Authorization Required	Healthfirst
29861	arthroscopy, hip, surgical; with removal of loose body or foreign body	Authorization Required	Healthfirst
29862	arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Authorization Required	Healthfirst
29863	arthroscopy, hip, surgical; with synovectomy	Authorization Required	Healthfirst
29866	arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Authorization Required	Healthfirst
29867	arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Authorization Required	Healthfirst
29868	arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Authorization Required	Healthfirst
29870	arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Authorization Required	Healthfirst
29871	arthroscopy, knee, surgical; for infection, lavage and drainage	Authorization Required	Healthfirst
29873	arthroscopy, knee, surgical; with lateral release	Authorization Required	Healthfirst
29874	arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Authorization Required	Healthfirst
29875	arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Authorization Required	Healthfirst
29876	arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Authorization Required	Healthfirst
29877	arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
29879	arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Authorization Required	Healthfirst
29880	arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Authorization Required	Healthfirst
29881	arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Authorization Required	Healthfirst
29882	arthroscopy, knee, surgical; with meniscus repair (medial or lateral)	Authorization Required	Healthfirst
29883	arthroscopy, knee, surgical; with meniscus repair (medial and lateral)	Authorization Required	Healthfirst
29884	arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Authorization Required	Healthfirst
29885	arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Authorization Required	Healthfirst
29886	arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Authorization Required	Healthfirst
29887	arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Authorization Required	Healthfirst
29888	arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Authorization Required	Healthfirst
29889	arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Authorization Required	Healthfirst
29914	arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Authorization Required	Healthfirst
29915	arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Authorization Required	Healthfirst
29916	arthroscopy, hip, surgical; with labral repair	Authorization Required	Healthfirst
29999	unlisted procedure, arthroscopy	Authorization Required	Healthfirst
30400	rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Authorization Required	Healthfirst
30410	rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
30420	rhinoplasty, primary; including major septal repair	Authorization Required	Healthfirst
30430	rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Authorization Required	Healthfirst
30435	rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Authorization Required	Healthfirst
30450	rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Authorization Required	Healthfirst
30460	rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Authorization Required	Healthfirst
30462	rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	Authorization Required	Healthfirst
30465	repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	Authorization Required	Healthfirst
30520	septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Authorization Required	Healthfirst
30545	repair choanal atresia; transpalatine	Authorization Required	Healthfirst
30620	septal or other intranasal dermatoplasty (does not include obtaining graft)	Authorization Required	Healthfirst
30999	unlisted procedure, nose	Authorization Required	Healthfirst
31295	nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Authorization Required	Healthfirst
31296	nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Authorization Required	Healthfirst
31297	nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Authorization Required	Healthfirst
31298	nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	Authorization Required	Healthfirst
31299	unlisted procedure, accessory sinuses	Authorization Required	Healthfirst
31599	unlisted procedure, larynx	Authorization Required	Healthfirst
31899	unlisted procedure, trachea, bronchi	Authorization Required	Healthfirst
32999	unlisted procedure, lungs and pleura	Authorization Required	Healthfirst
33999	unlisted procedure, cardiac surgery	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
36299	unlisted procedure, vascular injection	Authorization Required	Healthfirst
36465	injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Authorization Required	Healthfirst
36466	injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Authorization Required	Healthfirst
36468	injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Authorization Required	Healthfirst
36470	injection of sclerosant; single incompetent vein (other than telangiectasia)	Authorization Required	Healthfirst
36471	injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Authorization Required	Healthfirst
36473	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Authorization Required	Healthfirst
36474	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
36475	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Authorization Required	Healthfirst
36476	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
36478	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
36479	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
36482	endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Authorization Required	Healthfirst
36483	endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
37215	transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Authorization Required	Healthfirst
37501	unlisted vascular endoscopy procedure	Authorization Required	Healthfirst
37700	ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Authorization Required	Healthfirst
37718	ligation, division, and stripping, short saphenous vein	Authorization Required	Healthfirst
37722	ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Authorization Required	Healthfirst
37735	ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	Authorization Required	Healthfirst
37760	ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg	Authorization Required	Healthfirst
37761	ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Authorization Required	Healthfirst
37765	stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Authorization Required	Healthfirst
37766	stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>37780</b>	ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Authorization Required	Healthfirst
<b>37785</b>	ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Authorization Required	Healthfirst
<b>37788</b>	penile revascularization, artery, with or without vein graft	Authorization Required	Healthfirst
<b>37790</b>	penile venous occlusive procedure	Authorization Required	Healthfirst
<b>37799</b>	unlisted procedure, vascular surgery	Authorization Required	Healthfirst
<b>38129</b>	unlisted laparoscopy procedure, spleen	Authorization Required	Healthfirst
<b>38589</b>	unlisted laparoscopy procedure, lymphatic system	Authorization Required	Healthfirst
<b>38999</b>	unlisted procedure, hemic or lymphatic system	Authorization Required	Healthfirst
<b>39499</b>	unlisted procedure, mediastinum	Authorization Required	Healthfirst
<b>39599</b>	unlisted procedure, diaphragm	Authorization Required	Healthfirst
<b>40799</b>	unlisted procedure, lips	Authorization Required	Healthfirst
<b>40899</b>	unlisted procedure, vestibule of mouth	Authorization Required	Healthfirst
<b>41599</b>	unlisted procedure, tongue, floor of mouth	Authorization Required	Healthfirst
<b>41899</b>	unlisted procedure, dentoalveolar structures	Authorization Required	Healthfirst
<b>42299</b>	unlisted procedure, palate, uvula	Authorization Required	Healthfirst
<b>42699</b>	unlisted procedure, salivary glands or ducts	Authorization Required	Healthfirst
<b>42999</b>	unlisted procedure, pharynx, adenoids, or tonsils	Authorization Required	Healthfirst
<b>43289</b>	unlisted laparoscopy procedure, esophagus	Authorization Required	Healthfirst
<b>43499</b>	unlisted procedure, esophagus	Authorization Required	Healthfirst
<b>43644</b>	laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
43645	laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Authorization Required	Healthfirst
43659	unlisted laparoscopy procedure, stomach	Authorization Required	Healthfirst
43770	laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Authorization Required	Healthfirst
43771	laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Authorization Required	Healthfirst
43772	laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Authorization Required	Healthfirst
43773	laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Authorization Required	Healthfirst
43774	laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Authorization Required	Healthfirst
43775	laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Authorization Required	Healthfirst
43842	gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Authorization Required	Healthfirst
43843	gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Authorization Required	Healthfirst
43845	gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Authorization Required	Healthfirst
43846	gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) roux-en-y gastroenterostomy	Authorization Required	Healthfirst
43847	gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Authorization Required	Healthfirst
43848	revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Authorization Required	Healthfirst
43850	revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
43855	revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	Authorization Required	Healthfirst
43860	revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Authorization Required	Healthfirst
43865	revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Authorization Required	Healthfirst
43881	implantation or replacement of gastric neurostimulator electrodes, antrum, open	Authorization Required	Healthfirst
43882	revision or removal of gastric neurostimulator electrodes, antrum, open	Authorization Required	Healthfirst
43886	gastric restrictive procedure, open; revision of subcutaneous port component only	Authorization Required	Healthfirst
43887	gastric restrictive procedure, open; removal of subcutaneous port component only	Authorization Required	Healthfirst
43888	gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Authorization Required	Healthfirst
43999	unlisted procedure, stomach	Authorization Required	Healthfirst
44238	unlisted laparoscopy procedure, intestine (except rectum)	Authorization Required	Healthfirst
44799	unlisted procedure, small intestine	Authorization Required	Healthfirst
44899	unlisted procedure, meckel's diverticulum and the mesentery	Authorization Required	Healthfirst
44979	unlisted laparoscopy procedure, appendix	Authorization Required	Healthfirst
45399	unlisted procedure, colon	Authorization Required	Healthfirst
45499	unlisted laparoscopy procedure, rectum	Authorization Required	Healthfirst
45999	unlisted procedure, rectum	Authorization Required	Healthfirst
46999	unlisted procedure, anus	Authorization Required	Healthfirst
47379	unlisted laparoscopic procedure, liver	Authorization Required	Healthfirst
47399	unlisted procedure, liver	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
47579	unlisted laparoscopy procedure, biliary tract	Authorization Required	Healthfirst
47999	unlisted procedure, biliary tract	Authorization Required	Healthfirst
48999	unlisted procedure, pancreas	Authorization Required	Healthfirst
49329	unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Authorization Required	Healthfirst
49540	repair lumbar hernia	Authorization Required	Healthfirst
49650	laparoscopy, surgical; repair initial inguinal hernia	Authorization Required	Healthfirst
49657	laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Authorization Required	Healthfirst
49659	unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Authorization Required	Healthfirst
49999	unlisted procedure, abdomen, peritoneum and omentum	Authorization Required	Healthfirst
50549	unlisted laparoscopy procedure, renal	Authorization Required	Healthfirst
50949	unlisted laparoscopy procedure, ureter	Authorization Required	Healthfirst
51999	unlisted laparoscopy procedure, bladder	Authorization Required	Healthfirst
53899	unlisted procedure, urinary system	Authorization Required	Healthfirst
54300	plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	Authorization Required	Healthfirst
54360	plastic operation on penis to correct angulation	Authorization Required	Healthfirst
54400	insertion of penile prosthesis; non-inflatable (semi-rigid)	Authorization Required	Healthfirst
54401	insertion of penile prosthesis; inflatable (self-contained)	Authorization Required	Healthfirst
54405	insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Authorization Required	Healthfirst
54408	repair of component(s) of a multi-component, inflatable penile prosthesis	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
54410	removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Authorization Required	Healthfirst
54411	removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Authorization Required	Healthfirst
54416	removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Authorization Required	Healthfirst
54417	removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Authorization Required	Healthfirst
54692	laparoscopy, surgical; orchiopexy for intra-abdominal testis	Authorization Required	Healthfirst
54699	unlisted laparoscopy procedure, testis	Authorization Required	Healthfirst
55175	scrotoplasty; simple	Authorization Required	Healthfirst
55180	scrotoplasty; complicated	Authorization Required	Healthfirst
55559	unlisted laparoscopy procedure, spermatic cord	Authorization Required	Healthfirst
55870	electroejaculation	Authorization Required	Healthfirst
55899	unlisted procedure, male genital system	Authorization Required	Healthfirst
55970	intersex surgery; male to female	Authorization Required	Healthfirst
55980	intersex surgery; female to male	Authorization Required	Healthfirst
56800	plastic repair of introitus	Authorization Required	Healthfirst
56805	clitoroplasty for intersex state	Authorization Required	Healthfirst
57291	construction of artificial vagina; without graft	Authorization Required	Healthfirst
57292	construction of artificial vagina; with graft	Authorization Required	Healthfirst
57295	revision (including removal) of prosthetic vaginal graft; vaginal approach	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
57296	revision (including removal) of prosthetic vaginal graft; open abdominal approach	Authorization Required	Healthfirst
57335	vaginoplasty for intersex state	Authorization Required	Healthfirst
58578	unlisted laparoscopy procedure, uterus	Authorization Required	Healthfirst
58579	unlisted hysteroscopy procedure, uterus	Authorization Required	Healthfirst
58679	unlisted laparoscopy procedure, oviduct, ovary	Authorization Required	Healthfirst
58760	fimbrioplasty	Authorization Required	Healthfirst
58970	follicle puncture for oocyte retrieval, any method	Authorization Required	Healthfirst
58974	embryo transfer, intrauterine	Authorization Required	Healthfirst
58976	gamete, zygote, or embryo intrafallopian transfer, any method	Authorization Required	Healthfirst
58999	unlisted procedure, female genital system (nonobstetrical)	Authorization Required	Healthfirst
59897	unlisted fetal invasive procedure, including ultrasound guidance, when performed	Authorization Required	Healthfirst
59898	unlisted laparoscopy procedure, maternity care and delivery	Authorization Required	Healthfirst
59899	unlisted procedure, maternity care and delivery	Authorization Required	Healthfirst
60659	unlisted laparoscopy procedure, endocrine system	Authorization Required	Healthfirst
60699	unlisted procedure, endocrine system	Authorization Required	Healthfirst
64561	percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Authorization Required	Healthfirst
64615	chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Authorization Required	Healthfirst
64633	destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	Authorization Required	Healthfirst
64634	destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
64635	destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	Authorization Required	Healthfirst
64636	destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
64640	destruction by neurolytic agent; other peripheral nerve or branch	Authorization Required	Healthfirst
64642	chemodenerivation of one extremity; 1-4 muscle(s)	Authorization Required	Healthfirst
64643	chemodenerivation of one extremity; each additional extremity, 1-4 muscle(s) (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
64644	chemodenerivation of one extremity; 5 or more muscles	Authorization Required	Healthfirst
64645	chemodenerivation of one extremity; each additional extremity, 5 or more muscles (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
64646	chemodenerivation of trunk muscle(s); 1-5 muscle(s)	Authorization Required	Healthfirst
64647	chemodenerivation of trunk muscle(s); 6 or more muscles	Authorization Required	Healthfirst
64650	chemodenerivation of eccrine glands; both axillae	Authorization Required	Healthfirst
64653	chemodenerivation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	Authorization Required	Healthfirst
64999	unlisted procedure, nervous system	Authorization Required	Healthfirst
65780	ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Authorization Required	Healthfirst
65850	trabeculotomy ab externo	Authorization Required	Healthfirst
67299	unlisted procedure, posterior segment	Authorization Required	Healthfirst
67399	unlisted procedure, extraocular muscle	Authorization Required	Healthfirst
67599	unlisted procedure, orbit	Authorization Required	Healthfirst
67999	unlisted procedure, eyelids	Authorization Required	Healthfirst
68399	unlisted procedure, conjunctiva	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
68899	unlisted procedure, lacrimal system	Authorization Required	Healthfirst
69399	unlisted procedure, external ear	Authorization Required	Healthfirst
69799	unlisted procedure, middle ear	Authorization Required	Healthfirst
69930	cochlear device implantation, with or without mastoidectomy	Authorization Required	Healthfirst
69949	unlisted procedure, inner ear	Authorization Required	Healthfirst
69979	unlisted procedure, temporal bone, middle fossa approach	Authorization Required	Healthfirst
76496	unlisted fluoroscopic procedure (eg, diagnostic, interventional)	Authorization Required	Healthfirst
77072	bone age studies	Authorization Required	Healthfirst
77073	bone length studies (orthoroentgenogram, scanogram)	Authorization Required	Healthfirst
77074	radiologic examination, osseous survey; limited (eg, for metastases)	Authorization Required	Healthfirst
77075	radiologic examination, osseous survey; complete (axial and appendicular skeleton)	Authorization Required	Healthfirst
77076	radiologic examination, osseous survey, infant	Authorization Required	Healthfirst
77077	joint survey, single view, 2 or more joints (specify)	Authorization Required	Healthfirst
77299	unlisted procedure, therapeutic radiology clinical treatment planning	Authorization Required	Healthfirst
77300	basic radiation dosimetry calculation, central axis depth dose calculation, tdf, nsd, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	Authorization Required	Healthfirst
77399	unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Authorization Required	Healthfirst
77499	unlisted procedure, therapeutic radiology treatment management	Authorization Required	Healthfirst
77799	unlisted procedure, clinical brachytherapy	Authorization Required	Healthfirst
78000	thyroid uptake; single determination	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78001	thyroid uptake; multiple determinations	Authorization Required	Healthfirst
78003	thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	Authorization Required	Healthfirst
78006	thyroid imaging, with uptake; single determination	Authorization Required	Healthfirst
78350	bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	Authorization Required	Healthfirst
78351	bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	Authorization Required	Healthfirst
78808	injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	Authorization Required	Healthfirst
78835	radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
79999	radiopharmaceutical therapy, unlisted procedure	Authorization Required	Healthfirst
80299	quantitation of therapeutic drug, not elsewhere specified	Authorization Required	Healthfirst
81099	unlisted urinalysis procedure	Authorization Required	Healthfirst
85999	unlisted hematology and coagulation procedure	Authorization Required	Healthfirst
86486	skin test; unlisted antigen, each	Authorization Required	Healthfirst
86849	unlisted immunology procedure	Authorization Required	Healthfirst
86999	unlisted transfusion medicine procedure	Authorization Required	Healthfirst
87999	unlisted microbiology procedure	Authorization Required	Healthfirst
88199	unlisted cytopathology procedure	Authorization Required	Healthfirst
88299	unlisted cytogenetic study	Authorization Required	Healthfirst
88399	unlisted surgical pathology procedure	Authorization Required	Healthfirst
88749	unlisted in vivo (eg, transcutaneous) laboratory service	Authorization Required	Healthfirst
89240	unlisted miscellaneous pathology test	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
89250	culture of oocyte(s)/embryo(s), less than 4 days;	Authorization Required	Healthfirst
89251	culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	Authorization Required	Healthfirst
89253	assisted embryo hatching, microtechniques (any method)	Authorization Required	Healthfirst
89254	oocyte identification from follicular fluid	Authorization Required	Healthfirst
89255	preparation of embryo for transfer (any method)	Authorization Required	Healthfirst
89257	sperm identification from aspiration (other than seminal fluid)	Authorization Required	Healthfirst
89258	cryopreservation; embryo(s)	Authorization Required	Healthfirst
89259	cryopreservation; sperm	Authorization Required	Healthfirst
89260	sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	Authorization Required	Healthfirst
89261	sperm isolation; complex prep (eg, percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	Authorization Required	Healthfirst
89264	sperm identification from testis tissue, fresh or cryopreserved	Authorization Required	Healthfirst
89268	insemination of oocytes	Authorization Required	Healthfirst
89272	extended culture of oocyte(s)/embryo(s), 4-7 days	Authorization Required	Healthfirst
89280	assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	Authorization Required	Healthfirst
89281	assisted oocyte fertilization, microtechnique; greater than 10 oocytes	Authorization Required	Healthfirst
89290	biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	Authorization Required	Healthfirst
89291	biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	Authorization Required	Healthfirst
89300	semen analysis; presence and/or motility of sperm including huhner test (post coital)	Authorization Required	Healthfirst
89310	semen analysis; motility and count (not including huhner test)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
89320	semen analysis; volume, count, motility, and differential	Authorization Required	Healthfirst
89321	semen analysis; sperm presence and motility of sperm, if performed	Authorization Required	Healthfirst
89322	semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, kruger)	Authorization Required	Healthfirst
89325	sperm antibodies	Authorization Required	Healthfirst
89329	sperm evaluation; hamster penetration test	Authorization Required	Healthfirst
89330	sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	Authorization Required	Healthfirst
89331	sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	Authorization Required	Healthfirst
89335	cryopreservation, reproductive tissue, testicular	Authorization Required	Healthfirst
89337	cryopreservation, mature oocyte(s)	Authorization Required	Healthfirst
89342	storage (per year); embryo(s)	Authorization Required	Healthfirst
89343	storage (per year); sperm/semens	Authorization Required	Healthfirst
89344	storage (per year); reproductive tissue, testicular/ovarian	Authorization Required	Healthfirst
89346	storage (per year); oocyte(s)	Authorization Required	Healthfirst
89352	thawing of cryopreserved; embryo(s)	Authorization Required	Healthfirst
89353	thawing of cryopreserved; sperm/semens, each aliquot	Authorization Required	Healthfirst
89354	thawing of cryopreserved; reproductive tissue, testicular/ovarian	Authorization Required	Healthfirst
89356	thawing of cryopreserved; oocytes, each aliquot	Authorization Required	Healthfirst
89398	unlisted reproductive medicine laboratory procedure	Authorization Required	Healthfirst
90284	immune globulin (scig), human, for use in subcutaneous infusions, 100 mg, each	Authorization Required	Healthfirst
90378	respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
90399	unlisted immune globulin	Authorization Required	Healthfirst
90749	unlisted vaccine/toxoid	Authorization Required	Healthfirst
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Authorization Required	Healthfirst
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Authorization Required	Healthfirst
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Authorization Required	Healthfirst
90870	Electroconvulsive therapy (includes necessary monitoring)	Authorization Required	Healthfirst
90901	biofeedback training by any modality	Authorization Required	Healthfirst
91110	gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Authorization Required	Healthfirst
91111	gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Authorization Required	Healthfirst
91112	gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Authorization Required	Healthfirst
91299	unlisted diagnostic gastroenterology procedure	Authorization Required	Healthfirst
92499	unlisted ophthalmological service or procedure	Authorization Required	Healthfirst
92700	unlisted otorhinolaryngological service or procedure	Authorization Required	Healthfirst
92920	percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Authorization Required	Healthfirst
92921	percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
92924	percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
92925	percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
92928	percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Authorization Required	Healthfirst
92929	percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
92933	percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Authorization Required	Healthfirst
92934	percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
92937	percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Authorization Required	Healthfirst
92938	percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
92943	percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Authorization Required	Healthfirst
92944	percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
92973	percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
92974	transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
93228	external mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Authorization Required	Healthfirst
93229	external mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Authorization Required	Healthfirst
93318	echocardiography, transesophageal (tee) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	Authorization Required	Healthfirst
93799	unlisted cardiovascular service or procedure	Authorization Required	Healthfirst
94799	unlisted pulmonary service or procedure	Authorization Required	Healthfirst
95076	ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	Authorization Required	Healthfirst
95079	ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
95115	professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	Authorization Required	Healthfirst
95117	professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	Authorization Required	Healthfirst
95120	professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	Authorization Required	Healthfirst
95125	professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	Authorization Required	Healthfirst
95130	professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	Authorization Required	Healthfirst
95131	professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	Authorization Required	Healthfirst
95133	professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	Authorization Required	Healthfirst
95134	professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	Authorization Required	Healthfirst
95144	professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	Authorization Required	Healthfirst
95145	professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	Authorization Required	Healthfirst
95146	professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
95147	professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	Authorization Required	Healthfirst
95148	professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	Authorization Required	Healthfirst
95149	professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	Authorization Required	Healthfirst
95170	professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	Authorization Required	Healthfirst
95199	unlisted allergy/clinical immunologic service or procedure	Authorization Required	Healthfirst
95711	electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Authorization Required	Healthfirst
95712	electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Authorization Required	Healthfirst
95713	electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Authorization Required	Healthfirst
95714	electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Authorization Required	Healthfirst
95715	electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Authorization Required	Healthfirst
95716	electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Authorization Required	Healthfirst
95782	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
95783	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Authorization Required	Healthfirst
95800	sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Authorization Required	Healthfirst
95801	sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Authorization Required	Healthfirst
95803	actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Authorization Required	Healthfirst
95805	multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Authorization Required	Healthfirst
95806	sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Authorization Required	Healthfirst
95807	sleep study, simultaneous recording of ventilation, respiratory effort, ecg or heart rate, and oxygen saturation, attended by a technologist	Authorization Required	Healthfirst
95808	polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Authorization Required	Healthfirst
95810	polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Authorization Required	Healthfirst
95811	polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Authorization Required	Healthfirst
95921	testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded r-r interval, valsalva ratio, and 30:15 ratio	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
95923	testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (qsart), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	Authorization Required	Healthfirst
95999	unlisted neurological or neuromuscular diagnostic procedure	Authorization Required	Healthfirst
96116	neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Authorization Required	Healthfirst
96121	neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
96138	psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Authorization Required	Healthfirst
96139	psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
96146	psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Authorization Required	Healthfirst
96379	unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Authorization Required	Healthfirst
96549	unlisted chemotherapy procedure	Authorization Required	Healthfirst
96900	actinotherapy (ultraviolet light)	Authorization Required	Healthfirst
96910	photochemotherapy; tar and ultraviolet b (goeckerman treatment) or petrolatum and ultraviolet b	Authorization Required	Healthfirst
96912	photochemotherapy; psoralens and ultraviolet a (puva)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
96913	photochemotherapy (goeckerman and/or puva) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	Authorization Required	Healthfirst
96920	laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	Authorization Required	Healthfirst
96999	unlisted special dermatological service or procedure	Authorization Required	Healthfirst
97151	behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Authorization Required	Healthfirst
97152	behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Authorization Required	Healthfirst
97153	adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Authorization Required	Healthfirst
98960	education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	Authorization Required	Healthfirst
99183	physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Authorization Required	Healthfirst
99199	unlisted special service, procedure or report	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
99324	domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of low severity. typically, 20 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst
99325	domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst
99326	domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst
99327	domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of high severity. typically, 60 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
99328	domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. typically, 75 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst
99334	domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are self-limited or minor. typically, 15 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst
99335	domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of low to moderate severity. typically, 25 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
99336	domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of moderate to high severity. typically, 40 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst
99337	domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of moderate to high severity. the patient may be unstable or may have developed a significant new problem requiring immediate physician attention. typically, 60 minutes are spent with the patient and/or family or caregiver.	Authorization Required	Healthfirst
99341	home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of low severity. typically, 20 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
99343	home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Healthfirst
99344	home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of high severity. typically, 60 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Healthfirst
99345	home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. typically, 75 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Healthfirst
99348	home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of low to moderate severity. typically, 25 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
99349	home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are moderate to high severity. typically, 40 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Healthfirst
99350	home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of moderate to high severity. the patient may be unstable or may have developed a significant new problem requiring immediate physician attention. typically, 60 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Healthfirst
99375	supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	Authorization Required	Healthfirst
99429	unlisted preventive medicine service	Authorization Required	Healthfirst
99499	unlisted evaluation and management service	Authorization Required	Healthfirst
99500	home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
99501	home visit for postnatal assessment and follow-up care	Authorization Required	Healthfirst
99502	home visit for newborn care and assessment	Authorization Required	Healthfirst
99503	home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Authorization Required	Healthfirst
99504	home visit for mechanical ventilation care	Authorization Required	Healthfirst
99505	home visit for stoma care and maintenance including colostomy and cystostomy	Authorization Required	Healthfirst
99506	home visit for intramuscular injections	Authorization Required	Healthfirst
99507	home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Authorization Required	Healthfirst
99509	home visit for assistance with activities of daily living and personal care	Authorization Required	Healthfirst
99510	home visit for individual, family, or marriage counseling	Authorization Required	Healthfirst
99511	home visit for fecal impaction management and enema administration	Authorization Required	Healthfirst
99600	unlisted home visit service or procedure	Authorization Required	Healthfirst
99601	home infusion/specialty drug administration, per visit (up to 2 hours);	Authorization Required	Healthfirst
99602	home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
A0021	ambulance service, outside state per mile, transport (medicaid only)	Authorization Required	Healthfirst
A0080	nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	Authorization Required	Healthfirst
A0090	nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	Authorization Required	Healthfirst
A0100	nonemergency transportation; taxi	Authorization Required	Healthfirst
A0110	nonemergency transportation and bus, intra- or interstate carrier	Authorization Required	Healthfirst
A0120	nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
A0130	nonemergency transportation: wheelchair van	Authorization Required	Healthfirst
A0140	nonemergency transportation and air travel (private or commercial) intra- or interstate	Authorization Required	Healthfirst
A0170	transportation ancillary: parking fees, tolls, other	Authorization Required	Healthfirst
A0180	nonemergency transportation: ancillary: lodging-recipient	Authorization Required	Healthfirst
A0190	nonemergency transportation: ancillary: meals, recipient	Authorization Required	Healthfirst
A0200	nonemergency transportation: ancillary: lodging, escort	Authorization Required	Healthfirst
A0210	nonemergency transportation: ancillary: meals, escort	Authorization Required	Healthfirst
A0225	ambulance service, neonatal transport, base rate, emergency transport, one way	Authorization Required	Healthfirst
A0380	bls mileage (per mile)	Authorization Required	Healthfirst
A0382	bls routine disposable supplies	Authorization Required	Healthfirst
A0384	bls specialized service disposable supplies; defibrillation (used by als ambulances and bls ambulances in jurisdictions where defibrillation is permitted in bls ambulances)	Authorization Required	Healthfirst
A0390	als mileage (per mile)	Authorization Required	Healthfirst
A0392	als specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in bls ambulances)	Authorization Required	Healthfirst
A0394	als specialized service disposable supplies; iv drug therapy	Authorization Required	Healthfirst
A0396	als specialized service disposable supplies; esophageal intubation	Authorization Required	Healthfirst
A0420	ambulance waiting time (als or bls), one-half (1/2) hour increments	Authorization Required	Healthfirst
A0422	ambulance (als or bls) oxygen and oxygen supplies, life sustaining situation	Authorization Required	Healthfirst
A0424	extra ambulance attendant, ground (als or bls) or air (fixed or rotary winged); (requires medical review)	Authorization Required	Healthfirst
A0426	ambulance service, advanced life support, nonemergency transport, level 1 (als 1)	Authorization Required	Healthfirst
A0427	ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
A0428	ambulance service, basic life support, nonemergency transport, (bls)	Authorization Required	Healthfirst
A0429	ambulance service, basic life support, emergency transport (bls, emergency)	Authorization Required	Healthfirst
A0430	ambulance service, conventional air services, transport, one way (fixed wing)	Authorization Required	Healthfirst
A0431	ambulance service, conventional air services, transport, one way (rotary wing)	Authorization Required	Healthfirst
A0432	paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	Authorization Required	Healthfirst
A0433	advanced life support, level 2 (als 2)	Authorization Required	Healthfirst
A0434	specialty care transport (sct)	Authorization Required	Healthfirst
A0435	fixed wing air mileage, per statute mile	Authorization Required	Healthfirst
A0436	rotary wing air mileage, per statute mile	Authorization Required	Healthfirst
A0888	noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	Authorization Required	Healthfirst
A0998	ambulance response and treatment, no transport	Authorization Required	Healthfirst
A0999	unlisted ambulance service	Authorization Required	Healthfirst
A4210	needle-free injection device, each	Authorization Required	Healthfirst
A4253	blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Authorization Required	Healthfirst
A4520	incontinence garment, any type, (e.g., brief, diaper), each	Authorization Required	Healthfirst
A4554	disposable underpads, all sizes	Authorization Required	Healthfirst
A4556	electrodes (e.g., apnea monitor), per pair	Authorization Required	Healthfirst
A4557	lead wires (e.g., apnea monitor), per pair	Authorization Required	Healthfirst
A4575	topical hyperbaric oxygen chamber, disposable	Authorization Required	Healthfirst
A4630	replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
A4638	replacement battery for patient-owned ear pulse generator, each	Authorization Required	Healthfirst
A4639	replacement pad for infrared heating pad system, each	Authorization Required	Healthfirst
A4640	replacement pad for use with medically necessary alternating pressure pad owned by patient	Authorization Required	Healthfirst
A4641	supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified	Authorization Required	Healthfirst
A5501	for diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Authorization Required	Healthfirst
A6199	alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	Authorization Required	Healthfirst
A6501	compression burn garment, bodysuit (head to foot), custom fabricated	Authorization Required	Healthfirst
A6503	compression burn garment, facial hood, custom fabricated	Authorization Required	Healthfirst
A6507	compression burn garment, foot to knee length, custom fabricated	Authorization Required	Healthfirst
A6512	compression burn garment, not otherwise classified	Authorization Required	Healthfirst
A6540	gradient compression stocking, waist length, 30-40 mm hg, each	Authorization Required	Healthfirst
A6541	gradient compression stocking, waist length, 40-50 mm hg, each	Authorization Required	Healthfirst
A6544	gradient compression stocking, garter belt	Authorization Required	Healthfirst
A6545	gradient compression wrap, nonelastic, below knee, 30-50 mm hg, each	Authorization Required	Healthfirst
A6549	gradient compression stocking/sleeve, not otherwise specified	Authorization Required	Healthfirst
A9276	sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	Authorization Required	Healthfirst
A9277	transmitter; external, for use with interstitial continuous glucose monitoring system	Authorization Required	Healthfirst
A9278	receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Authorization Required	Healthfirst
A9280	alert or alarm device, not otherwise classified	Authorization Required	Healthfirst
A9282	wig, any type, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>A9284</b>	spirometer, nonelectronic, includes all accessories	Authorization Required	Healthfirst
<b>ATP03</b>	auto.test pane pricing code, 3 tests	Authorization Required	Healthfirst
<b>ATP04</b>	auto.test pane pricing code, 4 tests	Authorization Required	Healthfirst
<b>ATP05</b>	auto.test pane pricing code, 5 tests	Authorization Required	Healthfirst
<b>ATP06</b>	auto.test pane pricing code, 6 tests	Authorization Required	Healthfirst
<b>ATP07</b>	auto.test pane pricing code, 7 tests	Authorization Required	Healthfirst
<b>ATP08</b>	auto.test pane pricing code, 8 tests	Authorization Required	Healthfirst
<b>ATP09</b>	auto.test pane pricing code, 9 tests	Authorization Required	Healthfirst
<b>ATP10</b>	auto.test pane pricing code, 10 tests	Authorization Required	Healthfirst
<b>ATP11</b>	auto.test pane pricing code, 11 tests	Authorization Required	Healthfirst
<b>ATP12</b>	auto.test pane pricing code, 12 tests	Authorization Required	Healthfirst
<b>ATP16</b>	auto test panel pricing code 13-16 test	Authorization Required	Healthfirst
<b>ATP18</b>	auto test panel pricing code, 17-18 test	Authorization Required	Healthfirst
<b>ATP19</b>	auto test panel pricing code, 19 tests	Authorization Required	Healthfirst
<b>ATP20</b>	auto test panel pricing code, 20 tests	Authorization Required	Healthfirst
<b>ATP21</b>	auto test panel pricing code, 21 tests	Authorization Required	Healthfirst
<b>ATP22</b>	auto.test panel pricing code, 22+ tests	Authorization Required	Healthfirst
<b>ATP23</b>	auto.test panel pricing code, 23+ tests	Authorization Required	Healthfirst
<b>B4081</b>	nasogastric tubing with stylet	Authorization Required	Healthfirst
<b>B4082</b>	nasogastric tubing without stylet	Authorization Required	Healthfirst
<b>B4083</b>	stomach tube - levine type	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>B4100</b>	food thickener, administered orally, per oz	Authorization Required	Healthfirst
<b>B4102</b>	enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Authorization Required	Healthfirst
<b>B4103</b>	enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Authorization Required	Healthfirst
<b>B4104</b>	additive for enteral formula (e.g., fiber)	Authorization Required	Healthfirst
<b>B4105</b>	in-line cartridge containing digestive enzyme(s) for enteral feeding, each	Authorization Required	Healthfirst
<b>B4149</b>	enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4150</b>	enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4152</b>	enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4153</b>	enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4154</b>	enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4155</b>	enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>B4157</b>	enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4158</b>	enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4159</b>	enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4160</b>	enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4161</b>	enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4162</b>	enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Authorization Required	Healthfirst
<b>B4199</b>	parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix	Authorization Required	Healthfirst
<b>B9002</b>	enteral nutrition infusion pump, any type	Authorization Required	Healthfirst
<b>B9004</b>	parenteral nutrition infusion pump, portable	Authorization Required	Healthfirst
<b>B9006</b>	parenteral nutrition infusion pump, stationary	Authorization Required	Healthfirst
<b>B9998</b>	noc for enteral supplies	Authorization Required	Healthfirst
<b>B9999</b>	noc for parenteral supplies	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>C1761</b>	catheter, transluminal intravascular lithotripsy, coronary	Authorization Required	Healthfirst
<b>C1813</b>	prosthesis, penile, inflatable	Authorization Required	Healthfirst
<b>C1822</b>	generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Authorization Required	Healthfirst
<b>C1842</b>	retinal prosthesis, includes all internal and external components; add-on to c1841	Authorization Required	Healthfirst
<b>C2616</b>	brachytherapy source, nonstranded, yttrium-90, per source	Authorization Required	Healthfirst
<b>C2622</b>	prosthesis, penile, noninflatable	Authorization Required	Healthfirst
<b>C5273</b>	application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Authorization Required	Healthfirst
<b>C5277</b>	application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Authorization Required	Healthfirst
<b>C9047</b>	injection, caplacizumab-yhdp, 1 mg	Authorization Required	Healthfirst
<b>C9055</b>	injection, brexanolone, 1 mg	Authorization Required	Healthfirst
<b>C9059</b>	injection, meloxicam, 1 mg	Authorization Required	Healthfirst
<b>C9063</b>	injection, eptinezumab-jjmr, 1 mg	Authorization Required	Healthfirst
<b>C9075</b>	injection, casimersen, 10 mg	Authorization Required	Healthfirst
<b>C9076</b>	lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Authorization Required	Healthfirst
<b>C9077</b>	injection, cabotegravir and rilpivirine, 2 mg/3 mg	Authorization Required	Healthfirst
<b>C9078</b>	injection, trilaciclib, 1 mg	Authorization Required	Healthfirst
<b>C9079</b>	injection, evinacumab-dgnb, 5 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>C9080</b>	injection, melphalan flufenamide hcl, 1 mg	Authorization Required	Healthfirst
<b>C9399</b>	unclassified drugs or biologicals	Authorization Required	Healthfirst
<b>C9460</b>	injection, cangrelor, 1 mg	Authorization Required	Healthfirst
<b>C9487</b>	ustekinumab, for intravenous injection, 1 mg	Authorization Required	Healthfirst
<b>C9600</b>	percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Authorization Required	Healthfirst
<b>C9602</b>	percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Authorization Required	Healthfirst
<b>C9603</b>	percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
<b>C9604</b>	percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Authorization Required	Healthfirst
<b>C9605</b>	percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
<b>C9607</b>	percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>C9608</b>	percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
<b>C9778</b>	colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)	Authorization Required	Healthfirst
<b>C9899</b>	implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	Authorization Required	Healthfirst
<b>D2336</b>	composite resin crown-anterior-primary	Authorization Required	Healthfirst
<b>D2380</b>	resin-one surface, posterior-primary	Authorization Required	Healthfirst
<b>D2381</b>	resin-two surfaces, posterior-primary	Authorization Required	Healthfirst
<b>D2382</b>	resin-three or more surfaces, posterior-primary	Authorization Required	Healthfirst
<b>D2385</b>	resin-one surface, posterior-permanent	Authorization Required	Healthfirst
<b>D2386</b>	resin-two surfaces, posterior-permanent	Authorization Required	Healthfirst
<b>D2387</b>	resin-three or more surfaces, posterior-permanent	Authorization Required	Healthfirst
<b>D3460</b>	endodontic endosseous implant	Authorization Required	Healthfirst
<b>D3470</b>	intentional reimplantation (including necessary splinting)	Authorization Required	Healthfirst
<b>D4220</b>	gingival curettage, surgical, per quadrant, by report	Authorization Required	Healthfirst
<b>D4250</b>	mucogingival surgery-per quadrant	Authorization Required	Healthfirst
<b>D4268</b>	surgical revision procedure, per tooth	Authorization Required	Healthfirst
<b>D5810</b>	interim complete denture (maxillary)	Authorization Required	Healthfirst
<b>D5860</b>	overdenture - complete, by report	Authorization Required	Healthfirst
<b>D5861</b>	overdenture - partial, by report	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
D5862	precision attachment, by report	Authorization Required	Healthfirst
D5867	replacement of replaceable part of semi- precision or precision attachment (male or female component)	Authorization Required	Healthfirst
D5875	modification of removable prosthesis following implant surgery	Authorization Required	Healthfirst
D7281	surgical exposure of impacted or unerupted tooth to aid eruption	Authorization Required	Healthfirst
D7282	mobilization of erupted or malpositioned tooth to aid eruption	Authorization Required	Healthfirst
D7287	exfoliative cytological sample collection	Authorization Required	Healthfirst
D7291	transseptal fibrotomy/supra crestal fibrotomy, by report	Authorization Required	Healthfirst
D7430	excision of benign tumor-lesion diameter up to 1.25 cm	Authorization Required	Healthfirst
D7431	excision of benign tumor-lesion diameter over 1.25cm	Authorization Required	Healthfirst
D7470	removal of exostosis-maxilla or mandible	Authorization Required	Healthfirst
D7480	partial ostectomy (guttering or saucerization)	Authorization Required	Healthfirst
D7871	nonarthroscopic lysis and lavage	Authorization Required	Healthfirst
D7942	osteotomy-ramus, open	Authorization Required	Healthfirst
D9240	intravenous sedation	Authorization Required	Healthfirst
D9241	intravenous conscious sedation/analgesia - first 30 minutes	Authorization Required	Healthfirst
D9242	intravenous conscious sedation/analgesia - each additional 15 minutes	Authorization Required	Healthfirst
E0113	crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	Authorization Required	Healthfirst
E0116	crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Authorization Required	Healthfirst
E0117	crutch, underarm, articulating, spring assisted, each	Authorization Required	Healthfirst
E0154	platform attachment, walker, each	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0157	crutch attachment, walker, each	Authorization Required	Healthfirst
E0161	sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	Authorization Required	Healthfirst
E0162	sitz bath chair	Authorization Required	Healthfirst
E0167	pail or pan for use with commode chair, replacement only	Authorization Required	Healthfirst
E0170	commode chair with integrated seat lift mechanism, electric, any type	Authorization Required	Healthfirst
E0171	commode chair with integrated seat lift mechanism, nonelectric, any type	Authorization Required	Healthfirst
E0172	seat lift mechanism placed over or on top of toilet, any type	Authorization Required	Healthfirst
E0175	footrest, for use with commode chair, each	Authorization Required	Healthfirst
E0182	pump for alternating pressure pad, for replacement only	Authorization Required	Healthfirst
E0186	air pressure mattress	Authorization Required	Healthfirst
E0187	water pressure mattress	Authorization Required	Healthfirst
E0188	synthetic sheepskin pad	Authorization Required	Healthfirst
E0189	lambswool sheepskin pad, any size	Authorization Required	Healthfirst
E0193	powered air flotation bed (low air loss therapy)	Authorization Required	Healthfirst
E0194	air fluidized bed	Authorization Required	Healthfirst
E0198	water pressure pad for mattress, standard mattress length and width	Authorization Required	Healthfirst
E0199	dry pressure pad for mattress, standard mattress length and width	Authorization Required	Healthfirst
E0200	heat lamp, without stand (table model), includes bulb, or infrared element	Authorization Required	Healthfirst
E0202	phototherapy (bilirubin) light with photometer	Authorization Required	Healthfirst
E0203	therapeutic lightbox, minimum 10,000 lux, table top model	Authorization Required	Healthfirst
E0205	heat lamp, with stand, includes bulb, or infrared element	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0217	water circulating heat pad with pump	Authorization Required	Healthfirst
E0220	hot water bottle	Authorization Required	Healthfirst
E0221	infrared heating pad system	Authorization Required	Healthfirst
E0225	hydrocollator unit, includes pads	Authorization Required	Healthfirst
E0230	ice cap or collar	Authorization Required	Healthfirst
E0231	noncontact wound-warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	Authorization Required	Healthfirst
E0232	warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	Authorization Required	Healthfirst
E0236	pump for water circulating pad	Authorization Required	Healthfirst
E0238	nonelectric heat pad, moist	Authorization Required	Healthfirst
E0239	hydrocollator unit, portable	Authorization Required	Healthfirst
E0240	bath/shower chair, with or without wheels, any size	Authorization Required	Healthfirst
E0241	bathtub wall rail, each	Authorization Required	Healthfirst
E0242	bathtub rail, floor base	Authorization Required	Healthfirst
E0243	toilet rail, each	Authorization Required	Healthfirst
E0244	raised toilet seat	Authorization Required	Healthfirst
E0245	tub stool or bench	Authorization Required	Healthfirst
E0249	pad for water circulating heat unit, for replacement only	Authorization Required	Healthfirst
E0250	hospital bed, fixed height, with any type side rails, with mattress	Authorization Required	Healthfirst
E0251	hospital bed, fixed height, with any type side rails, without mattress	Authorization Required	Healthfirst
E0255	hospital bed, variable height, hi-lo, with any type side rails, with mattress	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0256	hospital bed, variable height, hi-lo, with any type side rails, without mattress	Authorization Required	Healthfirst
E0260	hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Authorization Required	Healthfirst
E0261	hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Authorization Required	Healthfirst
E0265	hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	Authorization Required	Healthfirst
E0266	hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Authorization Required	Healthfirst
E0270	hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	Authorization Required	Healthfirst
E0271	mattress, innerspring	Authorization Required	Healthfirst
E0272	mattress, foam rubber	Authorization Required	Healthfirst
E0273	bed board	Authorization Required	Healthfirst
E0277	powered pressure-reducing air mattress	Authorization Required	Healthfirst
E0280	bed cradle, any type	Authorization Required	Healthfirst
E0290	hospital bed, fixed height, without side rails, with mattress	Authorization Required	Healthfirst
E0291	hospital bed, fixed height, without side rails, without mattress	Authorization Required	Healthfirst
E0292	hospital bed, variable height, hi-lo, without side rails, with mattress	Authorization Required	Healthfirst
E0293	hospital bed, variable height, hi-lo, without side rails, without mattress	Authorization Required	Healthfirst
E0294	hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Authorization Required	Healthfirst
E0295	hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Authorization Required	Healthfirst
E0296	hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	Authorization Required	Healthfirst
E0297	hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	Authorization Required	Healthfirst
E0300	pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0301	hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Authorization Required	Healthfirst
E0302	hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Authorization Required	Healthfirst
E0303	hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Authorization Required	Healthfirst
E0304	hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Authorization Required	Healthfirst
E0315	bed accessory: board, table, or support device, any type	Authorization Required	Healthfirst
E0316	safety enclosure frame/canopy for use with hospital bed, any type	Authorization Required	Healthfirst
E0326	urinal; female, jug-type, any material	Authorization Required	Healthfirst
E0328	hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	Authorization Required	Healthfirst
E0329	hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	Authorization Required	Healthfirst
E0350	control unit for electronic bowel irrigation/evacuation system	Authorization Required	Healthfirst
E0352	disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	Authorization Required	Healthfirst
E0370	air pressure elevator for heel	Authorization Required	Healthfirst
E0371	nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Authorization Required	Healthfirst
E0372	powered air overlay for mattress, standard mattress length and width	Authorization Required	Healthfirst
E0373	nonpowered advanced pressure reducing mattress	Authorization Required	Healthfirst
E0424	stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0425	stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Authorization Required	Healthfirst
E0430	portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Authorization Required	Healthfirst
E0431	portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Authorization Required	Healthfirst
E0433	portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Authorization Required	Healthfirst
E0434	portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Authorization Required	Healthfirst
E0435	portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Authorization Required	Healthfirst
E0439	stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Authorization Required	Healthfirst
E0440	stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Authorization Required	Healthfirst
E0441	oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply = 1 unit	Authorization Required	Healthfirst
E0442	oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply = 1 unit	Authorization Required	Healthfirst
E0443	portable oxygen contents, gaseous, 1 month's supply = 1 unit	Authorization Required	Healthfirst
E0444	portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit	Authorization Required	Healthfirst
E0446	topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0447	portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)	Authorization Required	Healthfirst
E0455	oxygen tent, excluding croup or pediatric tents	Authorization Required	Healthfirst
E0457	chest shell (cuirass)	Authorization Required	Healthfirst
E0459	chest wrap	Authorization Required	Healthfirst
E0462	rocking bed, with or without side rails	Authorization Required	Healthfirst
E0465	home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Authorization Required	Healthfirst
E0466	home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Authorization Required	Healthfirst
E0467	home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Authorization Required	Healthfirst
E0470	respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Authorization Required	Healthfirst
E0471	respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Authorization Required	Healthfirst
E0472	respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Authorization Required	Healthfirst
E0480	percussor, electric or pneumatic, home model	Authorization Required	Healthfirst
E0481	intrapulmonary percussive ventilation system and related accessories	Authorization Required	Healthfirst
E0482	cough stimulating device, alternating positive and negative airway pressure	Authorization Required	Healthfirst
E0483	high frequency chest wall oscillation system, includes all accessories and supplies, each	Authorization Required	Healthfirst
E0484	oscillatory positive expiratory pressure device, nonelectric, any type, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0485	oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
E0486	oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
E0487	spirometer, electronic, includes all accessories	Authorization Required	Healthfirst
E0500	ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	Authorization Required	Healthfirst
E0550	humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	Authorization Required	Healthfirst
E0560	humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery	Authorization Required	Healthfirst
E0572	aerosol compressor, adjustable pressure, light duty for intermittent use	Authorization Required	Healthfirst
E0580	nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Authorization Required	Healthfirst
E0585	nebulizer, with compressor and heater	Authorization Required	Healthfirst
E0600	respiratory suction pump, home model, portable or stationary, electric	Authorization Required	Healthfirst
E0601	continuous positive airway pressure (cpap) device	Authorization Required	Healthfirst
E0602	breast pump, manual, any type	Authorization Required	Healthfirst
E0604	breast pump, hospital grade, electric (ac and/or dc), any type	Authorization Required	Healthfirst
E0605	vaporizer, room type	Authorization Required	Healthfirst
E0606	postural drainage board	Authorization Required	Healthfirst
E0607	home blood glucose monitor	Authorization Required	Healthfirst
E0610	pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	Authorization Required	Healthfirst
E0615	pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	Authorization Required	Healthfirst
E0617	external defibrillator with integrated electrocardiogram analysis	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0618	apnea monitor, without recording feature	Authorization Required	Healthfirst
E0619	apnea monitor, with recording feature	Authorization Required	Healthfirst
E0620	skin piercing device for collection of capillary blood, laser, each	Authorization Required	Healthfirst
E0625	patient lift, bathroom or toilet, not otherwise classified	Authorization Required	Healthfirst
E0630	patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	Authorization Required	Healthfirst
E0635	patient lift, electric, with seat or sling	Authorization Required	Healthfirst
E0636	multipositional patient support system, with integrated lift, patient accessible controls	Authorization Required	Healthfirst
E0637	combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Authorization Required	Healthfirst
E0638	standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Authorization Required	Healthfirst
E0639	patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Authorization Required	Healthfirst
E0640	patient lift, fixed system, includes all components/accessories	Authorization Required	Healthfirst
E0641	standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Authorization Required	Healthfirst
E0642	standing frame/table system, mobile (dynamic stander), any size including pediatric	Authorization Required	Healthfirst
E0650	pneumatic compressor, nonsegmental home model	Authorization Required	Healthfirst
E0651	pneumatic compressor, segmental home model without calibrated gradient pressure	Authorization Required	Healthfirst
E0652	pneumatic compressor, segmental home model with calibrated gradient pressure	Authorization Required	Healthfirst
E0655	nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	Authorization Required	Healthfirst
E0656	segmental pneumatic appliance for use with pneumatic compressor, trunk	Authorization Required	Healthfirst
E0657	segmental pneumatic appliance for use with pneumatic compressor, chest	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0660	nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Authorization Required	Healthfirst
E0665	nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Authorization Required	Healthfirst
E0666	nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Authorization Required	Healthfirst
E0667	segmental pneumatic appliance for use with pneumatic compressor, full leg	Authorization Required	Healthfirst
E0668	segmental pneumatic appliance for use with pneumatic compressor, full arm	Authorization Required	Healthfirst
E0669	segmental pneumatic appliance for use with pneumatic compressor, half leg	Authorization Required	Healthfirst
E0670	segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	Authorization Required	Healthfirst
E0671	segmental gradient pressure pneumatic appliance, full leg	Authorization Required	Healthfirst
E0672	segmental gradient pressure pneumatic appliance, full arm	Authorization Required	Healthfirst
E0673	segmental gradient pressure pneumatic appliance, half leg	Authorization Required	Healthfirst
E0675	pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	Authorization Required	Healthfirst
E0676	intermittent limb compression device (includes all accessories), not otherwise specified	Authorization Required	Healthfirst
E0691	ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	Authorization Required	Healthfirst
E0692	ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	Authorization Required	Healthfirst
E0693	ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	Authorization Required	Healthfirst
E0694	ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	Authorization Required	Healthfirst
E0700	safety equipment, device or accessory, any type	Authorization Required	Healthfirst
E0705	transfer device, any type, each	Authorization Required	Healthfirst
E0710	restraints, any type (body, chest, wrist, or ankle)	Authorization Required	Healthfirst
E0740	nonimplanted pelvic floor electrical stimulator, complete system	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0744	neuromuscular stimulator for scoliosis	Authorization Required	Healthfirst
E0745	neuromuscular stimulator, electronic shock unit	Authorization Required	Healthfirst
E0746	electromyography (emg), biofeedback device	Authorization Required	Healthfirst
E0747	osteogenesis stimulator, electrical, noninvasive, other than spinal applications	Authorization Required	Healthfirst
E0748	osteogenesis stimulator, electrical, noninvasive, spinal applications	Authorization Required	Healthfirst
E0749	osteogenesis stimulator, electrical, surgically implanted	Authorization Required	Healthfirst
E0760	osteogenesis stimulator, low intensity ultrasound, noninvasive	Authorization Required	Healthfirst
E0761	nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	Authorization Required	Healthfirst
E0762	transcutaneous electrical joint stimulation device system, includes all accessories	Authorization Required	Healthfirst
E0764	functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Authorization Required	Healthfirst
E0765	fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	Authorization Required	Healthfirst
E0766	electrical stimulation device used for cancer treatment, includes all accessories, any type	Authorization Required	Healthfirst
E0770	functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Authorization Required	Healthfirst
E0779	ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Authorization Required	Healthfirst
E0781	ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Authorization Required	Healthfirst
E0784	external ambulatory infusion pump, insulin	Authorization Required	Healthfirst
E0787	external ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Authorization Required	Healthfirst
E0791	parenteral infusion pump, stationary, single, or multichannel	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0830	ambulatory traction device, all types, each	Authorization Required	Healthfirst
E0840	traction frame, attached to headboard, cervical traction	Authorization Required	Healthfirst
E0849	traction equipment, cervical, free-standing stand/ frame, pneumatic, applying traction force to other than mandible	Authorization Required	Healthfirst
E0850	traction stand, freestanding, cervical traction	Authorization Required	Healthfirst
E0856	cervical traction device, with inflatable air bladder(s)	Authorization Required	Healthfirst
E0870	traction frame, attached to footboard, extremity traction (e.g., buck's)	Authorization Required	Healthfirst
E0880	traction stand, free standing, extremity traction	Authorization Required	Healthfirst
E0890	traction frame, attached to footboard, pelvic traction	Authorization Required	Healthfirst
E0911	trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Authorization Required	Healthfirst
E0912	trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	Authorization Required	Healthfirst
E0920	fracture frame, attached to bed, includes weights	Authorization Required	Healthfirst
E0930	fracture frame, freestanding, includes weights	Authorization Required	Healthfirst
E0936	continuous passive motion exercise device for use other than knee	Authorization Required	Healthfirst
E0941	gravity assisted traction device, any type	Authorization Required	Healthfirst
E0942	cervical head harness/halter	Authorization Required	Healthfirst
E0944	pelvic belt/harness/boot	Authorization Required	Healthfirst
E0945	extremity belt/harness	Authorization Required	Healthfirst
E0946	fracture, frame, dual with cross bars, attached to bed, (e.g., balken, four-poster)	Authorization Required	Healthfirst
E0947	fracture frame, attachments for complex pelvic traction	Authorization Required	Healthfirst
E0948	fracture frame, attachments for complex cervical traction	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E0950	wheelchair accessory, tray, each	Authorization Required	Healthfirst
E0952	toe loop/holder, any type, each	Authorization Required	Healthfirst
E0955	wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Authorization Required	Healthfirst
E0956	wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Authorization Required	Healthfirst
E0957	wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Authorization Required	Healthfirst
E0958	manual wheelchair accessory, one-arm drive attachment, each	Authorization Required	Healthfirst
E0959	manual wheelchair accessory, adapter for amputee, each	Authorization Required	Healthfirst
E0960	wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Authorization Required	Healthfirst
E0961	manual wheelchair accessory, wheel lock brake extension (handle), each	Authorization Required	Healthfirst
E0966	manual wheelchair accessory, headrest extension, each	Authorization Required	Healthfirst
E0967	manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Authorization Required	Healthfirst
E0968	commode seat, wheelchair	Authorization Required	Healthfirst
E0969	narrowing device, wheelchair	Authorization Required	Healthfirst
E0970	no. 2 footplates, except for elevating legrest	Authorization Required	Healthfirst
E0971	manual wheelchair accessory, antitipping device, each	Authorization Required	Healthfirst
E0973	wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Authorization Required	Healthfirst
E0974	manual wheelchair accessory, antirollback device, each	Authorization Required	Healthfirst
E0978	wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Authorization Required	Healthfirst
E0980	safety vest, wheelchair	Authorization Required	Healthfirst
E0981	wheelchair accessory, seat upholstery, replacement only, each	Authorization Required	Healthfirst
E0982	wheelchair accessory, back upholstery, replacement only, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>E0983</b>	manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Authorization Required	Healthfirst
<b>E0984</b>	manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Authorization Required	Healthfirst
<b>E0985</b>	wheelchair accessory, seat lift mechanism	Authorization Required	Healthfirst
<b>E0986</b>	manual wheelchair accessory, push-rim activated power assist system	Authorization Required	Healthfirst
<b>E0988</b>	manual wheelchair accessory, lever-activated, wheel drive, pair	Authorization Required	Healthfirst
<b>E0992</b>	manual wheelchair accessory, solid seat insert	Authorization Required	Healthfirst
<b>E0994</b>	armrest, each	Authorization Required	Healthfirst
<b>E0995</b>	wheelchair accessory, calf rest/pad, replacement only, each	Authorization Required	Healthfirst
<b>E1002</b>	wheelchair accessory, power seating system, tilt only	Authorization Required	Healthfirst
<b>E1003</b>	wheelchair accessory, power seating system, recline only, without shear reduction	Authorization Required	Healthfirst
<b>E1004</b>	wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Authorization Required	Healthfirst
<b>E1005</b>	wheelchair accessory, power seating system, recline only, with power shear reduction	Authorization Required	Healthfirst
<b>E1006</b>	wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Authorization Required	Healthfirst
<b>E1007</b>	wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Authorization Required	Healthfirst
<b>E1008</b>	wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Authorization Required	Healthfirst
<b>E1009</b>	wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	Authorization Required	Healthfirst
<b>E1010</b>	wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Authorization Required	Healthfirst
<b>E1011</b>	modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E1014	reclining back, addition to pediatric size wheelchair	Authorization Required	Healthfirst
E1015	shock absorber for manual wheelchair, each	Authorization Required	Healthfirst
E1016	shock absorber for power wheelchair, each	Authorization Required	Healthfirst
E1017	heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	Authorization Required	Healthfirst
E1018	heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	Authorization Required	Healthfirst
E1020	residual limb support system for wheelchair, any type	Authorization Required	Healthfirst
E1028	wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Authorization Required	Healthfirst
E1029	wheelchair accessory, ventilator tray, fixed	Authorization Required	Healthfirst
E1030	wheelchair accessory, ventilator tray, gimbaleed	Authorization Required	Healthfirst
E1031	rollabout chair, any and all types with castors 5 in or greater	Authorization Required	Healthfirst
E1035	multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Authorization Required	Healthfirst
E1036	multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Authorization Required	Healthfirst
E1037	transport chair, pediatric size	Authorization Required	Healthfirst
E1038	transport chair, adult size, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
E1039	transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Authorization Required	Healthfirst
E1050	fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1060	fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1070	fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Authorization Required	Healthfirst
E1083	hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	Authorization Required	Healthfirst
E1084	hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E1085	hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	Authorization Required	Healthfirst
E1086	hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Authorization Required	Healthfirst
E1087	high strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1088	high strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1089	high-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	Authorization Required	Healthfirst
E1090	high-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Authorization Required	Healthfirst
E1092	wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1093	wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	Authorization Required	Healthfirst
E1100	semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1110	semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	Authorization Required	Healthfirst
E1130	standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	Authorization Required	Healthfirst
E1140	wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Authorization Required	Healthfirst
E1150	wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1160	wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1161	manual adult size wheelchair, includes tilt in space	Authorization Required	Healthfirst
E1170	amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1171	amputee wheelchair, fixed full-length arms, without footrests or legrest	Authorization Required	Healthfirst
E1172	amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	Authorization Required	Healthfirst
E1180	amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	Authorization Required	Healthfirst
E1190	amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E1195	heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1200	amputee wheelchair, fixed full-length arms, swing-away detachable footrest	Authorization Required	Healthfirst
E1220	wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Authorization Required	Healthfirst
E1221	wheelchair with fixed arm, footrests	Authorization Required	Healthfirst
E1222	wheelchair with fixed arm, elevating legrests	Authorization Required	Healthfirst
E1223	wheelchair with detachable arms, footrests	Authorization Required	Healthfirst
E1224	wheelchair with detachable arms, elevating legrests	Authorization Required	Healthfirst
E1225	wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Authorization Required	Healthfirst
E1226	wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Authorization Required	Healthfirst
E1227	special height arms for wheelchair	Authorization Required	Healthfirst
E1228	special back height for wheelchair	Authorization Required	Healthfirst
E1229	wheelchair, pediatric size, not otherwise specified	Authorization Required	Healthfirst
E1230	power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	Authorization Required	Healthfirst
E1231	wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Authorization Required	Healthfirst
E1232	wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Authorization Required	Healthfirst
E1233	wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Authorization Required	Healthfirst
E1234	wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Authorization Required	Healthfirst
E1235	wheelchair, pediatric size, rigid, adjustable, with seating system	Authorization Required	Healthfirst
E1236	wheelchair, pediatric size, folding, adjustable, with seating system	Authorization Required	Healthfirst
E1237	wheelchair, pediatric size, rigid, adjustable, without seating system	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E1238	wheelchair, pediatric size, folding, adjustable, without seating system	Authorization Required	Healthfirst
E1239	power wheelchair, pediatric size, not otherwise specified	Authorization Required	Healthfirst
E1240	lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	Authorization Required	Healthfirst
E1250	lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	Authorization Required	Healthfirst
E1260	lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Authorization Required	Healthfirst
E1270	lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Authorization Required	Healthfirst
E1280	heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	Authorization Required	Healthfirst
E1285	heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	Authorization Required	Healthfirst
E1290	heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Authorization Required	Healthfirst
E1295	heavy-duty wheelchair, fixed full-length arms, elevating legrest	Authorization Required	Healthfirst
E1296	special wheelchair seat height from floor	Authorization Required	Healthfirst
E1297	special wheelchair seat depth, by upholstery	Authorization Required	Healthfirst
E1298	special wheelchair seat depth and/or width, by construction	Authorization Required	Healthfirst
E1353	regulator	Authorization Required	Healthfirst
E1372	immersion external heater for nebulizer	Authorization Required	Healthfirst
E1390	oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Authorization Required	Healthfirst
E1391	oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Authorization Required	Healthfirst
E1392	portable oxygen concentrator, rental	Authorization Required	Healthfirst
E1399	durable medical equipment, miscellaneous	Authorization Required	Healthfirst
E1405	oxygen and water vapor enriching system with heated delivery	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>E1406</b>	oxygen and water vapor enriching system without heated delivery	Authorization Required	Healthfirst
<b>E1510</b>	kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, iv poles, pressure gauge, concentrate container	Authorization Required	Healthfirst
<b>E1520</b>	heparin infusion pump for hemodialysis	Authorization Required	Healthfirst
<b>E1530</b>	air bubble detector for hemodialysis, each, replacement	Authorization Required	Healthfirst
<b>E1540</b>	pressure alarm for hemodialysis, each, replacement	Authorization Required	Healthfirst
<b>E1550</b>	bath conductivity meter for hemodialysis, each	Authorization Required	Healthfirst
<b>E1560</b>	blood leak detector for hemodialysis, each, replacement	Authorization Required	Healthfirst
<b>E1570</b>	adjustable chair, for esrd patients	Authorization Required	Healthfirst
<b>E1575</b>	transducer protectors/fluid barriers, for hemodialysis, any size, per 10	Authorization Required	Healthfirst
<b>E1580</b>	unipuncture control system for hemodialysis	Authorization Required	Healthfirst
<b>E1590</b>	hemodialysis machine	Authorization Required	Healthfirst
<b>E1592</b>	automatic intermittent peritoneal dialysis system	Authorization Required	Healthfirst
<b>E1594</b>	cycler dialysis machine for peritoneal dialysis	Authorization Required	Healthfirst
<b>E1600</b>	delivery and/or installation charges for hemodialysis equipment	Authorization Required	Healthfirst
<b>E1610</b>	reverse osmosis water purification system, for hemodialysis	Authorization Required	Healthfirst
<b>E1615</b>	deionizer water purification system, for hemodialysis	Authorization Required	Healthfirst
<b>E1620</b>	blood pump for hemodialysis, replacement	Authorization Required	Healthfirst
<b>E1625</b>	water softening system, for hemodialysis	Authorization Required	Healthfirst
<b>E1630</b>	reciprocating peritoneal dialysis system	Authorization Required	Healthfirst
<b>E1632</b>	wearable artificial kidney, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E1634	peritoneal dialysis clamps, each	Authorization Required	Healthfirst
E1635	compact (portable) travel hemodialyzer system	Authorization Required	Healthfirst
E1636	sorbent cartridges, for hemodialysis, per 10	Authorization Required	Healthfirst
E1637	hemostats, each	Authorization Required	Healthfirst
E1639	scale, each	Authorization Required	Healthfirst
E1699	dialysis equipment, not otherwise specified	Authorization Required	Healthfirst
E1700	jaw motion rehabilitation system	Authorization Required	Healthfirst
E1800	dynamic adjustable elbow extension/flexion device, includes soft interface material	Authorization Required	Healthfirst
E1801	static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Authorization Required	Healthfirst
E1802	dynamic adjustable forearm pronation/supination device, includes soft interface material	Authorization Required	Healthfirst
E1805	dynamic adjustable wrist extension/flexion device, includes soft interface material	Authorization Required	Healthfirst
E1806	static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Authorization Required	Healthfirst
E1810	dynamic adjustable knee extension/flexion device, includes soft interface material	Authorization Required	Healthfirst
E1811	static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Authorization Required	Healthfirst
E1812	dynamic knee, extension/flexion device with active resistance control	Authorization Required	Healthfirst
E1815	dynamic adjustable ankle extension/flexion device, includes soft interface material	Authorization Required	Healthfirst
E1816	static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Authorization Required	Healthfirst
E1818	static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	Authorization Required	Healthfirst
E1820	replacement soft interface material, dynamic adjustable extension/flexion device	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E1821	replacement soft interface material/cuffs for bi-directional static progressive stretch device	Authorization Required	Healthfirst
E1825	dynamic adjustable finger extension/flexion device, includes soft interface material	Authorization Required	Healthfirst
E1830	dynamic adjustable toe extension/flexion device, includes soft interface material	Authorization Required	Healthfirst
E1831	static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Authorization Required	Healthfirst
E1840	dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Authorization Required	Healthfirst
E1841	static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Authorization Required	Healthfirst
E1902	communication board, nonelectronic augmentative or alternative communication device	Authorization Required	Healthfirst
E2000	gastric suction pump, home model, portable or stationary, electric	Authorization Required	Healthfirst
E2100	blood glucose monitor with integrated voice synthesizer	Authorization Required	Healthfirst
E2101	blood glucose monitor with integrated lancing/blood sample	Authorization Required	Healthfirst
E2120	pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Authorization Required	Healthfirst
E2201	manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	Authorization Required	Healthfirst
E2202	manual wheelchair accessory, nonstandard seat frame width, 24-27 in	Authorization Required	Healthfirst
E2203	manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	Authorization Required	Healthfirst
E2204	manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	Authorization Required	Healthfirst
E2205	manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	Authorization Required	Healthfirst
E2206	manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Authorization Required	Healthfirst
E2207	wheelchair accessory, crutch and cane holder, each	Authorization Required	Healthfirst
E2208	wheelchair accessory, cylinder tank carrier, each	Authorization Required	Healthfirst
E2209	accessory, arm trough, with or without hand support, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2210	wheelchair accessory, bearings, any type, replacement only, each	Authorization Required	Healthfirst
E2211	manual wheelchair accessory, pneumatic propulsion tire, any size, each	Authorization Required	Healthfirst
E2212	manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Authorization Required	Healthfirst
E2213	manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Authorization Required	Healthfirst
E2214	manual wheelchair accessory, pneumatic caster tire, any size, each	Authorization Required	Healthfirst
E2215	manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Authorization Required	Healthfirst
E2216	manual wheelchair accessory, foam filled propulsion tire, any size, each	Authorization Required	Healthfirst
E2217	manual wheelchair accessory, foam filled caster tire, any size, each	Authorization Required	Healthfirst
E2218	manual wheelchair accessory, foam propulsion tire, any size, each	Authorization Required	Healthfirst
E2219	manual wheelchair accessory, foam caster tire, any size, each	Authorization Required	Healthfirst
E2220	manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	Authorization Required	Healthfirst
E2221	manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Authorization Required	Healthfirst
E2222	manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Authorization Required	Healthfirst
E2224	manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	Authorization Required	Healthfirst
E2225	manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Authorization Required	Healthfirst
E2226	manual wheelchair accessory, caster fork, any size, replacement only, each	Authorization Required	Healthfirst
E2227	manual wheelchair accessory, gear reduction drive wheel, each	Authorization Required	Healthfirst
E2228	manual wheelchair accessory, wheel braking system and lock, complete, each	Authorization Required	Healthfirst
E2230	manual wheelchair accessory, manual standing system	Authorization Required	Healthfirst
E2231	manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2291	back, planar, for pediatric size wheelchair including fixed attaching hardware	Authorization Required	Healthfirst
E2292	seat, planar, for pediatric size wheelchair including fixed attaching hardware	Authorization Required	Healthfirst
E2293	back, contoured, for pediatric size wheelchair including fixed attaching hardware	Authorization Required	Healthfirst
E2294	seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Authorization Required	Healthfirst
E2295	manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Authorization Required	Healthfirst
E2300	wheelchair accessory, power seat elevation system, any type	Authorization Required	Healthfirst
E2301	wheelchair accessory, power standing system, any type	Authorization Required	Healthfirst
E2310	power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Authorization Required	Healthfirst
E2311	power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Authorization Required	Healthfirst
E2312	power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Authorization Required	Healthfirst
E2313	power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Authorization Required	Healthfirst
E2321	power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Authorization Required	Healthfirst
E2322	power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Authorization Required	Healthfirst
E2323	power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Authorization Required	Healthfirst
E2324	power wheelchair accessory, chin cup for chin control interface	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2325	power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Authorization Required	Healthfirst
E2326	power wheelchair accessory, breath tube kit for sip and puff interface	Authorization Required	Healthfirst
E2327	power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Authorization Required	Healthfirst
E2328	power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Authorization Required	Healthfirst
E2329	power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Authorization Required	Healthfirst
E2330	power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Authorization Required	Healthfirst
E2331	power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Authorization Required	Healthfirst
E2340	power wheelchair accessory, nonstandard seat frame width, 20-23 in	Authorization Required	Healthfirst
E2341	power wheelchair accessory, nonstandard seat frame width, 24-27 in	Authorization Required	Healthfirst
E2342	power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	Authorization Required	Healthfirst
E2343	power wheelchair accessory, nonstandard seat frame depth, 22-25 in	Authorization Required	Healthfirst
E2351	power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Authorization Required	Healthfirst
E2358	power wheelchair accessory, group 34 nonsealed lead acid battery, each	Authorization Required	Healthfirst
E2359	power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	Authorization Required	Healthfirst
E2360	power wheelchair accessory, 22 nf nonsealed lead acid battery, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2361	power wheelchair accessory, 22 nf sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Authorization Required	Healthfirst
E2362	power wheelchair accessory, group 24 nonsealed lead acid battery, each	Authorization Required	Healthfirst
E2363	power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Authorization Required	Healthfirst
E2364	power wheelchair accessory, u-1 nonsealed lead acid battery, each	Authorization Required	Healthfirst
E2365	power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Authorization Required	Healthfirst
E2366	power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	Authorization Required	Healthfirst
E2367	power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	Authorization Required	Healthfirst
E2368	power wheelchair component, drive wheel motor, replacement only	Authorization Required	Healthfirst
E2369	power wheelchair component, drive wheel gear box, replacement only	Authorization Required	Healthfirst
E2370	power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Authorization Required	Healthfirst
E2371	power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	Authorization Required	Healthfirst
E2372	power wheelchair accessory, group 27 nonsealed lead acid battery, each	Authorization Required	Healthfirst
E2373	power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Authorization Required	Healthfirst
E2374	power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	Authorization Required	Healthfirst
E2375	power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	Authorization Required	Healthfirst
E2376	power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Authorization Required	Healthfirst
E2377	power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2381	power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Authorization Required	Healthfirst
E2382	power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Authorization Required	Healthfirst
E2383	power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Authorization Required	Healthfirst
E2384	power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Authorization Required	Healthfirst
E2385	power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Authorization Required	Healthfirst
E2386	power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Authorization Required	Healthfirst
E2387	power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Authorization Required	Healthfirst
E2388	power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Authorization Required	Healthfirst
E2389	power wheelchair accessory, foam caster tire, any size, replacement only, each	Authorization Required	Healthfirst
E2390	power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Authorization Required	Healthfirst
E2391	power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Authorization Required	Healthfirst
E2392	power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Authorization Required	Healthfirst
E2394	power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Authorization Required	Healthfirst
E2395	power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Authorization Required	Healthfirst
E2396	power wheelchair accessory, caster fork, any size, replacement only, each	Authorization Required	Healthfirst
E2397	power wheelchair accessory, lithium-based battery, each	Authorization Required	Healthfirst
E2398	wheelchair accessory, dynamic positioning hardware for back	Authorization Required	Healthfirst
E2402	negative pressure wound therapy electrical pump, stationary or portable	Authorization Required	Healthfirst
E2500	speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2502	speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	Authorization Required	Healthfirst
E2504	speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Authorization Required	Healthfirst
E2506	speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	Authorization Required	Healthfirst
E2508	speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Authorization Required	Healthfirst
E2510	speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Authorization Required	Healthfirst
E2511	speech generating software program, for personal computer or personal digital assistant	Authorization Required	Healthfirst
E2512	accessory for speech generating device, mounting system	Authorization Required	Healthfirst
E2599	accessory for speech generating device, not otherwise classified	Authorization Required	Healthfirst
E2601	general use wheelchair seat cushion, width less than 22 in, any depth	Authorization Required	Healthfirst
E2602	general use wheelchair seat cushion, width 22 in or greater, any depth	Authorization Required	Healthfirst
E2603	skin protection wheelchair seat cushion, width less than 22 in, any depth	Authorization Required	Healthfirst
E2604	skin protection wheelchair seat cushion, width 22 in or greater, any depth	Authorization Required	Healthfirst
E2605	positioning wheelchair seat cushion, width less than 22 in, any depth	Authorization Required	Healthfirst
E2606	positioning wheelchair seat cushion, width 22 in or greater, any depth	Authorization Required	Healthfirst
E2607	skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	Authorization Required	Healthfirst
E2608	skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	Authorization Required	Healthfirst
E2609	custom fabricated wheelchair seat cushion, any size	Authorization Required	Healthfirst
E2610	wheelchair seat cushion, powered	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2611	general use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2612	general use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2613	positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2614	positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2615	positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2616	positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2617	custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Authorization Required	Healthfirst
E2619	replacement cover for wheelchair seat cushion or back cushion, each	Authorization Required	Healthfirst
E2620	positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2621	positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Authorization Required	Healthfirst
E2622	skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	Authorization Required	Healthfirst
E2623	skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	Authorization Required	Healthfirst
E2624	skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	Authorization Required	Healthfirst
E2625	skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	Authorization Required	Healthfirst
E2626	wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Authorization Required	Healthfirst
E2627	wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	Authorization Required	Healthfirst
E2628	wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
E2629	wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Authorization Required	Healthfirst
E2630	wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Authorization Required	Healthfirst
E2631	wheelchair accessory, addition to mobile arm support, elevating proximal arm	Authorization Required	Healthfirst
E2632	wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Authorization Required	Healthfirst
E2633	wheelchair accessory, addition to mobile arm support, supinator	Authorization Required	Healthfirst
E8000	gait trainer, pediatric size, posterior support, includes all accessories and components	Authorization Required	Healthfirst
E8001	gait trainer, pediatric size, upright support, includes all accessories and components	Authorization Required	Healthfirst
E8002	gait trainer, pediatric size, anterior support, includes all accessories and components	Authorization Required	Healthfirst
G0027	semen analysis; presence and/or motility of sperm excluding hühner	Authorization Required	Healthfirst
G0067	comprehensive (60 minutes) in-home visit for a new patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following d	Authorization Required	Healthfirst
G0068	professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min	Authorization Required	Healthfirst
G0069	professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	Authorization Required	Healthfirst
G0070	professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 min	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G0071</b>	payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only	Authorization Required	Healthfirst
<b>G0076</b>	brief (20 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0077</b>	limited (30 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0078</b>	moderate (45 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0079</b>	comprehensive (60 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0080</b>	extensive (75 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0081</b>	brief (20 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0082</b>	limited (30 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G0083</b>	moderate (45 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0084</b>	comprehensive (60 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0085</b>	extensive (75 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0086</b>	limited (30 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0087</b>	comprehensive (60 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Authorization Required	Healthfirst
<b>G0088</b>	professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min	Authorization Required	Healthfirst
<b>G0089</b>	professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	Authorization Required	Healthfirst
<b>G0090</b>	professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	Authorization Required	Healthfirst
<b>G0129</b>	occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G0130</b>	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Authorization Required	Healthfirst
<b>G0151</b>	services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Authorization Required	Healthfirst
<b>G0152</b>	services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Authorization Required	Healthfirst
<b>G0153</b>	services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Authorization Required	Healthfirst
<b>G0155</b>	services of clinical social worker in home health or hospice settings, each 15 minutes	Authorization Required	Healthfirst
<b>G0156</b>	services of home health/hospice aide in home health or hospice settings, each 15 minutes	Authorization Required	Healthfirst
<b>G0162</b>	skilled services by a registered nurse (rn) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Authorization Required	Healthfirst
<b>G0166</b>	external counterpulsation, per treatment session	Authorization Required	Healthfirst
<b>G0248</b>	demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results	Authorization Required	Healthfirst
<b>G0249</b>	provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include four tests	Authorization Required	Healthfirst
<b>G0277</b>	hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G0289</b>	arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	Authorization Required	Healthfirst
<b>G0299</b>	insertion or repositing of electrode lead for single chamber pacing cardioverter defibrillator and insertion of pulse generator	Authorization Required	Healthfirst
<b>G0300</b>	insertion or repositing of electrode lead(s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator	Authorization Required	Healthfirst
<b>G0423</b>	intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session	Authorization Required	Healthfirst
<b>G0424</b>	pulmonary rehabilitation, including exercise (includes monitoring), 1 hour, per session, up to two sessions per day	Authorization Required	Healthfirst
<b>G0428</b>	collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	Authorization Required	Healthfirst
<b>G0453</b>	continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	Authorization Required	Healthfirst
<b>G0460</b>	autologous platelet rich plasma for chronic wounds/ ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Authorization Required	Healthfirst
<b>G0494</b>	skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Authorization Required	Healthfirst
<b>G0495</b>	skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G0512</b>	rural health clinic or federally qualified health center (rhc/fqhc) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an rhc or fqhc practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month	Authorization Required	Healthfirst
<b>G0517</b>	removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	Authorization Required	Healthfirst
<b>G1001</b>	clinical decision support mechanism evicore, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1002</b>	clinical decision support mechanism medcurrent, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1003</b>	clinical decision support mechanism medicalis, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1004</b>	clinical decision support mechanism national decision support company, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1007</b>	clinical decision support mechanism aim specialty health, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1008</b>	clinical decision support mechanism cranberry peak, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1009</b>	clinical decision support mechanism sage health management solutions, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1010</b>	clinical decision support mechanism stanson, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1011</b>	clinical decision support mechanism, qualified tool not otherwise specified, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1012</b>	clinical decision support mechanism agilemd, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1013</b>	clinical decision support mechanism evidencecare imaging advisor, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G1014</b>	clinical decision support mechanism inveniqa semantic answers in medicine, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1015</b>	clinical decision support mechanism reliant medical group, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1016</b>	clinical decision support mechanism speed of care, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1017</b>	clinical decision support mechanism healthhelp, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1018</b>	clinical decision support mechanism infinx, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1019</b>	clinical decision support mechanism logicnets, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1020</b>	clinical decision support mechanism curbside clinical augmented workflow, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1021</b>	clinical decision support mechanism ehealthline clinical decision support mechanism, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1022</b>	clinical decision support mechanism intermountain clinical decision support mechanism, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G1023</b>	clinical decision support mechanism persivia clinical decision support, as defined by the medicare appropriate use criteria program	Authorization Required	Healthfirst
<b>G2000</b>	blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ect, current covered gold standard) or magnetic seizure therapy (mst, noncovered experimental therapy), performed in an approved ide-based clinical trial, per treatment session	Authorization Required	Healthfirst
<b>G2001</b>	brief (20 minutes) in-home visit for a new patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G2002</b>	limited (30 minutes) in-home visit for a new patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2003</b>	moderate (45 minutes) in-home visit for a new patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2004</b>	comprehensive (60 minutes) in-home visit for a new patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2005</b>	extensive (75 minutes) in-home visit for a new patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2006</b>	brief (20 minutes) in-home visit for an existing patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2007</b>	limited (30 minutes) in-home visit for an existing patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G2008</b>	moderate (45 minutes) in-home visit for an existing patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2009</b>	comprehensive (60 minutes) in-home visit for an existing patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2013</b>	extensive (75 minutes) in-home visit for an existing patient postdischarge. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2014</b>	limited (30 minutes) care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	Authorization Required	Healthfirst
<b>G2015</b>	comprehensive (60 minutes) home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)	Authorization Required	Healthfirst
<b>G2021</b>	health care practitioners rendering treatment in place (tip)	Authorization Required	Healthfirst
<b>G2022</b>	a model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	Authorization Required	Healthfirst
<b>G2061</b>	qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G2062</b>	qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	Authorization Required	Healthfirst
<b>G2063</b>	qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	Authorization Required	Healthfirst
<b>G2064</b>	comprehensive care management services for a single high risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	Authorization Required	Healthfirst
<b>G2065</b>	comprehensive care management for a single high risk disease services, e.g., principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	Authorization Required	Healthfirst
<b>G2066</b>	interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
G2082	office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	Authorization Required	Healthfirst
G2083	office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	Authorization Required	Healthfirst
G2086	office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	Authorization Required	Healthfirst
G2087	office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	Authorization Required	Healthfirst
G2088	office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	Authorization Required	Healthfirst
G2168	services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Authorization Required	Healthfirst
G2169	services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Authorization Required	Healthfirst
G2250	remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G2251</b>	brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion	Authorization Required	Healthfirst
<b>G2252</b>	brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related em service provided within the previous 7 days nor leading to an em service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Authorization Required	Healthfirst
<b>G9481</b>	remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G9482</b>	remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst
<b>G9483</b>	remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst
<b>G9484</b>	remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
G9485	remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst
G9486	remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G9487</b>	remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst
<b>G9488</b>	remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G9489</b>	remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Authorization Required	Healthfirst
<b>G9599</b>	aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Authorization Required	Healthfirst
<b>G9635</b>	health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order to complete the hrqol questionnaire)	Authorization Required	Healthfirst
<b>G9699</b>	long-acting inhaled bronchodilator not prescribed, reason not otherwise specified	Authorization Required	Healthfirst
<b>G9966</b>	children who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	Authorization Required	Healthfirst
<b>G9967</b>	children who were not screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	Authorization Required	Healthfirst
<b>J0129</b>	injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Authorization Required	Healthfirst
<b>J0179</b>	injection, brolocizumab-dbl, 1 mg	Authorization Required	Healthfirst
<b>J0180</b>	injection, agalsidase beta, 1 mg	Authorization Required	Healthfirst
<b>J0202</b>	injection, alemtuzumab, 1 mg	Authorization Required	Healthfirst
<b>J0221</b>	injection, alglucosidase alfa, (lumizyme), 10 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>J0223</b>	injection, givosiran, 0.5 mg	Authorization Required	Healthfirst
<b>J0224</b>	injection, lumasiran, 0.5 mg	Authorization Required	Healthfirst
<b>J0270</b>	injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Authorization Required	Healthfirst
<b>J0275</b>	alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Authorization Required	Healthfirst
<b>J0490</b>	injection, belimumab, 10 mg	Authorization Required	Healthfirst
<b>J0517</b>	injection, benralizumab, 1 mg	Authorization Required	Healthfirst
<b>J0585</b>	injection, onabotulinumtoxina, 1 unit	Authorization Required	Healthfirst
<b>J0586</b>	injection, abobotulinumtoxina, 5 units	Authorization Required	Healthfirst
<b>J0587</b>	injection, rimabotulinumtoxinb, 100 units	Authorization Required	Healthfirst
<b>J0588</b>	injection, incobotulinumtoxina, 1 unit	Authorization Required	Healthfirst
<b>J0596</b>	injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Authorization Required	Healthfirst
<b>J0597</b>	injection, c1 esterase inhibitor (human), berinert, 10 units	Authorization Required	Healthfirst
<b>J0598</b>	injection, c1 esterase inhibitor (human), cinryze, 10 units	Authorization Required	Healthfirst
<b>J0599</b>	injection, c1 esterase inhibitor (human), (haegarda), 10 units	Authorization Required	Healthfirst
<b>J0717</b>	injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Authorization Required	Healthfirst
<b>J0775</b>	injection, collagenase, clostridium histolyticum, 0.01 mg	Authorization Required	Healthfirst
<b>J0791</b>	injection, crizanlizumab-tmca, 5 mg	Authorization Required	Healthfirst
<b>J0881</b>	injection, darbepoetin alfa, 1 mcg (non-esrd use)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>J0885</b>	injection, epoetin alfa, (for non-esrd use), 1000 units	Authorization Required	Healthfirst
<b>J0888</b>	injection, epoetin beta, 1 mcg, (for non-esrd use)	Authorization Required	Healthfirst
<b>J0896</b>	injection, luspatercept-aamt, 0.25 mg	Authorization Required	Healthfirst
<b>J0897</b>	injection, denosumab, 1 mg	Authorization Required	Healthfirst
<b>J1071</b>	injection, testosterone cypionate, 1 mg	Authorization Required	Healthfirst
<b>J1300</b>	injection, eculizumab, 10 mg	Authorization Required	Healthfirst
<b>J1322</b>	injection, elosulfase alfa, 1 mg	Authorization Required	Healthfirst
<b>J1325</b>	injection, epoprostenol, 0.5 mg	Authorization Required	Healthfirst
<b>J1428</b>	injection, eteplirsen, 10 mg	Authorization Required	Healthfirst
<b>J1429</b>	injection, golodirsen, 10 mg	Authorization Required	Healthfirst
<b>J1442</b>	injection, filgrastim (g-csf), excludes biosimilars, 1 mcg	Authorization Required	Healthfirst
<b>J1447</b>	injection, tbo-filgrastim, 1 mcg	Authorization Required	Healthfirst
<b>J1458</b>	injection, galsulfase, 1 mg	Authorization Required	Healthfirst
<b>J1459</b>	injection, immune globulin (privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Authorization Required	Healthfirst
<b>J1554</b>	injection, immune globulin (asceniv), 500 mg	Authorization Required	Healthfirst
<b>J1555</b>	injection, immune globulin (cuvitru), 100 mg	Authorization Required	Healthfirst
<b>J1556</b>	injection, immune globulin (bivigam), 500 mg	Authorization Required	Healthfirst
<b>J1557</b>	injection, immune globulin, (gammplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Authorization Required	Healthfirst
<b>J1558</b>	injection, immune globulin (xembify), 100 mg	Authorization Required	Healthfirst
<b>J1559</b>	injection, immune globulin (hizentra), 100 mg	Authorization Required	Healthfirst
<b>J1561</b>	injection, immune globulin, (gamunex/gamunex-c/ gammaked), nonlyophilized (e.g., liquid), 500 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
J1566	injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Authorization Required	Healthfirst
J1568	injection, immune globulin, (octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Authorization Required	Healthfirst
J1569	injection, immune globulin, (gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Authorization Required	Healthfirst
J1572	injection, immune globulin, (flebogamma/flebogamma dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Authorization Required	Healthfirst
J1575	injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	Authorization Required	Healthfirst
J1599	injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Authorization Required	Healthfirst
J1602	injection, golimumab, 1 mg, for intravenous use	Authorization Required	Healthfirst
J1726	injection, hydroxyprogesterone caproate, (makena), 10 mg	Authorization Required	Healthfirst
J1729	injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Authorization Required	Healthfirst
J1743	injection, idursulfase, 1 mg	Authorization Required	Healthfirst
J1745	injection, infliximab, excludes biosimilar, 10 mg	Authorization Required	Healthfirst
J1786	injection, imiglucerase, 10 units	Authorization Required	Healthfirst
J1930	injection, lanreotide, 1 mg	Authorization Required	Healthfirst
J1951	injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Authorization Required	Healthfirst
J2182	injection, mepolizumab, 1 mg	Authorization Required	Healthfirst
J2260	injection, milrinone lactate, 5 mg	Authorization Required	Healthfirst
J2323	injection, natalizumab, 1 mg	Authorization Required	Healthfirst
J2326	injection, nusinersen, 0.1 mg	Authorization Required	Healthfirst
J2350	injection, ocrelizumab, 1 mg	Authorization Required	Healthfirst
J2353	injection, octreotide, depot form for intramuscular injection, 1 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
J2354	injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Authorization Required	Healthfirst
J2357	injection, omalizumab, 5 mg	Authorization Required	Healthfirst
J2440	injection, papaverine hcl, up to 60 mg	Authorization Required	Healthfirst
J2505	injection, pegfilgrastim, 6 mg	Authorization Required	Healthfirst
J2507	injection, pegloticase, 1 mg	Authorization Required	Healthfirst
J2760	injection, phentolamine mesylate, up to 5 mg	Authorization Required	Healthfirst
J2786	injection, reslizumab, 1 mg	Authorization Required	Healthfirst
J2796	injection, romiplostim, 10 mcg	Authorization Required	Healthfirst
J2820	injection, sargramostim (gm-csf), 50 mcg	Authorization Required	Healthfirst
J3032	injection, eptinezumab-jjmr, 1 mg	Authorization Required	Healthfirst
J3110	injection, teriparatide, 10 mcg	Authorization Required	Healthfirst
J3241	injection, teprotumumab-trbw, 10 mg	Authorization Required	Healthfirst
J3245	injection, tirofiban hcl, 12.5 mg	Authorization Required	Healthfirst
J3285	injection, treprostinil, 1 mg	Authorization Required	Healthfirst
J3316	injection, triptorelin, extended-release, 3.75 mg	Authorization Required	Healthfirst
J3357	ustekinumab, for subcutaneous injection, 1 mg	Authorization Required	Healthfirst
J3358	ustekinumab, for intravenous injection, 1 mg	Authorization Required	Healthfirst
J3380	injection, vedolizumab, 1 mg	Authorization Required	Healthfirst
J3398	injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Authorization Required	Healthfirst
J3399	injection, onasemnogene abeparvovec-xioi, per treatment, up to $5 \times 10^{15}$ vector genomes	Authorization Required	Healthfirst
J3489	injection, zoledronic acid, 1 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
J3490	unclassified drugs	Authorization Required	Healthfirst
J3590	unclassified biologics	Authorization Required	Healthfirst
J7168	prothrombin complex concentrate (human), kcentra, per iu of factor ix activity	Authorization Required	Healthfirst
J7169	injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Authorization Required	Healthfirst
J7170	injection, emicizumab-kxwh, 0.5 mg	Authorization Required	Healthfirst
J7175	injection, factor x, (human), 1 iu	Authorization Required	Healthfirst
J7179	injection, von willebrand factor (recombinant), (vonvendi), 1 iu vwf:rc0	Authorization Required	Healthfirst
J7180	injection, factor xiii (antihemophilic factor, human), 1 iu	Authorization Required	Healthfirst
J7182	injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Authorization Required	Healthfirst
J7183	injection, von willebrand factor complex (human), wilate, 1 iu vwf:rc0	Authorization Required	Healthfirst
J7185	injection, factor viii (antihemophilic factor, recombinant) (xyntha), per iu	Authorization Required	Healthfirst
J7186	injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii iu	Authorization Required	Healthfirst
J7187	injection, von willebrand factor complex (humate-p), per iu vwf:rc0	Authorization Required	Healthfirst
J7188	injection, von willebrand factor complex, human, iu	Authorization Required	Healthfirst
J7189	factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 mcg	Authorization Required	Healthfirst
J7190	factor viii (antihemophilic factor, human) per iu	Authorization Required	Healthfirst
J7192	factor viii (antihemophilic factor, recombinant) per iu, not otherwise specified	Authorization Required	Healthfirst
J7193	factor ix (antihemophilic factor, purified, nonrecombinant) per iu	Authorization Required	Healthfirst
J7195	injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Authorization Required	Healthfirst
J7198	antiinhibitor, per iu	Authorization Required	Healthfirst
J7199	hemophilia clotting factor, not otherwise classified	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
J7200	injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Authorization Required	Healthfirst
J7201	injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 iu	Authorization Required	Healthfirst
J7202	injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 iu	Authorization Required	Healthfirst
J7204	injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-execi, per iu	Authorization Required	Healthfirst
J7205	injection, factor viii fc fusion protein (recombinant), per iu	Authorization Required	Healthfirst
J7207	injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 iu	Authorization Required	Healthfirst
J7208	injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 iu	Authorization Required	Healthfirst
J7209	injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 iu	Authorization Required	Healthfirst
J7210	injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 iu	Authorization Required	Healthfirst
J7211	injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 iu	Authorization Required	Healthfirst
J7212	factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 mcg	Authorization Required	Healthfirst
J7318	hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Authorization Required	Healthfirst
J7320	hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Authorization Required	Healthfirst
J7321	hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Authorization Required	Healthfirst
J7322	hyaluronan or derivative, synvisc, for intra-articular injection, per dose	Authorization Required	Healthfirst
J7323	hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Authorization Required	Healthfirst
J7324	hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Authorization Required	Healthfirst
J7325	hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Authorization Required	Healthfirst
J7326	hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Authorization Required	Healthfirst
J7327	hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Authorization Required	Healthfirst
J7328	hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
J7329	hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Authorization Required	Healthfirst
J7330	autologous cultured chondrocytes, implant	Authorization Required	Healthfirst
J7331	hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Authorization Required	Healthfirst
J7332	hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Authorization Required	Healthfirst
J7340	dermal and epidermal, (substitute) tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter	Authorization Required	Healthfirst
J7402	mometasone furoate sinus implant, (sinuva), 10 mcg	Authorization Required	Healthfirst
J7599	immunosuppressive drug, not otherwise classified	Authorization Required	Healthfirst
J7686	treprostinil, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, 1.74 mg	Authorization Required	Healthfirst
J7699	noc drugs, inhalation solution administered through dme	Authorization Required	Healthfirst
J7799	noc drugs, other than inhalation drugs, administered through dme	Authorization Required	Healthfirst
J8499	prescription drug, oral, nonchemotherapeutic, nos	Authorization Required	Healthfirst
J8999	prescription drug, oral, chemotherapeutic, nos	Authorization Required	Healthfirst
J9022	injection, atezolizumab, 10 mg	Authorization Required	Healthfirst
J9033	injection, bendamustine hcl (treanda), 1 mg	Authorization Required	Healthfirst
J9034	injection, bendamustine hcl (bendeka), 1 mg	Authorization Required	Healthfirst
J9035	injection, bevacizumab, 10 mg	Authorization Required	Healthfirst
J9039	injection, blinatumomab, 1 mcg	Authorization Required	Healthfirst
J9041	injection, bortezomib (velcade), 0.1 mg	Authorization Required	Healthfirst
J9043	injection, cabazitaxel, 1 mg	Authorization Required	Healthfirst
J9144	injection, daratumumab, 10 mg and hyaluronidase-fihj	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
J9145	injection, daratumumab, 10 mg	Authorization Required	Healthfirst
J9177	injection, enfortumab vedotin-ejfv, 0.25 mg	Authorization Required	Healthfirst
J9210	injection, emapalumab-lzsg, 1 mg	Authorization Required	Healthfirst
J9226	histrelin implant (supprelin la), 50 mg	Authorization Required	Healthfirst
J9228	injection, ipilimumab, 1 mg	Authorization Required	Healthfirst
J9264	injection, paclitaxel protein-bound particles, 1 mg	Authorization Required	Healthfirst
J9266	injection, pegaspargase, per single dose vial	Authorization Required	Healthfirst
J9271	injection, pembrolizumab, 1 mg	Authorization Required	Healthfirst
J9285	injection, olaratumab, 10 mg	Authorization Required	Healthfirst
J9299	injection, nivolumab, 1 mg	Authorization Required	Healthfirst
J9305	injection, pemetrexed, nos, 10 mg	Authorization Required	Healthfirst
J9306	injection, pertuzumab, 1 mg	Authorization Required	Healthfirst
J9311	injection, rituximab 10 mg and hyaluronidase	Authorization Required	Healthfirst
J9312	injection, rituximab, 10 mg	Authorization Required	Healthfirst
J9314	injection, romidepsin, non-lyophilized (e.g. liquid), 0.1 mg	Authorization Required	Healthfirst
J9348	injection, naxitamab-gqgk, 1 mg	Authorization Required	Healthfirst
J9353	injection, margetuximab-cmkb, 5 mg	Authorization Required	Healthfirst
J9354	injection, ado-trastuzumab emtansine, 1 mg	Authorization Required	Healthfirst
J9355	injection, trastuzumab, 10 mg	Authorization Required	Healthfirst
J9356	injection, trastuzumab, 10 mg and hyaluronidase-oysk	Authorization Required	Healthfirst
J9358	injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>J9395</b>	injection, fulvestrant, 25 mg	Authorization Required	Healthfirst
<b>J9400</b>	injection, ziv-aflibercept, 1 mg	Authorization Required	Healthfirst
<b>J9999</b>	not otherwise classified, antineoplastic drugs	Authorization Required	Healthfirst
<b>K0001</b>	standard wheelchair	Authorization Required	Healthfirst
<b>K0002</b>	standard hemi (low seat) wheelchair	Authorization Required	Healthfirst
<b>K0003</b>	lightweight wheelchair	Authorization Required	Healthfirst
<b>K0004</b>	high strength, lightweight wheelchair	Authorization Required	Healthfirst
<b>K0005</b>	ultralightweight wheelchair	Authorization Required	Healthfirst
<b>K0006</b>	heavy-duty wheelchair	Authorization Required	Healthfirst
<b>K0007</b>	extra heavy-duty wheelchair	Authorization Required	Healthfirst
<b>K0008</b>	custom manual wheelchair/base	Authorization Required	Healthfirst
<b>K0009</b>	other manual wheelchair/base	Authorization Required	Healthfirst
<b>K0010</b>	standard-weight frame motorized/power wheelchair	Authorization Required	Healthfirst
<b>K0011</b>	standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Authorization Required	Healthfirst
<b>K0012</b>	lightweight portable motorized/power wheelchair	Authorization Required	Healthfirst
<b>K0013</b>	custom motorized/power wheelchair base	Authorization Required	Healthfirst
<b>K0014</b>	other motorized/power wheelchair base	Authorization Required	Healthfirst
<b>K0020</b>	fixed, adjustable height armrest, pair	Authorization Required	Healthfirst
<b>K0037</b>	high mount flip-up footrest, each	Authorization Required	Healthfirst
<b>K0046</b>	elevating legrest, lower extension tube, replacement only, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
K0050	ratchet assembly, replacement only	Authorization Required	Healthfirst
K0051	cam release assembly, footrest or legrest, replacement only, each	Authorization Required	Healthfirst
K0056	seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	Authorization Required	Healthfirst
K0070	rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	Authorization Required	Healthfirst
K0073	caster pin lock, each	Authorization Required	Healthfirst
K0105	iv hanger, each	Authorization Required	Healthfirst
K0108	wheelchair component or accessory, not otherwise specified	Authorization Required	Healthfirst
K0455	infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Authorization Required	Healthfirst
K0552	supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each	Authorization Required	Healthfirst
K0553	combination oral/nasal mask, used with continuous positive airway pressure device, each	Authorization Required	Healthfirst
K0554	oral cushion for combination oral/nasal mask, replacement only, each	Authorization Required	Healthfirst
K0601	replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Authorization Required	Healthfirst
K0602	replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Authorization Required	Healthfirst
K0603	replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Authorization Required	Healthfirst
K0604	replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Authorization Required	Healthfirst
K0605	replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	Authorization Required	Healthfirst
K0606	automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Authorization Required	Healthfirst
K0608	replacement garment for use with automated external defibrillator, each	Authorization Required	Healthfirst
K0609	replacement electrodes for use with automated external defibrillator, garment type only, each	Authorization Required	Healthfirst
K0672	addition to lower extremity orthotic, removable soft interface, all components, replacement only, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
K0730	controlled dose inhalation drug delivery system	Authorization Required	Healthfirst
K0738	portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Authorization Required	Healthfirst
K0740	repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Authorization Required	Healthfirst
K0741	portable gaseous oxygen system, rental, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing, for cluster headaches	Authorization Required	Healthfirst
K0743	suction pump, home model, portable, for use on wounds	Authorization Required	Healthfirst
K0744	absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less	Authorization Required	Healthfirst
K0745	absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in	Authorization Required	Healthfirst
K0746	absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in	Authorization Required	Healthfirst
K0800	power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0801	power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0802	power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0806	power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0807	power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0808	power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0812	power operated vehicle, not otherwise classified	Authorization Required	Healthfirst
K0813	power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0814	power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
K0815	power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0816	power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0820	power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0821	power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0822	power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0823	power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0824	power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0825	power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0826	power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0827	power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0828	power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Authorization Required	Healthfirst
K0829	power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Authorization Required	Healthfirst
K0830	power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0831	power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0835	power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0836	power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
K0837	power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0838	power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0839	power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0840	power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Authorization Required	Healthfirst
K0841	power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0842	power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0843	power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0848	power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0849	power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0850	power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0851	power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0852	power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0853	power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0854	power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Authorization Required	Healthfirst
K0855	power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Authorization Required	Healthfirst
K0856	power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
K0857	power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0858	power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Authorization Required	Healthfirst
K0859	power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0860	power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0861	power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0862	power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0863	power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0864	power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Authorization Required	Healthfirst
K0868	power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0869	power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0870	power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
K0871	power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Authorization Required	Healthfirst
K0877	power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0878	power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
K0879	power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>K0880</b>	power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Authorization Required	Healthfirst
<b>K0884</b>	power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
<b>K0885</b>	power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Authorization Required	Healthfirst
<b>K0886</b>	power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Authorization Required	Healthfirst
<b>K0890</b>	power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Authorization Required	Healthfirst
<b>K0891</b>	power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Authorization Required	Healthfirst
<b>K0898</b>	power wheelchair, not otherwise classified	Authorization Required	Healthfirst
<b>K0900</b>	customized durable medical equipment, other than wheelchair	Authorization Required	Healthfirst
<b>K1001</b>	electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Authorization Required	Healthfirst
<b>K1002</b>	cranial electrotherapy stimulation (ces) system, includes all supplies and accessories, any type	Authorization Required	Healthfirst
<b>K1003</b>	whirlpool tub, walk in, portable	Authorization Required	Healthfirst
<b>K1004</b>	low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Authorization Required	Healthfirst
<b>K1005</b>	disposable collection and storage bag for breast milk, any size, any type, each	Authorization Required	Healthfirst
<b>K1006</b>	suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Authorization Required	Healthfirst
<b>K1007</b>	bilateral hip, knee, ankle, foot (hkafo) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Authorization Required	Healthfirst
<b>K1009</b>	speech volume modulation system, any type, including all components and accessories	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>K1013</b>	enema tube, with or without adapter, any type, replacement only, ea	Authorization Required	Healthfirst
<b>K1014</b>	addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Authorization Required	Healthfirst
<b>K1015</b>	foot, adductus positioning device, adjustable	Authorization Required	Healthfirst
<b>K1016</b>	transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Authorization Required	Healthfirst
<b>K1017</b>	monthly supplies for use of device coded at k1016	Authorization Required	Healthfirst
<b>K1018</b>	external upper limb tremor stimulator of the peripheral nerves of the wrist	Authorization Required	Healthfirst
<b>K1019</b>	monthly supplies for use of device coded at k1018	Authorization Required	Healthfirst
<b>K1020</b>	noninvasive vagus nerve stimulator	Authorization Required	Healthfirst
<b>L0112</b>	cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Authorization Required	Healthfirst
<b>L0113</b>	cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
<b>L0170</b>	cervical, collar, molded to patient model	Authorization Required	Healthfirst
<b>L0190</b>	cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (somi, guilford, taylor types)	Authorization Required	Healthfirst
<b>L0200</b>	cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	Authorization Required	Healthfirst
<b>L0430</b>	spinal orthotic, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	Authorization Required	Healthfirst
<b>L0450</b>	thoracic-lumbar-sacral orthosis (tlso), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Authorization Required	Healthfirst
<b>L0452</b>	thoracic-lumbar-sacral orthosis (tlso), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0454	thoracic-lumbar-sacral orthosis (tlso), flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0455	thoracic-lumbar-sacral orthosis (tlso), flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0456	thoracic-lumbar-sacral orthosis (tlso), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0457	thoracic-lumbar-sacral orthosis (tlso), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0458	thoracic-lumbar-sacral orthosis (tlso), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0460	thoracic-lumbar-sacral orthotic (tlso), triplanar control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0462	thoracic-lumbar-sacral orthosis (tlso), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0464	thoracic-lumbar-sacral orthosis (tlso), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0466	thoracic-lumbar-sacral orthosis (tlso), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0467	thoracic-lumbar-sacral orthosis (tlso), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0468	thoracic-lumbar-sacral orthosis (tlso), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0469	thoracic-lumbar-sacral orthosis (tlso), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0470	thoracic-lumbar-sacral orthotic (tlso), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0472	thoracic-lumbar-sacral orthosis (tlso), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0480	thoracic-lumbar-sacral orthosis (tlso), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Authorization Required	Healthfirst
L0482	thoracic-lumbar-sacral orthosis (tlso), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Authorization Required	Healthfirst
L0484	thoracic-lumbar-sacral orthosis (tlso), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Authorization Required	Healthfirst
L0486	thoracic-lumbar-sacral orthosis (tlso), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Authorization Required	Healthfirst
L0488	thoracic-lumbar-sacral orthosis (tlso), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0490	thoracic-lumbar-sacral orthosis (tlso), sagittal-coronal control, one-piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0491	thoracic-lumbar-sacral orthosis (tlso), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0492	thoracic-lumbar-sacral orthosis (tlso), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0622	sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst
L0623	sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0624	sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0626	lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0629	lumbar-sacral orthosis (lso), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst
L0630	lumbar-sacral orthosis (lso), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0631	lumbar-sacral orthosis (lso), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0632	lumbar-sacral orthosis (lso), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0633	lumbar-sacral orthosis (lso), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0634	lumbar-sacral orthosis (lso), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst
L0635	lumbar-sacral orthosis (lso), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L0636	lumbar-sacral orthosis (lso), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0637	lumbar-sacral orthosis (lso), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0638	lumbar-sacral orthosis (lso), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst
L0639	lumbar-sacral orthosis (lso), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L0640	lumbar-sacral orthosis (lso), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Authorization Required	Healthfirst
L0641	lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0642	lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0643	lumbar-sacral orthosis (lso), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0649	lumbar-sacral orthosis (lso), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0650	lumbar-sacral orthosis (lso), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0651	lumbar-sacral orthosis (lso), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L0700	cervical-thoracic-lumbar-sacral orthosis (ctlso), anterior-posterior-lateral control, molded to patient model, (minerva type)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L0710	cervical-thoracic-lumbar-sacral orthosis (ctlso), anterior-posterior-lateral control, molded to patient model, with interface material, (minerva type)	Authorization Required	Healthfirst
L0810	halo procedure, cervical halo incorporated into jacket vest	Authorization Required	Healthfirst
L0820	halo procedure, cervical halo incorporated into plaster body jacket	Authorization Required	Healthfirst
L0830	halo procedure, cervical halo incorporated into milwaukee type orthotic	Authorization Required	Healthfirst
L0859	addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Authorization Required	Healthfirst
L0861	addition to halo procedure, replacement liner/interface material	Authorization Required	Healthfirst
L0970	thoracic-lumbar-sacral orthosis (tlso), corset front	Authorization Required	Healthfirst
L0972	lumbar-sacral orthosis (lso), corset front	Authorization Required	Healthfirst
L0974	thoracic-lumbar-sacral orthosis (tlso), full corset	Authorization Required	Healthfirst
L0976	lumbar-sacral orthosis (lso), full corset	Authorization Required	Healthfirst
L0978	axillary crutch extension	Authorization Required	Healthfirst
L0980	peroneal straps, pair	Authorization Required	Healthfirst
L0982	stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	Authorization Required	Healthfirst
L0999	addition to spinal orthosis, not otherwise specified	Authorization Required	Healthfirst
L1000	cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee), inclusive of furnishing initial orthotic, including model	Authorization Required	Healthfirst
L1001	cervical-thoracic-lumbar-sacral orthosis (ctlso), immobilizer, infant size, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L1005	tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Authorization Required	Healthfirst
L1025	addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, kyphosis pad, floating	Authorization Required	Healthfirst
L1030	addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, lumbar bolster pad	Authorization Required	Healthfirst
L1080	addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, outrigger	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L1085	addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, outrigger, bilateral with vertical extensions	Authorization Required	Healthfirst
L1090	addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, lumbar sling	Authorization Required	Healthfirst
L1100	addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, ring flange, plastic or leather	Authorization Required	Healthfirst
L1110	addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	Authorization Required	Healthfirst
L1200	thoracic-lumbar-sacral orthosis (tlso), inclusive of furnishing initial orthosis only	Authorization Required	Healthfirst
L1210	addition to thoracic-lumbar-sacral orthosis (tlso), (low profile), lateral thoracic extension	Authorization Required	Healthfirst
L1220	addition to thoracic-lumbar-sacral orthosis (tlso), (low profile), anterior thoracic extension	Authorization Required	Healthfirst
L1230	addition to thoracic-lumbar-sacral orthosis (tlso), (low profile), milwaukee type superstructure	Authorization Required	Healthfirst
L1270	addition to thoracic-lumbar-sacral orthosis (tlso), (low profile), abdominal pad	Authorization Required	Healthfirst
L1300	other scoliosis procedure, body jacket molded to patient model	Authorization Required	Healthfirst
L1310	other scoliosis procedure, postoperative body jacket	Authorization Required	Healthfirst
L1499	spinal orthosis, not otherwise specified	Authorization Required	Healthfirst
L1610	hip orthosis (ho), abduction control of hip joints, flexible, (frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L1620	hip orthosis (ho), abduction control of hip joints, flexible, (pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L1630	hip orthosis (ho), abduction control of hip joints, semi-flexible (von rosen type), custom fabricated	Authorization Required	Healthfirst
L1640	hip orthosis (ho), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	Authorization Required	Healthfirst
L1660	hip orthosis (ho), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L1680	hip orthosis (ho), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated	Authorization Required	Healthfirst
L1685	hip orthosis (ho), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Authorization Required	Healthfirst
L1686	hip orthosis (ho), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L1690	combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L1700	legg perthes orthosis, (toronto type), custom fabricated	Authorization Required	Healthfirst
L1710	legg perthes orthosis, (newington type), custom fabricated	Authorization Required	Healthfirst
L1720	legg perthes orthosis, trilateral, (tachdijan type), custom fabricated	Authorization Required	Healthfirst
L1730	legg perthes orthosis, (scottish rite type), custom fabricated	Authorization Required	Healthfirst
L1755	legg perthes orthosis, (patten bottom type), custom fabricated	Authorization Required	Healthfirst
L1833	knee orthosis (ko), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Authorization Required	Healthfirst
L1834	knee orthosis (ko), without knee joint, rigid, custom fabricated	Authorization Required	Healthfirst
L1836	knee orthosis (ko), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L1840	knee orthosis (ko), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Authorization Required	Healthfirst
L1843	ko, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L1844	knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L1845	knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L1846	knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Authorization Required	Healthfirst
L1847	knee orthosis (ko), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L1848	knee orthosis (ko), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Authorization Required	Healthfirst
L1850	knee orthosis (ko), swedish type, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L1852	knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L1860	knee orthosis (ko), modification of supracondylar prosthetic socket, custom fabricated (sk)	Authorization Required	Healthfirst
L1900	ankle-foot orthosis (afo), spring wire, dorsiflexion assist calf band, custom fabricated	Authorization Required	Healthfirst
L1904	ankle orthosis (ao), ankle gauntlet or similar, with or without joints, custom fabricated	Authorization Required	Healthfirst
L1907	ankle orthosis (ao), supramalleolar with straps, with or without interface/pads, custom fabricated	Authorization Required	Healthfirst
L1920	ankle-foot orthosis (afo), single upright with static or adjustable stop (phelps or perlstein type), custom fabricated	Authorization Required	Healthfirst
L1930	ankle-foot orthosis (afo), plastic or other material, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L1932	ankle-foot orthosis (afo), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L1940	ankle-foot orthosis (afo), plastic or other material, custom fabricated	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L1945	ankle-foot orthosis (afo), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Authorization Required	Healthfirst
L1950	ankle-foot orthosis (afo), spiral, (institute of rehabilitative medicine type), plastic, custom fabricated	Authorization Required	Healthfirst
L1951	ankle-foot orthosis (afo), spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L1960	ankle-foot orthosis (afo), posterior solid ankle, plastic, custom fabricated	Authorization Required	Healthfirst
L1970	ankle-foot orthosis (afo), plastic with ankle joint, custom fabricated	Authorization Required	Healthfirst
L1980	ankle-foot orthosis (afo), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated	Authorization Required	Healthfirst
L1990	ankle-foot orthosis (afo), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated	Authorization Required	Healthfirst
L2000	knee-ankle-foot orthosis (kafo), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated	Authorization Required	Healthfirst
L2005	knee-ankle-foot orthosis (kafo), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Authorization Required	Healthfirst
L2006	knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Authorization Required	Healthfirst
L2010	knee-ankle-foot orthosis (kafo), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom fabricated	Authorization Required	Healthfirst
L2020	knee-ankle-foot orthosis (kafo), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	Authorization Required	Healthfirst
L2030	knee-ankle-foot orthosis (kafo), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'ak' orthosis), without knee joint, custom fabricated	Authorization Required	Healthfirst
L2034	knee-ankle-foot orthosis (kafo), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L2035	knee-ankle-foot orthosis (kafo), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L2036	knee-ankle-foot orthosis (kafo), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Authorization Required	Healthfirst
L2037	knee-ankle-foot orthosis (kafo), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Authorization Required	Healthfirst
L2038	knee-ankle-foot orthosis (kafo), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Authorization Required	Healthfirst
L2040	hip-knee-ankle-foot orthosis (hkafo), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Authorization Required	Healthfirst
L2050	hip-knee-ankle-foot orthosis (hkafo), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	Authorization Required	Healthfirst
L2060	hip-knee-ankle-foot orthosis (hkafo), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Authorization Required	Healthfirst
L2070	hip-knee-ankle-foot orthosis (hkafo), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Authorization Required	Healthfirst
L2080	hip-knee-ankle-foot orthosis (hkafo), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	Authorization Required	Healthfirst
L2090	hip-knee-ankle-foot orthosis (hkafo), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	Authorization Required	Healthfirst
L2106	ankle-foot orthosis (afo), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Authorization Required	Healthfirst
L2108	ankle-foot orthosis (afo), fracture orthosis, tibial fracture cast orthosis, custom fabricated	Authorization Required	Healthfirst
L2114	ankle-foot orthosis (afo), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L2116	ankle-foot orthosis (afo), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L2126	knee-ankle-foot orthosis (kafo), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L2128	knee-ankle-foot orthosis (kafo), fracture orthosis, femoral fracture cast orthosis, custom fabricated	Authorization Required	Healthfirst
L2132	knee-ankle-foot orthosis (kafo), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L2134	knee-ankle-foot orthosis (kafo), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L2136	knee-ankle-foot orthosis (kafo), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L2186	addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type	Authorization Required	Healthfirst
L2188	addition to lower extremity fracture orthosis, quadrilateral brim	Authorization Required	Healthfirst
L2190	addition to lower extremity fracture orthosis, waist belt	Authorization Required	Healthfirst
L2192	addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	Authorization Required	Healthfirst
L2250	addition to lower extremity, foot plate, molded to patient model, stirrup attachment	Authorization Required	Healthfirst
L2280	addition to lower extremity, molded inner boot	Authorization Required	Healthfirst
L2300	addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	Authorization Required	Healthfirst
L2320	addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	Authorization Required	Healthfirst
L2330	addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Authorization Required	Healthfirst
L2335	addition to lower extremity, anterior swing band	Authorization Required	Healthfirst
L2340	addition to lower extremity, pretibial shell, molded to patient model	Authorization Required	Healthfirst
L2350	addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for ptb, afo orthoses)	Authorization Required	Healthfirst
L2370	addition to lower extremity, patten bottom	Authorization Required	Healthfirst
L2395	addition to lower extremity, offset knee joint, heavy-duty, each joint	Authorization Required	Healthfirst
L2492	addition to knee joint, lift loop for drop lock ring	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L2500	addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	Authorization Required	Healthfirst
L2510	addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	Authorization Required	Healthfirst
L2520	addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	Authorization Required	Healthfirst
L2525	addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model	Authorization Required	Healthfirst
L2526	addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted	Authorization Required	Healthfirst
L2530	addition to lower extremity, thigh/weight bearing, lacer, nonmolded	Authorization Required	Healthfirst
L2540	addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	Authorization Required	Healthfirst
L2550	addition to lower extremity, thigh/weight bearing, high roll cuff	Authorization Required	Healthfirst
L2570	addition to lower extremity, pelvic control, hip joint, clevis type two-position joint, each	Authorization Required	Healthfirst
L2580	addition to lower extremity, pelvic control, pelvic sling	Authorization Required	Healthfirst
L2610	addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each	Authorization Required	Healthfirst
L2620	addition to lower extremity, pelvic control, hip joint, heavy-duty, each	Authorization Required	Healthfirst
L2622	addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	Authorization Required	Healthfirst
L2624	addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Authorization Required	Healthfirst
L2627	addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Authorization Required	Healthfirst
L2628	addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Authorization Required	Healthfirst
L2640	addition to lower extremity, pelvic control, band and belt, bilateral	Authorization Required	Healthfirst
L2660	addition to lower extremity, thoracic control, thoracic band	Authorization Required	Healthfirst
L2670	addition to lower extremity, thoracic control, paraspinal uprights	Authorization Required	Healthfirst
L2680	addition to lower extremity, thoracic control, lateral support uprights	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L2755	addition to lower extremity orthosis, carbon graphite lamination	Authorization Required	Healthfirst
L2768	orthotic side bar disconnect device, per bar	Authorization Required	Healthfirst
L2770	addition to lower extremity orthotic, any material, per bar or joint	Authorization Required	Healthfirst
L2795	addition to lower extremity orthosis, knee control, full kneecap	Authorization Required	Healthfirst
L2861	addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Authorization Required	Healthfirst
L2999	lower extremity orthoses, not otherwise specified	Authorization Required	Healthfirst
L3000	foot insert, removable, molded to patient model, ucb type, berkeley shell, each	Authorization Required	Healthfirst
L3003	foot insert, removable, molded to patient model, silicone gel, each	Authorization Required	Healthfirst
L3010	foot insert, removable, molded to patient model, longitudinal arch support, each	Authorization Required	Healthfirst
L3020	foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Authorization Required	Healthfirst
L3031	foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Authorization Required	Healthfirst
L3060	foot, arch support, removable, premolded, longitudinal/metatarsal, each	Authorization Required	Healthfirst
L3070	foot, arch support, nonremovable, attached to shoe, longitudinal, each	Authorization Required	Healthfirst
L3140	foot, abduction rotation bar, including shoes	Authorization Required	Healthfirst
L3160	foot, adjustable shoe-styled positioning device	Authorization Required	Healthfirst
L3201	orthopedic shoe, oxford with supinator or pronator, infant	Authorization Required	Healthfirst
L3208	surgical boot, each, infant	Authorization Required	Healthfirst
L3217	orthopedic footwear, ladies shoe, hightop, depth inlay, each	Authorization Required	Healthfirst
L3219	orthopedic footwear, mens shoe, oxford, each	Authorization Required	Healthfirst
L3222	orthopedic footwear, mens shoe, hightop, depth inlay, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L3230	orthopedic footwear, custom shoe, depth inlay, each	Authorization Required	Healthfirst
L3250	orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Authorization Required	Healthfirst
L3251	foot, shoe molded to patient model, silicone shoe, each	Authorization Required	Healthfirst
L3253	foot, molded shoe, plastazote (or similar), custom fitted, each	Authorization Required	Healthfirst
L3254	nonstandard size or width	Authorization Required	Healthfirst
L3255	nonstandard size or length	Authorization Required	Healthfirst
L3257	orthopedic footwear, additional charge for split size	Authorization Required	Healthfirst
L3320	lift, elevation, heel and sole, cork, per in	Authorization Required	Healthfirst
L3330	lift, elevation, metal extension (skate)	Authorization Required	Healthfirst
L3340	heel wedge, sach	Authorization Required	Healthfirst
L3350	heel wedge	Authorization Required	Healthfirst
L3410	metatarsal bar wedge, between sole	Authorization Required	Healthfirst
L3440	heel, counter, leather reinforced	Authorization Required	Healthfirst
L3450	heel, sach cushion type	Authorization Required	Healthfirst
L3455	heel, new leather, standard	Authorization Required	Healthfirst
L3460	heel, new rubber, standard	Authorization Required	Healthfirst
L3465	heel, thomas with wedge	Authorization Required	Healthfirst
L3470	heel, thomas extended to ball	Authorization Required	Healthfirst
L3520	orthopedic shoe addition, insole, felt covered with leather	Authorization Required	Healthfirst
L3530	orthopedic shoe addition, sole, half	Authorization Required	Healthfirst
L3540	orthopedic shoe addition, sole, full	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L3550	orthopedic shoe addition, toe tap, standard	Authorization Required	Healthfirst
L3560	orthopedic shoe addition, toe tap, horseshoe	Authorization Required	Healthfirst
L3570	orthopedic shoe addition, special extension to instep (leather with eyelets)	Authorization Required	Healthfirst
L3580	orthopedic shoe addition, convert instep to velcro closure	Authorization Required	Healthfirst
L3590	orthopedic shoe addition, convert firm shoe counter to soft counter	Authorization Required	Healthfirst
L3595	orthopedic shoe addition, march bar	Authorization Required	Healthfirst
L3600	transfer of an orthosis from one shoe to another, caliper plate, existing	Authorization Required	Healthfirst
L3610	transfer of an orthosis from one shoe to another, caliper plate, new	Authorization Required	Healthfirst
L3620	transfer of an orthosis from one shoe to another, solid stirrup, existing	Authorization Required	Healthfirst
L3630	transfer of an orthosis from one shoe to another, solid stirrup, new	Authorization Required	Healthfirst
L3640	transfer of an orthosis from one shoe to another, dennis browne splint (riveton), both shoes	Authorization Required	Healthfirst
L3671	shoulder orthosis (so), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3672	shoulder orthotic (so), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3673	shoulder orthotic (so), abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3674	shoulder orthosis (so), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3675	shoulder orthosis (so), vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L3677	shoulder orthosis (so), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L3720	elbow orthosis (eo), double upright with forearm/arm cuffs, free motion, custom fabricated	Authorization Required	Healthfirst
L3730	elbow orthosis (eo), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Authorization Required	Healthfirst
L3740	elbow orthosis (eo), double upright with forearm/ arm cuffs, adjustable position lock with active control, custom fabricated	Authorization Required	Healthfirst
L3760	elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L3763	elbow-wrist-hand orthosis (ewho), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3764	elbow-wrist-hand orthosis (ewho), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3765	elbow-wrist-hand-finger orthosis (ewhfo), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3766	elbow-wrist-hand-finger orthosis (ewhfo), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3808	wrist-hand-finger orthosis (whfo), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3890	addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	Authorization Required	Healthfirst
L3891	addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Authorization Required	Healthfirst
L3900	wrist-hand-finger orthosis (whfo), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L3901	wrist-hand-finger orthosis (whfo), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Authorization Required	Healthfirst
L3904	wrist-hand-finger orthosis (whfo), external powered, electric, custom fabricated	Authorization Required	Healthfirst
L3905	wrist-hand orthosis (who), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3915	wrist-hand orthosis (who), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L3921	hand-finger orthosis (hfo), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3925	finger orthosis (fo), proximal interphalangeal (pip)/ distal interphalangeal (dip), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L3927	finger orthosis (fo), proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/ flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	Authorization Required	Healthfirst
L3929	hand-finger orthosis (hfo), includes one or more nontorsion joint(s), turnbuckles, elastic bands/ springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Authorization Required	Healthfirst
L3931	wrist-hand-finger orthosis (whfo), includes one or more nontorsion joint(s), turnbuckles, elastic bands/ springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3956	addition of joint to upper extremity orthosis, any material; per joint	Authorization Required	Healthfirst
L3960	shoulder-elbow-wrist-hand orthosis (sewho), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L3961	shoulder-elbow-wrist-hand orthosis (sewho), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3962	shoulder-elbow-wrist-hand orthosis (sewho), abduction positioning, erb's palsy design, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3967	shoulder-elbow-wrist-hand orthosis (sewho), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3971	shoulder-elbow-wrist-hand orthotic (sewho), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3973	shoulder-elbow-wrist-hand orthosis (sewho), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3975	shoulder-elbow-wrist-hand-finger orthosis (sewho), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3976	shoulder-elbow-wrist-hand-finger orthosis (sewho), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3977	shoulder-elbow-wrist-hand-finger orthosis (sewho), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3978	shoulder-elbow-wrist-hand-finger orthosis (sewho), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3982	upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L3984	upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L3999	upper limb orthosis, not otherwise specified	Authorization Required	Healthfirst
L4000	replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (ctlso) or spinal orthosis so)	Authorization Required	Healthfirst
L4002	replacement strap, any orthosis, includes all components, any length, any type	Authorization Required	Healthfirst
L4010	replace trilateral socket brim	Authorization Required	Healthfirst
L4020	replace quadrilateral socket brim, molded to patient model	Authorization Required	Healthfirst
L4030	replace quadrilateral socket brim, custom fitted	Authorization Required	Healthfirst
L4040	replace molded thigh lacer, for custom fabricated orthosis only	Authorization Required	Healthfirst
L4045	replace nonmolded thigh lacer, for custom fabricated orthosis only	Authorization Required	Healthfirst
L4050	replace molded calf lacer, for custom fabricated orthosis only	Authorization Required	Healthfirst
L4055	replace nonmolded calf lacer, for custom fabricated orthosis only	Authorization Required	Healthfirst
L4060	replace high roll cuff	Authorization Required	Healthfirst
L4070	replace proximal and distal upright for kafo	Authorization Required	Healthfirst
L4080	replace metal bands kafo, proximal thigh	Authorization Required	Healthfirst
L4090	replace metal bands kafo-afo, calf or distal thigh	Authorization Required	Healthfirst
L4100	replace leather cuff kafo, proximal thigh	Authorization Required	Healthfirst
L4110	replace leather cuff kafo-afo, calf or distal thigh	Authorization Required	Healthfirst
L4130	replace pretibial shell	Authorization Required	Healthfirst
L4205	repair of orthotic device, labor component, per 15 minutes	Authorization Required	Healthfirst
L4210	repair of orthotic device, repair or replace minor parts	Authorization Required	Healthfirst
L4394	replace soft interface material, foot drop splint	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L4396	static or dynamic ankle-foot orthotic (afo), including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L5000	partial foot, shoe insert with longitudinal arch, toe filler	Authorization Required	Healthfirst
L5010	partial foot, molded socket, ankle height, with toe filler	Authorization Required	Healthfirst
L5020	partial foot, molded socket, tibial tubercle height, with toe filler	Authorization Required	Healthfirst
L5050	ankle, symes, molded socket, sach foot	Authorization Required	Healthfirst
L5060	ankle, symes, metal frame, molded leather socket, articulated ankle/foot	Authorization Required	Healthfirst
L5100	below knee (bk), molded socket, shin, sach foot	Authorization Required	Healthfirst
L5105	below knee (bk), plastic socket, joints and thigh lacer, sach foot	Authorization Required	Healthfirst
L5150	knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	Authorization Required	Healthfirst
L5160	knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	Authorization Required	Healthfirst
L5200	above knee (ak), molded socket, single axis constant friction knee, shin, sach foot	Authorization Required	Healthfirst
L5210	above knee (ak), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Authorization Required	Healthfirst
L5220	above knee (ak), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Authorization Required	Healthfirst
L5230	above knee (ak), for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Authorization Required	Healthfirst
L5250	hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Authorization Required	Healthfirst
L5270	hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	Authorization Required	Healthfirst
L5280	hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Authorization Required	Healthfirst
L5301	below knee (bk), molded socket, shin, sach foot, endoskeletal system	Authorization Required	Healthfirst
L5312	knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5321	above knee (ak), molded socket, open end, sach foot, endoskeletal system, single axis knee	Authorization Required	Healthfirst
L5331	hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Authorization Required	Healthfirst
L5341	hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Authorization Required	Healthfirst
L5400	immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (bk)	Authorization Required	Healthfirst
L5410	immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (bk), each additional cast change and realignment	Authorization Required	Healthfirst
L5420	immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (ak) or knee disarticulation	Authorization Required	Healthfirst
L5430	immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (ak) or knee disarticulation, each additional cast change and realignment	Authorization Required	Healthfirst
L5450	immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (bk)	Authorization Required	Healthfirst
L5460	immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (ak)	Authorization Required	Healthfirst
L5500	initial, below knee (bk) ptb type socket, nonalignable system, pylon, no cover, sach foot, plaster socket, direct formed	Authorization Required	Healthfirst
L5505	initial, above knee (ak), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, sach foot, plaster socket, direct formed	Authorization Required	Healthfirst
L5510	preparatory, below knee (bk) ptb type socket, nonalignable system, pylon, no cover, sach foot, plaster socket, molded to model	Authorization Required	Healthfirst
L5520	preparatory, below knee (bk) ptb type socket, nonalignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	Authorization Required	Healthfirst
L5530	preparatory, below knee (bk) ptb type socket, nonalignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5535	preparatory, below knee (bk) ptb type socket, nonalignable system, no cover, sach foot, prefabricated, adjustable open end socket	Authorization Required	Healthfirst
L5540	preparatory, below knee (bk) ptb type socket, nonalignable system, pylon, no cover, sach foot, laminated socket, molded to model	Authorization Required	Healthfirst
L5560	preparatory, above knee (ak), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, sach foot, plaster socket, molded to model	Authorization Required	Healthfirst
L5570	preparatory, above knee (ak), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	Authorization Required	Healthfirst
L5580	preparatory, above knee (ak), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Authorization Required	Healthfirst
L5585	preparatory, above knee (ak), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket	Authorization Required	Healthfirst
L5590	preparatory, above knee (ak), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, sach foot, laminated socket, molded to model	Authorization Required	Healthfirst
L5595	preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	Authorization Required	Healthfirst
L5600	preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Authorization Required	Healthfirst
L5610	addition to lower extremity, endoskeletal system, above knee (ak), hydracandence system	Authorization Required	Healthfirst
L5611	addition to lower extremity, endoskeletal system, above knee (ak), knee disarticulation, four-bar linkage, with friction swing phase control	Authorization Required	Healthfirst
L5613	addition to lower extremity, endoskeletal system, above knee (ak), knee disarticulation, four-bar linkage, with hydraulic swing phase control	Authorization Required	Healthfirst
L5614	addition to lower extremity, exoskeletal system, above knee (ak), knee disarticulation, four-bar linkage, with pneumatic swing phase control	Authorization Required	Healthfirst
L5616	addition to lower extremity, endoskeletal system, above knee (ak), universal multiplex system, friction swing phase control	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5617	addition to lower extremity, quick change self-aligning unit, above knee (ak) or below knee (bk), each	Authorization Required	Healthfirst
L5618	addition to lower extremity, test socket, symes	Authorization Required	Healthfirst
L5620	addition to lower extremity, test socket, below knee (bk)	Authorization Required	Healthfirst
L5622	addition to lower extremity, test socket, knee disarticulation	Authorization Required	Healthfirst
L5624	addition to lower extremity, test socket, above knee (ak)	Authorization Required	Healthfirst
L5626	addition to lower extremity, test socket, hip disarticulation	Authorization Required	Healthfirst
L5628	addition to lower extremity, test socket, hemipelvectomy	Authorization Required	Healthfirst
L5629	addition to lower extremity, below knee, acrylic socket	Authorization Required	Healthfirst
L5630	addition to lower extremity, symes type, expandable wall socket	Authorization Required	Healthfirst
L5631	addition to lower extremity, above knee (ak) or knee disarticulation, acrylic socket	Authorization Required	Healthfirst
L5632	addition to lower extremity, symes type, ptb brim design socket	Authorization Required	Healthfirst
L5634	addition to lower extremity, symes type, posterior opening (canadian) socket	Authorization Required	Healthfirst
L5636	addition to lower extremity, symes type, medial opening socket	Authorization Required	Healthfirst
L5637	addition to lower extremity, below knee (bk), total contact	Authorization Required	Healthfirst
L5638	addition to lower extremity, below knee (bk), leather socket	Authorization Required	Healthfirst
L5639	addition to lower extremity, below knee (bk), wood socket	Authorization Required	Healthfirst
L5640	addition to lower extremity, knee disarticulation, leather socket	Authorization Required	Healthfirst
L5642	addition to lower extremity, above knee (ak), leather socket	Authorization Required	Healthfirst
L5643	addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Authorization Required	Healthfirst
L5644	addition to lower extremity, above knee (ak), wood socket	Authorization Required	Healthfirst
L5645	addition to lower extremity, below knee (bk), flexible inner socket, external frame	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5646	addition to lower extremity, below knee (bk), air, fluid, gel or equal, cushion socket	Authorization Required	Healthfirst
L5647	addition to lower extremity, below knee (bk), suction socket	Authorization Required	Healthfirst
L5648	addition to lower extremity, above knee (ak), air, fluid, gel or equal, cushion socket	Authorization Required	Healthfirst
L5649	addition to lower extremity, ischial containment/narrow m-l socket	Authorization Required	Healthfirst
L5650	additions to lower extremity, total contact, above knee (ak) or knee disarticulation socket	Authorization Required	Healthfirst
L5651	addition to lower extremity, above knee (ak), flexible inner socket, external frame	Authorization Required	Healthfirst
L5652	addition to lower extremity, suction suspension, above knee (ak) or knee disarticulation socket	Authorization Required	Healthfirst
L5653	addition to lower extremity, knee disarticulation, expandable wall socket	Authorization Required	Healthfirst
L5654	addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal)	Authorization Required	Healthfirst
L5655	addition to lower extremity, socket insert, below knee (bk) (kemblo, pelite, aliplast, plastazote or equal)	Authorization Required	Healthfirst
L5656	addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal)	Authorization Required	Healthfirst
L5658	addition to lower extremity, socket insert, above knee (ak) (kemblo, pelite, aliplast, plastazote or equal)	Authorization Required	Healthfirst
L5661	addition to lower extremity, socket insert, multidurometer symes	Authorization Required	Healthfirst
L5665	addition to lower extremity, socket insert, multidurometer, below knee (bk)	Authorization Required	Healthfirst
L5666	addition to lower extremity, below knee (bk), cuff suspension	Authorization Required	Healthfirst
L5668	addition to lower extremity, below knee (bk), molded distal cushion	Authorization Required	Healthfirst
L5670	addition to lower extremity, below knee (bk), molded supracondylar suspension (pts or similar)	Authorization Required	Healthfirst
L5671	addition to lower extremity, below knee (bk)/above knee (ak) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	Authorization Required	Healthfirst
L5672	addition to lower extremity, below knee (bk), removable medial brim suspension	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5673	addition to lower extremity, below knee (bk)/above knee (ak), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Authorization Required	Healthfirst
L5676	additions to lower extremity, below knee (bk), knee joints, single axis, pair	Authorization Required	Healthfirst
L5677	additions to lower extremity, below knee (bk), knee joints, polycentric, pair	Authorization Required	Healthfirst
L5678	additions to lower extremity, below knee (bk), joint covers, pair	Authorization Required	Healthfirst
L5679	addition to lower extremity, below knee (bk)/above knee (ak), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Authorization Required	Healthfirst
L5680	addition to lower extremity, below knee (bk), thigh lacer, nonmolded	Authorization Required	Healthfirst
L5681	addition to lower extremity, below knee (bk)/above knee (ak), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I5673 or I5679)	Authorization Required	Healthfirst
L5682	addition to lower extremity, below knee (bk), thigh lacer, gluteal/ischial, molded	Authorization Required	Healthfirst
L5683	addition to lower extremity, below knee (bk)/above knee (ak), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I5673 or I5679)	Authorization Required	Healthfirst
L5684	addition to lower extremity, below knee, fork strap	Authorization Required	Healthfirst
L5685	addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	Authorization Required	Healthfirst
L5686	addition to lower extremity, below knee (bk), back check (extension control)	Authorization Required	Healthfirst
L5688	addition to lower extremity, below knee (bk), waist belt, webbing	Authorization Required	Healthfirst
L5690	addition to lower extremity, below knee (bk), waist belt, padded and lined	Authorization Required	Healthfirst
L5692	addition to lower extremity, above knee (ak), pelvic control belt, light	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5694	addition to lower extremity, above knee (ak), pelvic control belt, padded and lined	Authorization Required	Healthfirst
L5695	addition to lower extremity, above knee (ak), pelvic control, sleeve suspension, neoprene or equal, each	Authorization Required	Healthfirst
L5696	addition to lower extremity, above knee (ak) or knee disarticulation, pelvic joint	Authorization Required	Healthfirst
L5697	addition to lower extremity, above knee (ak) or knee disarticulation, pelvic band	Authorization Required	Healthfirst
L5698	addition to lower extremity, above knee (ak) or knee disarticulation, silesian bandage	Authorization Required	Healthfirst
L5699	all lower extremity prostheses, shoulder harness	Authorization Required	Healthfirst
L5700	replacement, socket, below knee (bk), molded to patient model	Authorization Required	Healthfirst
L5701	replacement, socket, above knee (ak)/knee disarticulation, including attachment plate, molded to patient model	Authorization Required	Healthfirst
L5702	replacement, socket, hip disarticulation, including hip joint, molded to patient model	Authorization Required	Healthfirst
L5703	ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	Authorization Required	Healthfirst
L5704	custom shaped protective cover, below knee (bk)	Authorization Required	Healthfirst
L5705	custom shaped protective cover, above knee (ak)	Authorization Required	Healthfirst
L5706	custom shaped protective cover, knee disarticulation	Authorization Required	Healthfirst
L5707	custom shaped protective cover, hip disarticulation	Authorization Required	Healthfirst
L5710	addition, exoskeletal knee-shin system, single axis, manual lock	Authorization Required	Healthfirst
L5711	additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	Authorization Required	Healthfirst
L5712	addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Authorization Required	Healthfirst
L5714	addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	Authorization Required	Healthfirst
L5716	addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	Authorization Required	Healthfirst
L5718	addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5722	addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Authorization Required	Healthfirst
L5724	addition, exoskeletal knee-shin system, single axis, fluid swing phase control	Authorization Required	Healthfirst
L5726	addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	Authorization Required	Healthfirst
L5728	addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	Authorization Required	Healthfirst
L5780	addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Authorization Required	Healthfirst
L5781	addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Authorization Required	Healthfirst
L5782	addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	Authorization Required	Healthfirst
L5785	addition, exoskeletal system, below knee (bk), ultra-light material (titanium, carbon fiber or equal)	Authorization Required	Healthfirst
L5790	addition, exoskeletal system, above knee (ak), ultra-light material (titanium, carbon fiber or equal)	Authorization Required	Healthfirst
L5795	addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Authorization Required	Healthfirst
L5810	addition, endoskeletal knee-shin system, single axis, manual lock	Authorization Required	Healthfirst
L5811	addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	Authorization Required	Healthfirst
L5812	addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Authorization Required	Healthfirst
L5814	addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Authorization Required	Healthfirst
L5816	addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	Authorization Required	Healthfirst
L5818	addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	Authorization Required	Healthfirst
L5822	addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Authorization Required	Healthfirst
L5824	addition, endoskeletal knee-shin system, single axis, fluid swing phase control	Authorization Required	Healthfirst
L5826	addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5828	addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Authorization Required	Healthfirst
L5830	addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Authorization Required	Healthfirst
L5840	addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	Authorization Required	Healthfirst
L5845	addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Authorization Required	Healthfirst
L5848	addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Authorization Required	Healthfirst
L5850	addition, endoskeletal system, above knee (ak) or hip disarticulation, knee extension assist	Authorization Required	Healthfirst
L5855	addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	Authorization Required	Healthfirst
L5856	addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Authorization Required	Healthfirst
L5857	addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Authorization Required	Healthfirst
L5858	addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Authorization Required	Healthfirst
L5859	addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Authorization Required	Healthfirst
L5910	addition, endoskeletal system, below knee (bk), alignable system	Authorization Required	Healthfirst
L5920	addition, endoskeletal system, above knee (ak) or hip disarticulation, alignable system	Authorization Required	Healthfirst
L5925	addition, endoskeletal system, above knee (ak), knee disarticulation or hip disarticulation, manual lock	Authorization Required	Healthfirst
L5930	addition, endoskeletal system, high activity knee control frame	Authorization Required	Healthfirst
L5940	addition, endoskeletal system, below knee (bk), ultra-light material (titanium, carbon fiber or equal)	Authorization Required	Healthfirst
L5950	addition, endoskeletal system, above knee (ak), ultra-light material (titanium, carbon fiber or equal)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5960	addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Authorization Required	Healthfirst
L5961	addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Authorization Required	Healthfirst
L5962	addition, endoskeletal system, below knee (bk), flexible protective outer surface covering system	Authorization Required	Healthfirst
L5964	addition, endoskeletal system, above knee (ak), flexible protective outer surface covering system	Authorization Required	Healthfirst
L5966	addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	Authorization Required	Healthfirst
L5968	addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Authorization Required	Healthfirst
L5969	addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Authorization Required	Healthfirst
L5970	all lower extremity prostheses, foot, external keel, sach foot	Authorization Required	Healthfirst
L5971	all lower extremity prostheses, solid ankle cushion heel (sach) foot, replacement only	Authorization Required	Healthfirst
L5972	all lower extremity prostheses, foot, flexible keel	Authorization Required	Healthfirst
L5973	endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Authorization Required	Healthfirst
L5974	all lower extremity prostheses, foot, single axis ankle/foot	Authorization Required	Healthfirst
L5975	all lower extremity prostheses, combination single axis ankle and flexible keel foot	Authorization Required	Healthfirst
L5976	all lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal)	Authorization Required	Healthfirst
L5978	all lower extremity prostheses, foot, multi-axial ankle/foot	Authorization Required	Healthfirst
L5979	all lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	Authorization Required	Healthfirst
L5980	all lower extremity prostheses, flex-foot system	Authorization Required	Healthfirst
L5981	all lower extremity prostheses, flex-walk system or equal	Authorization Required	Healthfirst
L5982	all exoskeletal lower extremity prostheses, axial rotation unit	Authorization Required	Healthfirst
L5984	all endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L5985	all endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Authorization Required	Healthfirst
L5986	all lower extremity prostheses, multiaxial rotation unit (mcp or equal)	Authorization Required	Healthfirst
L5987	all lower extremity prostheses, shank foot system with vertical loading pylon	Authorization Required	Healthfirst
L5988	addition to lower limb prosthesis, vertical shock reducing pylon feature	Authorization Required	Healthfirst
L5990	addition to lower extremity prosthesis, user adjustable heel height	Authorization Required	Healthfirst
L5993	addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)	Authorization Required	Healthfirst
L5994	addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)	Authorization Required	Healthfirst
L5995	addition to lower extremity prosthesis, heavy duty feature, other than foot or knee, (for patient weight greater than 300 lbs)	Authorization Required	Healthfirst
L5999	lower extremity prosthesis, not otherwise specified	Authorization Required	Healthfirst
L6000	partial hand, thumb remaining	Authorization Required	Healthfirst
L6010	partial hand, little and/or ring finger remaining	Authorization Required	Healthfirst
L6020	partial hand, robin-aids, no finger remaining (or equal)	Authorization Required	Healthfirst
L6050	wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Authorization Required	Healthfirst
L6055	wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Authorization Required	Healthfirst
L6100	below elbow, molded socket, flexible elbow hinge, triceps pad	Authorization Required	Healthfirst
L6110	below elbow, molded socket (muenster or northwestern suspension types)	Authorization Required	Healthfirst
L6120	below elbow, molded double wall split socket, step-up hinges, half cuff	Authorization Required	Healthfirst
L6130	below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Authorization Required	Healthfirst
L6200	elbow disarticulation, molded socket, outside locking hinge, forearm	Authorization Required	Healthfirst
L6205	elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6250	above elbow, molded double wall socket, internal locking elbow, forearm	Authorization Required	Healthfirst
L6300	shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Authorization Required	Healthfirst
L6310	shoulder disarticulation, passive restoration (complete prosthesis)	Authorization Required	Healthfirst
L6320	shoulder disarticulation, passive restoration (shoulder cap only)	Authorization Required	Healthfirst
L6350	interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Authorization Required	Healthfirst
L6360	interscapular thoracic, passive restoration (complete prosthesis)	Authorization Required	Healthfirst
L6370	interscapular thoracic, passive restoration (shoulder cap only)	Authorization Required	Healthfirst
L6380	immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Authorization Required	Healthfirst
L6382	immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Authorization Required	Healthfirst
L6384	immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Authorization Required	Healthfirst
L6386	immediate postsurgical or early fitting, each additional cast change and realignment	Authorization Required	Healthfirst
L6388	immediate postsurgical or early fitting, application of rigid dressing only	Authorization Required	Healthfirst
L6400	below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Authorization Required	Healthfirst
L6450	elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Authorization Required	Healthfirst
L6500	above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Authorization Required	Healthfirst
L6550	shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Authorization Required	Healthfirst
L6570	interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6580	preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, molded to patient model	Authorization Required	Healthfirst
L6582	preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, direct formed	Authorization Required	Healthfirst
L6584	preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	Authorization Required	Healthfirst
L6586	preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, direct formed	Authorization Required	Healthfirst
L6588	preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	Authorization Required	Healthfirst
L6590	preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, direct formed	Authorization Required	Healthfirst
L6600	upper extremity additions, polycentric hinge, pair	Authorization Required	Healthfirst
L6605	upper extremity additions, single pivot hinge, pair	Authorization Required	Healthfirst
L6610	upper extremity additions, flexible metal hinge, pair	Authorization Required	Healthfirst
L6611	addition to upper extremity prosthesis, external powered, additional switch, any type	Authorization Required	Healthfirst
L6615	upper extremity addition, disconnect locking wrist unit	Authorization Required	Healthfirst
L6616	upper extremity addition, additional disconnect insert for locking wrist unit, each	Authorization Required	Healthfirst
L6620	upper extremity addition, flexion/extension wrist unit, with or without friction	Authorization Required	Healthfirst
L6621	upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6623	upper extremity addition, spring assisted rotational wrist unit with latch release	Authorization Required	Healthfirst
L6624	upper extremity addition, flexion/extension and rotation wrist unit	Authorization Required	Healthfirst
L6625	upper extremity addition, rotation wrist unit with cable lock	Authorization Required	Healthfirst
L6628	upper extremity addition, quick disconnect hook adapter, otto bock or equal	Authorization Required	Healthfirst
L6629	upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal	Authorization Required	Healthfirst
L6630	upper extremity addition, stainless steel, any wrist	Authorization Required	Healthfirst
L6632	upper extremity addition, latex suspension sleeve, each	Authorization Required	Healthfirst
L6635	upper extremity addition, lift assist for elbow	Authorization Required	Healthfirst
L6637	upper extremity addition, nudge control elbow lock	Authorization Required	Healthfirst
L6638	upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Authorization Required	Healthfirst
L6640	upper extremity additions, shoulder abduction joint, pair	Authorization Required	Healthfirst
L6641	upper extremity addition, excursion amplifier, pulley type	Authorization Required	Healthfirst
L6642	upper extremity addition, excursion amplifier, lever type	Authorization Required	Healthfirst
L6645	upper extremity addition, shoulder flexion-abduction joint, each	Authorization Required	Healthfirst
L6646	upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Authorization Required	Healthfirst
L6647	upper extremity addition, shoulder lock mechanism, body powered actuator	Authorization Required	Healthfirst
L6648	upper extremity addition, shoulder lock mechanism, external powered actuator	Authorization Required	Healthfirst
L6650	upper extremity addition, shoulder universal joint, each	Authorization Required	Healthfirst
L6655	upper extremity addition, standard control cable, extra	Authorization Required	Healthfirst
L6660	upper extremity addition, heavy-duty control cable	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6665	upper extremity addition, teflon, or equal, cable lining	Authorization Required	Healthfirst
L6670	upper extremity addition, hook to hand, cable adapter	Authorization Required	Healthfirst
L6672	upper extremity addition, harness, chest or shoulder, saddle type	Authorization Required	Healthfirst
L6675	upper extremity addition, harness, (e.g., figure of eight type), single cable design	Authorization Required	Healthfirst
L6676	upper extremity addition, harness, (e.g., figure of eight type), dual cable design	Authorization Required	Healthfirst
L6677	upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Authorization Required	Healthfirst
L6680	upper extremity addition, test socket, wrist disarticulation or below elbow	Authorization Required	Healthfirst
L6682	upper extremity addition, test socket, elbow disarticulation or above elbow	Authorization Required	Healthfirst
L6684	upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	Authorization Required	Healthfirst
L6686	upper extremity addition, suction socket	Authorization Required	Healthfirst
L6687	upper extremity addition, frame type socket, below elbow or wrist disarticulation	Authorization Required	Healthfirst
L6688	upper extremity addition, frame type socket, above elbow or elbow disarticulation	Authorization Required	Healthfirst
L6689	upper extremity addition, frame type socket, shoulder disarticulation	Authorization Required	Healthfirst
L6690	upper extremity addition, frame type socket, interscapular-thoracic	Authorization Required	Healthfirst
L6691	upper extremity addition, removable insert, each	Authorization Required	Healthfirst
L6692	upper extremity addition, silicone gel insert or equal, each	Authorization Required	Healthfirst
L6693	upper extremity addition, locking elbow, forearm counterbalance	Authorization Required	Healthfirst
L6694	addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Authorization Required	Healthfirst
L6695	addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6696	addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I6694 or I6695)	Authorization Required	Healthfirst
L6697	addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I6694 or I6695)	Authorization Required	Healthfirst
L6698	addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	Authorization Required	Healthfirst
L6703	terminal device, passive hand/mitt, any material, any size	Authorization Required	Healthfirst
L6704	terminal device, sport/recreational/work attachment, any material, any size	Authorization Required	Healthfirst
L6706	terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	Authorization Required	Healthfirst
L6707	terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Authorization Required	Healthfirst
L6708	terminal device, hand, mechanical, voluntary opening, any material, any size	Authorization Required	Healthfirst
L6709	terminal device, hand, mechanical, voluntary closing, any material, any size	Authorization Required	Healthfirst
L6711	terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	Authorization Required	Healthfirst
L6712	terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Authorization Required	Healthfirst
L6713	terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Authorization Required	Healthfirst
L6714	terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Authorization Required	Healthfirst
L6715	terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Authorization Required	Healthfirst
L6721	terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	Authorization Required	Healthfirst
L6722	terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Authorization Required	Healthfirst
L6805	addition to terminal device, modifier wrist unit	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6810	addition to terminal device, precision pinch device	Authorization Required	Healthfirst
L6880	electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Authorization Required	Healthfirst
L6881	automatic grasp feature, addition to upper limb electric prosthetic terminal device	Authorization Required	Healthfirst
L6882	microprocessor control feature, addition to upper limb prosthetic terminal device	Authorization Required	Healthfirst
L6883	replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Authorization Required	Healthfirst
L6884	replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Authorization Required	Healthfirst
L6885	replacement socket, shoulder disarticulation/ interscapular thoracic, molded to patient model, for use with or without external power	Authorization Required	Healthfirst
L6890	addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Authorization Required	Healthfirst
L6895	addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Authorization Required	Healthfirst
L6900	hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Authorization Required	Healthfirst
L6905	hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Authorization Required	Healthfirst
L6910	hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Authorization Required	Healthfirst
L6915	hand restoration (shading and measurements included), replacement glove for above	Authorization Required	Healthfirst
L6920	wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Authorization Required	Healthfirst
L6925	wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6930	below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Authorization Required	Healthfirst
L6935	below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Authorization Required	Healthfirst
L6940	elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Authorization Required	Healthfirst
L6945	elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Authorization Required	Healthfirst
L6950	above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Authorization Required	Healthfirst
L6955	above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Authorization Required	Healthfirst
L6960	shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Authorization Required	Healthfirst
L6965	shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Authorization Required	Healthfirst
L6970	interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L6975	interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Authorization Required	Healthfirst
L7007	electric hand, switch or myoelectric controlled, adult	Authorization Required	Healthfirst
L7008	electric hand, switch or myoelectric, controlled, pediatric	Authorization Required	Healthfirst
L7009	electric hook, switch or myoelectric controlled, adult	Authorization Required	Healthfirst
L7040	prehensile actuator, switch controlled	Authorization Required	Healthfirst
L7045	electric hook, switch or myoelectric controlled, pediatric	Authorization Required	Healthfirst
L7170	electronic elbow, hosmer or equal, switch controlled	Authorization Required	Healthfirst
L7180	electronic elbow, microprocessor sequential control of elbow and terminal device	Authorization Required	Healthfirst
L7181	electronic elbow, microprocessor simultaneous control of elbow and terminal device	Authorization Required	Healthfirst
L7185	electronic elbow, adolescent, variety village or equal, switch controlled	Authorization Required	Healthfirst
L7186	electronic elbow, child, variety village or equal, switch controlled	Authorization Required	Healthfirst
L7190	electronic elbow, adolescent, variety village or equal, myoelectronically controlled	Authorization Required	Healthfirst
L7191	electronic elbow, child, variety village or equal, myoelectronically controlled	Authorization Required	Healthfirst
L7368	lithium ion battery charger, replacement only	Authorization Required	Healthfirst
L7402	addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	Authorization Required	Healthfirst
L7404	addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	Authorization Required	Healthfirst
L7405	addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	Authorization Required	Healthfirst
L7499	upper extremity prosthesis, not otherwise specified	Authorization Required	Healthfirst
L7510	repair of prosthetic device, repair or replace minor parts	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L7520	repair prosthetic device, labor component, per 15 minutes	Authorization Required	Healthfirst
L7600	prosthetic donning sleeve, any material, each	Authorization Required	Healthfirst
L7611	terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	Authorization Required	Healthfirst
L7612	terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Authorization Required	Healthfirst
L7613	terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Authorization Required	Healthfirst
L7614	terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Authorization Required	Healthfirst
L7621	terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Authorization Required	Healthfirst
L7622	terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	Authorization Required	Healthfirst
L7900	male vacuum erection system	Authorization Required	Healthfirst
L7902	tension ring, for vacuum erection device, any type, replacement only, each	Authorization Required	Healthfirst
L8030	breast prosthesis, silicone or equal, without integral adhesive	Authorization Required	Healthfirst
L8031	breast prosthesis, silicone or equal, with integral adhesive	Authorization Required	Healthfirst
L8032	nipple prosthesis, prefabricated, reusable, any type, each	Authorization Required	Healthfirst
L8033	nipple prosthesis, custom fabricated, reusable, any material, any type, each	Authorization Required	Healthfirst
L8035	custom breast prosthesis, post mastectomy, molded to patient model	Authorization Required	Healthfirst
L8039	breast prosthesis, not otherwise specified	Authorization Required	Healthfirst
L8040	nasal prosthesis, provided by a nonphysician	Authorization Required	Healthfirst
L8041	midfacial prosthesis, provided by a nonphysician	Authorization Required	Healthfirst
L8042	orbital prosthesis, provided by a nonphysician	Authorization Required	Healthfirst
L8043	upper facial prosthesis, provided by a nonphysician	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L8044	hemi-facial prosthesis, provided by a nonphysician	Authorization Required	Healthfirst
L8045	auricular prosthesis, provided by a nonphysician	Authorization Required	Healthfirst
L8046	partial facial prosthesis, provided by a nonphysician	Authorization Required	Healthfirst
L8047	nasal septal prosthesis, provided by a nonphysician	Authorization Required	Healthfirst
L8048	unspecified maxillofacial prosthesis, by report, provided by a nonphysician	Authorization Required	Healthfirst
L8320	truss, addition to standard pad, water pad	Authorization Required	Healthfirst
L8330	truss, addition to standard pad, scrotal pad	Authorization Required	Healthfirst
L8499	unlisted procedure for miscellaneous prosthetic services	Authorization Required	Healthfirst
L8500	artificial larynx, any type	Authorization Required	Healthfirst
L8505	artificial larynx replacement battery/accessory, any type	Authorization Required	Healthfirst
L8507	tracheo-esophageal voice prosthesis, patient inserted, any type, each	Authorization Required	Healthfirst
L8510	voice amplifier	Authorization Required	Healthfirst
L8511	insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	Authorization Required	Healthfirst
L8512	gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	Authorization Required	Healthfirst
L8513	cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	Authorization Required	Healthfirst
L8514	tracheo-esophageal puncture dilator, replacement only, each	Authorization Required	Healthfirst
L8515	gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each	Authorization Required	Healthfirst
L8600	implantable breast prosthesis, silicone or equal	Authorization Required	Healthfirst
L8603	injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	Authorization Required	Healthfirst
L8604	injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L8607	injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Authorization Required	Healthfirst
L8608	miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	Authorization Required	Healthfirst
L8609	artificial cornea	Authorization Required	Healthfirst
L8610	ocular implant	Authorization Required	Healthfirst
L8612	aqueous shunt	Authorization Required	Healthfirst
L8613	ossicula implant	Authorization Required	Healthfirst
L8614	cochlear device, includes all internal and external components	Authorization Required	Healthfirst
L8615	headset/headpiece for use with cochlear implant device, replacement	Authorization Required	Healthfirst
L8616	microphone for use with cochlear implant device, replacement	Authorization Required	Healthfirst
L8617	transmitting coil for use with cochlear implant device, replacement	Authorization Required	Healthfirst
L8618	transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	Authorization Required	Healthfirst
L8619	cochlear implant, external speech processor and controller, integrated system, replacement	Authorization Required	Healthfirst
L8622	alkaline battery for use with cochlear implant device, any size, replacement, each	Authorization Required	Healthfirst
L8623	lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	Authorization Required	Healthfirst
L8624	lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	Authorization Required	Healthfirst
L8627	cochlear implant, external speech processor, component, replacement	Authorization Required	Healthfirst
L8628	cochlear implant, external controller component, replacement	Authorization Required	Healthfirst
L8629	transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Authorization Required	Healthfirst
L8630	metacarpophalangeal joint implant	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L8631	metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Authorization Required	Healthfirst
L8641	metatarsal joint implant	Authorization Required	Healthfirst
L8642	hallux implant	Authorization Required	Healthfirst
L8658	interphalangeal joint spacer, silicone or equal, each	Authorization Required	Healthfirst
L8659	interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	Authorization Required	Healthfirst
L8670	vascular graft material, synthetic, implant	Authorization Required	Healthfirst
L8681	patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Authorization Required	Healthfirst
L8683	radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Authorization Required	Healthfirst
L8684	radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Authorization Required	Healthfirst
L8689	external recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Authorization Required	Healthfirst
L8690	auditory osseointegrated device, includes all internal and external components	Authorization Required	Healthfirst
L8691	auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Authorization Required	Healthfirst
L8692	auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Authorization Required	Healthfirst
L8693	auditory osseointegrated device abutment, any length, replacement only	Authorization Required	Healthfirst
L8695	external recharging system for battery (external) for use with implantable neurostimulator, replacement only	Authorization Required	Healthfirst
L8698	miscellaneous component, supply or accessory for use with total artificial heart system	Authorization Required	Healthfirst
L8699	prosthetic implant, not otherwise specified	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
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	Authorization Required	Healthfirst
L9900	orthotic and prosthetic supply, accessory, and/or service component of another hcpcs l code	Authorization Required	Healthfirst
P9020	platelet rich plasma, each unit	Authorization Required	Healthfirst
P9099	blood component or product not otherwise classified	Authorization Required	Healthfirst
Q0138	injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Authorization Required	Healthfirst
Q0499	belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	Authorization Required	Healthfirst
Q0508	miscellaneous supply or accessory for use with an implanted ventricular assist device	Authorization Required	Healthfirst
Q0509	miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under medicare part a	Authorization Required	Healthfirst
Q2025	fludarabine phosphate, oral, 1 mg	Authorization Required	Healthfirst
Q2026	injection, radiesse, 0.1 ml	Authorization Required	Healthfirst
Q2027	injection, sculptra, 0.1 ml	Authorization Required	Healthfirst
Q2033	influenza vaccine, recombinant hemagglutinin antigens, for intramuscular use (flublok)	Authorization Required	Healthfirst
Q2034	influenza virus vaccine, split virus, for intramuscular use (agriflu)	Authorization Required	Healthfirst
Q2041	axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Authorization Required	Healthfirst
Q2042	tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Authorization Required	Healthfirst
Q2043	sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Authorization Required	Healthfirst
Q2051	injection, zoledronic acid, not otherwise specified, 1 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>Q2052</b>	services, supplies and accessories used in the home under the medicare intravenous immune globulin (ivig) demonstration	Authorization Required	Healthfirst
<b>Q2053</b>	brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Authorization Required	Healthfirst
<b>Q3001</b>	radioelements for brachytherapy, any type, each	Authorization Required	Healthfirst
<b>Q4050</b>	cast supplies, for unlisted types and materials of casts	Authorization Required	Healthfirst
<b>Q4096</b>	injection, von willebrand factor complex human, ristocetin cofactor (not otherwise specified), per i.u. vwf:rc0	Authorization Required	Healthfirst
<b>Q4099</b>	formoterol fumarate, inhalation solution, fda approved final product, noncompounded, administered through dme, unit dose form, 20 micrograms	Authorization Required	Healthfirst
<b>Q4100</b>	skin substitute, not otherwise specified	Authorization Required	Healthfirst
<b>Q4101</b>	apligraf, per sq cm	Authorization Required	Healthfirst
<b>Q4102</b>	oasis wound matrix, per sq cm	Authorization Required	Healthfirst
<b>Q4103</b>	oasis burn matrix, per sq cm	Authorization Required	Healthfirst
<b>Q4104</b>	integra bilayer matrix wound dressing (bmwd), per sq cm	Authorization Required	Healthfirst
<b>Q4105</b>	integra dermal regeneration template (drt), per sq cm	Authorization Required	Healthfirst
<b>Q4106</b>	dermagraft, per sq cm	Authorization Required	Healthfirst
<b>Q4107</b>	graftjacket, per sq cm	Authorization Required	Healthfirst
<b>Q4108</b>	integra matrix, per sq cm	Authorization Required	Healthfirst
<b>Q4110</b>	primatrix, per sq cm	Authorization Required	Healthfirst
<b>Q4111</b>	gammagraft, per sq cm	Authorization Required	Healthfirst
<b>Q4112</b>	cymetra, injectable, 1 cc	Authorization Required	Healthfirst
<b>Q4113</b>	graftjacket express, injectable, 1 cc	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>Q4114</b>	integra flowable wound matrix, injectable, 1 cc	Authorization Required	Healthfirst
<b>Q4115</b>	alloskin, per sq cm	Authorization Required	Healthfirst
<b>Q4116</b>	alلودerm, per sq cm	Authorization Required	Healthfirst
<b>Q4117</b>	hyalomatrix, per sq cm	Authorization Required	Healthfirst
<b>Q4121</b>	theraskin, per sq cm	Authorization Required	Healthfirst
<b>Q4122</b>	dermacell, dermacell awm or dermacell awm porous, per sq cm	Authorization Required	Healthfirst
<b>Q4123</b>	alloskin rt, per sq cm	Authorization Required	Healthfirst
<b>Q4124</b>	oasis ultra tri-layer wound matrix, per sq cm	Authorization Required	Healthfirst
<b>Q4125</b>	arthroflex, per sq cm	Authorization Required	Healthfirst
<b>Q4126</b>	memoderm, dermaspan, tranzgraft or integuply, per sq cm	Authorization Required	Healthfirst
<b>Q4127</b>	talymed, per sq cm	Authorization Required	Healthfirst
<b>Q4128</b>	flexhd, allopatchhd, or matrix hd, per sq cm	Authorization Required	Healthfirst
<b>Q4130</b>	strattice tm, per sq cm	Authorization Required	Healthfirst
<b>Q4132</b>	grafix core and grafixpl core, per sq cm	Authorization Required	Healthfirst
<b>Q4133</b>	grafix prime and grafixpl prime, per sq cm	Authorization Required	Healthfirst
<b>Q4134</b>	hmatrix, per sq cm	Authorization Required	Healthfirst
<b>Q4135</b>	mediskin, per sq cm	Authorization Required	Healthfirst
<b>Q4136</b>	e-z derm, per sq cm	Authorization Required	Healthfirst
<b>Q4137</b>	amnioexcel, amnioexcel plus or biodexcel, per sq cm	Authorization Required	Healthfirst
<b>Q4138</b>	biodfence dryflex, per sq cm	Authorization Required	Healthfirst
<b>Q4139</b>	amniomatrix or biodmatrix, injectable, 1 cc	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>Q4140</b>	biodfence, per sq cm	Authorization Required	Healthfirst
<b>Q4141</b>	alloskin ac, per sq cm	Authorization Required	Healthfirst
<b>Q4142</b>	xcm biologic tissue matrix, per sq cm	Authorization Required	Healthfirst
<b>Q4143</b>	repriza, per sq cm	Authorization Required	Healthfirst
<b>Q4145</b>	epifix, injectable, 1 mg	Authorization Required	Healthfirst
<b>Q4146</b>	tensix, per sq cm	Authorization Required	Healthfirst
<b>Q4147</b>	architect, architect px, or architect fx, extracellular matrix, per sq cm	Authorization Required	Healthfirst
<b>Q4148</b>	neox cord 1k, neox cord rt, or clarix cord 1k, per sq cm	Authorization Required	Healthfirst
<b>Q4149</b>	excellagen, 0.1 cc	Authorization Required	Healthfirst
<b>Q4150</b>	allowrap ds or dry, per sq cm	Authorization Required	Healthfirst
<b>Q4151</b>	amnioband or guardian, per sq cm	Authorization Required	Healthfirst
<b>Q4152</b>	dermapure, per sq cm	Authorization Required	Healthfirst
<b>Q4153</b>	dermavest and plurivest, per sq cm	Authorization Required	Healthfirst
<b>Q4154</b>	biovance, per sq cm	Authorization Required	Healthfirst
<b>Q4155</b>	neox flo or clarix flo 1 mg	Authorization Required	Healthfirst
<b>Q4156</b>	neox 100 or clarix 100, per sq cm	Authorization Required	Healthfirst
<b>Q4157</b>	revitalon, per sq cm	Authorization Required	Healthfirst
<b>Q4158</b>	kerecis omega3, per sq cm	Authorization Required	Healthfirst
<b>Q4159</b>	affinity, per sq cm	Authorization Required	Healthfirst
<b>Q4160</b>	nushield, per sq cm	Authorization Required	Healthfirst
<b>Q4161</b>	bio-connekt wound matrix, per sq cm	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>Q4162</b>	woundex flow, bioskin flow, 0.5 cc	Authorization Required	Healthfirst
<b>Q4163</b>	woundex, bioskin, per sq cm	Authorization Required	Healthfirst
<b>Q4164</b>	helicoll, per sq cm	Authorization Required	Healthfirst
<b>Q4165</b>	keramatrix or kerasorb, per sq cm	Authorization Required	Healthfirst
<b>Q4166</b>	cytal, per sq cm	Authorization Required	Healthfirst
<b>Q4167</b>	truskin, per sq cm	Authorization Required	Healthfirst
<b>Q4168</b>	amnioband, 1 mg	Authorization Required	Healthfirst
<b>Q4169</b>	artacent wound, per sq cm	Authorization Required	Healthfirst
<b>Q4170</b>	cygnus, per sq cm	Authorization Required	Healthfirst
<b>Q4171</b>	interfyl, 1 mg	Authorization Required	Healthfirst
<b>Q4173</b>	palingen or palingen xplus, per sq cm	Authorization Required	Healthfirst
<b>Q4174</b>	palingen or promatrx, 0.36 mg per 0.25 cc	Authorization Required	Healthfirst
<b>Q4175</b>	miroderm, per sq cm	Authorization Required	Healthfirst
<b>Q4176</b>	neopatch or therion, per square centimeter	Authorization Required	Healthfirst
<b>Q4177</b>	floweramnioflo, 0.1 cc	Authorization Required	Healthfirst
<b>Q4178</b>	floweramniopatch, per sq cm	Authorization Required	Healthfirst
<b>Q4179</b>	flowerderm, per sq cm	Authorization Required	Healthfirst
<b>Q4180</b>	revita, per sq cm	Authorization Required	Healthfirst
<b>Q4181</b>	amnio wound, per sq cm	Authorization Required	Healthfirst
<b>Q4182</b>	transcyte, per sq cm	Authorization Required	Healthfirst
<b>Q4183</b>	surgigraft, per sq cm	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>Q4184</b>	cellesta or cellesta duo, per sq cm	Authorization Required	Healthfirst
<b>Q4185</b>	cellesta flowable amnion (25 mg per cc); per 0.5 cc	Authorization Required	Healthfirst
<b>Q4186</b>	epifix, per sq cm	Authorization Required	Healthfirst
<b>Q4187</b>	epicord, per sq cm	Authorization Required	Healthfirst
<b>Q4188</b>	amnioarmor, per sq cm	Authorization Required	Healthfirst
<b>Q4189</b>	artacent ac, 1 mg	Authorization Required	Healthfirst
<b>Q4190</b>	artacent ac, per sq cm	Authorization Required	Healthfirst
<b>Q4191</b>	restorigin, per sq cm	Authorization Required	Healthfirst
<b>Q4192</b>	restorigin, 1 cc	Authorization Required	Healthfirst
<b>Q4193</b>	coll-e-derm, per sq cm	Authorization Required	Healthfirst
<b>Q4194</b>	novachor, per sq cm	Authorization Required	Healthfirst
<b>Q4195</b>	puraply, per sq cm	Authorization Required	Healthfirst
<b>Q4196</b>	puraply am, per sq cm	Authorization Required	Healthfirst
<b>Q4197</b>	puraply xt, per sq cm	Authorization Required	Healthfirst
<b>Q4198</b>	genesis amniotic membrane, per sq cm	Authorization Required	Healthfirst
<b>Q4200</b>	skinte, per sq cm	Authorization Required	Healthfirst
<b>Q4201</b>	matrion, per sq cm	Authorization Required	Healthfirst
<b>Q4202</b>	keroxx (2.5 g/cc), 1 cc	Authorization Required	Healthfirst
<b>Q4203</b>	derma-gide, per sq cm	Authorization Required	Healthfirst
<b>Q4204</b>	xwrap, per sq cm	Authorization Required	Healthfirst
<b>Q4205</b>	membrane graft or membrane wrap, per sq cm	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
Q4206	fluid flow or fluid gf, 1 cc	Authorization Required	Healthfirst
Q4208	novafix, per sq cm	Authorization Required	Healthfirst
Q4209	surgraft, per sq cm	Authorization Required	Healthfirst
Q4210	axolotl graft or axolotl dualgraft, per sq cm	Authorization Required	Healthfirst
Q4211	amnion bio or axobiomembrane, per sq cm	Authorization Required	Healthfirst
Q4212	allogen, per cc	Authorization Required	Healthfirst
Q4213	ascent, 0.5 mg	Authorization Required	Healthfirst
Q4214	cellesta cord, per sq cm	Authorization Required	Healthfirst
Q4215	axolotl ambient or axolotl cryo, 0.1 mg	Authorization Required	Healthfirst
Q4216	artacent cord, per sq cm	Authorization Required	Healthfirst
Q4217	woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per sq cm	Authorization Required	Healthfirst
Q4218	surgicord, per sq cm	Authorization Required	Healthfirst
Q4219	surgigraft-dual, per sq cm	Authorization Required	Healthfirst
Q4220	bellacell hd or surederm, per sq cm	Authorization Required	Healthfirst
Q4221	amnio wrap2, per sq cm	Authorization Required	Healthfirst
Q4222	progenamatrix, per sq cm	Authorization Required	Healthfirst
Q4226	myown skin, includes harvesting and preparation procedures, per sq cm	Authorization Required	Healthfirst
Q4227	amniocoretm, per sq cm	Authorization Required	Healthfirst
Q4228	bionextpatch, per sq cm	Authorization Required	Healthfirst
Q4229	cogenex amniotic membrane, per sq cm	Authorization Required	Healthfirst
Q4230	cogenex flowable amnion, per 0.5 cc	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
Q4231	corplex p, per cc	Authorization Required	Healthfirst
Q4232	corplex, per sq cm	Authorization Required	Healthfirst
Q4233	surfactor or nudyn, per 0.5 cc	Authorization Required	Healthfirst
Q4234	xcellerate, per sq cm	Authorization Required	Healthfirst
Q4235	amniorepair or altiPLY, per sq cm	Authorization Required	Healthfirst
Q4236	carepatch, per sq cm	Authorization Required	Healthfirst
Q4237	cryo-cord, per sq cm	Authorization Required	Healthfirst
Q4238	derm-maxx, per sq cm	Authorization Required	Healthfirst
Q4239	amnio-maxx or amnio-maxx lite, per sq cm	Authorization Required	Healthfirst
Q4240	corecyte, for topical use only, per 0.5 cc	Authorization Required	Healthfirst
Q4241	polycyte, for topical use only, per 0.5 cc	Authorization Required	Healthfirst
Q4242	amniocyte plus, per 0.5 cc	Authorization Required	Healthfirst
Q4244	procenta, per 200 mg	Authorization Required	Healthfirst
Q4245	amniotext, per cc	Authorization Required	Healthfirst
Q4246	coretext or protext, per cc	Authorization Required	Healthfirst
Q4247	amniotext patch, per sq cm	Authorization Required	Healthfirst
Q4248	dermacyte amniotic membrane allograft, per sq cm	Authorization Required	Healthfirst
Q4249	amniPLY, for topical use only, per sq cm	Authorization Required	Healthfirst
Q4250	amnioamp-mp, per sq cm	Authorization Required	Healthfirst
Q4254	novafix dl, per sq cm	Authorization Required	Healthfirst
Q4255	reguard, for topical use only, per sq cm	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>Q5001</b>	hospice or home health care provided in patient's home/residence	Authorization Required	Healthfirst
<b>Q5003</b>	hospice care provided in nursing long-term care facility (ltc) or nonskilled nursing facility (nf)	Authorization Required	Healthfirst
<b>Q5004</b>	hospice care provided in skilled nursing facility (snf)	Authorization Required	Healthfirst
<b>Q5005</b>	hospice care provided in inpatient hospital	Authorization Required	Healthfirst
<b>Q5006</b>	hospice care provided in inpatient hospice facility	Authorization Required	Healthfirst
<b>Q5007</b>	hospice care provided in long-term care facility	Authorization Required	Healthfirst
<b>Q5008</b>	hospice care provided in inpatient psychiatric facility	Authorization Required	Healthfirst
<b>Q5009</b>	hospice or home health care provided in place not otherwise specified (nos)	Authorization Required	Healthfirst
<b>Q5010</b>	hospice home care provided in a hospice facility	Authorization Required	Healthfirst
<b>Q5101</b>	injection, filgrastim (g-csf), biosimilar, 1 microgram	Authorization Required	Healthfirst
<b>Q5103</b>	injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Authorization Required	Healthfirst
<b>Q5104</b>	injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Authorization Required	Healthfirst
<b>Q5106</b>	injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Authorization Required	Healthfirst
<b>Q5107</b>	injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Authorization Required	Healthfirst
<b>Q5108</b>	injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Authorization Required	Healthfirst
<b>Q5109</b>	injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Authorization Required	Healthfirst
<b>Q5110</b>	injection, filgrastim-aafi, biosimilar, (nivestym), 1 mcg	Authorization Required	Healthfirst
<b>Q5111</b>	injection, pegfilgrastim-cbqv, biosimilar, (udenycya), 0.5 mg	Authorization Required	Healthfirst
<b>Q5112</b>	injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Authorization Required	Healthfirst
<b>Q5113</b>	injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Authorization Required	Healthfirst
<b>Q5114</b>	injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
Q5115	injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Authorization Required	Healthfirst
Q5116	injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Authorization Required	Healthfirst
Q5117	injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Authorization Required	Healthfirst
Q5118	injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Authorization Required	Healthfirst
Q5119	injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Authorization Required	Healthfirst
Q5120	injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Authorization Required	Healthfirst
Q5121	injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Authorization Required	Healthfirst
Q5122	injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Authorization Required	Healthfirst
Q5123	injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Authorization Required	Healthfirst
Q5510	injection, filgrastim-aafi, biosimilar, (nivestym ), 1 mcg	Authorization Required	Healthfirst
Q9001	assessment by department of veterans affairs chaplain services	Authorization Required	Healthfirst
Q9002	counseling, individual, by department of veterans affairs chaplain services	Authorization Required	Healthfirst
Q9003	counseling, group, by department of veterans affairs chaplain services	Authorization Required	Healthfirst
Q9991	injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Authorization Required	Healthfirst
Q9992	injection, buprenorphine extended-release (sublocade), greater than 100 mg	Authorization Required	Healthfirst
R0070	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	Authorization Required	Healthfirst
R0075	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	Authorization Required	Healthfirst
R0076	transportation of portable ekg to facility or location, per patient	Authorization Required	Healthfirst
S0012	butorphanol tartrate, nasal spray, 25 mg	Authorization Required	Healthfirst
S0014	tacrine hcl, 10 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
S0017	injection, aminocaproic acid, 5 g	Authorization Required	Healthfirst
S0020	injection, bupivacaine hcl, 30 ml	Authorization Required	Healthfirst
S0021	injection, cefoperazone sodium, 1 g	Authorization Required	Healthfirst
S0023	injection, cimetidine hcl, 300 mg	Authorization Required	Healthfirst
S0028	injection, famotidine, 20 mg	Authorization Required	Healthfirst
S0030	injection, metronidazole, 500 mg	Authorization Required	Healthfirst
S0032	injection, nafcillin sodium, 2 g	Authorization Required	Healthfirst
S0034	injection, ofloxacin, 400 mg	Authorization Required	Healthfirst
S0039	injection, sulfamethoxazole and trimethoprim, 10 ml	Authorization Required	Healthfirst
S0040	injection, ticarcillin disodium and clavulanate potassium, 3.1 g	Authorization Required	Healthfirst
S0073	injection, aztreonam, 500 mg	Authorization Required	Healthfirst
S0074	injection, cefotetan disodium, 500 mg	Authorization Required	Healthfirst
S0077	injection, clindamycin phosphate, 300 mg	Authorization Required	Healthfirst
S0078	injection, fosphenytoin sodium, 750 mg	Authorization Required	Healthfirst
S0080	injection, pentamidine isethionate, 300 mg	Authorization Required	Healthfirst
S0081	injection, piperacillin sodium, 500 mg	Authorization Required	Healthfirst
S0088	imatinib, 100 mg	Authorization Required	Healthfirst
S0090	sildenafil citrate, 25 mg	Authorization Required	Healthfirst
S0108	mercaptopurine, oral, 50 mg	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S0199</b>	medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hcg, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	Authorization Required	Healthfirst
<b>S0201</b>	partial hospitalization services, less than 24 hours, per diem	Authorization Required	Healthfirst
<b>S0255</b>	hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	Authorization Required	Healthfirst
<b>S0395</b>	impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	Authorization Required	Healthfirst
<b>S0500</b>	disposable contact lens, per lens	Authorization Required	Healthfirst
<b>S0504</b>	single vision prescription lens (safety, athletic, or sunglass), per lens	Authorization Required	Healthfirst
<b>S0506</b>	bifocal vision prescription lens (safety, athletic, or sunglass), per lens	Authorization Required	Healthfirst
<b>S0508</b>	trifocal vision prescription lens (safety, athletic, or sunglass), per lens	Authorization Required	Healthfirst
<b>S0510</b>	nonprescription lens (safety, athletic, or sunglass), per lens	Authorization Required	Healthfirst
<b>S0512</b>	daily wear specialty contact lens, per lens	Authorization Required	Healthfirst
<b>S0514</b>	color contact lens, per lens	Authorization Required	Healthfirst
<b>S0516</b>	safety eyeglass frames	Authorization Required	Healthfirst
<b>S0518</b>	sunglasses frames	Authorization Required	Healthfirst
<b>S0580</b>	polycarbonate lens (list this code in addition to the basic code for the lens)	Authorization Required	Healthfirst
<b>S0581</b>	nonstandard lens (list this code in addition to the basic code for the lens)	Authorization Required	Healthfirst
<b>S0590</b>	integral lens service, miscellaneous services reported separately	Authorization Required	Healthfirst
<b>S0592</b>	comprehensive contact lens evaluation	Authorization Required	Healthfirst
<b>S0595</b>	dispensing new spectacle lenses for patient supplied frame	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S0800</b>	laser in situ keratomileusis (lasik)	Authorization Required	Healthfirst
<b>S1040</b>	cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Authorization Required	Healthfirst
<b>S2053</b>	transplantation of small intestine and liver allografts	Authorization Required	Healthfirst
<b>S2054</b>	transplantation of multivisceral organs	Authorization Required	Healthfirst
<b>S2060</b>	lobar lung transplantation	Authorization Required	Healthfirst
<b>S2061</b>	donor lobectomy (lung) for transplantation, living donor	Authorization Required	Healthfirst
<b>S2065</b>	simultaneous pancreas kidney transplantation	Authorization Required	Healthfirst
<b>S2068</b>	breast reconstruction with deep inferior epigastric perforator (diep) flap or superficial inferior epigastric artery (slea) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Authorization Required	Healthfirst
<b>S2080</b>	laser-assisted uvulopalatoplasty (laup)	Authorization Required	Healthfirst
<b>S2083</b>	adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Authorization Required	Healthfirst
<b>S2103</b>	adrenal tissue transplant to brain	Authorization Required	Healthfirst
<b>S2112</b>	arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Authorization Required	Healthfirst
<b>S2118</b>	metal-on-metal total hip resurfacing, including acetabular and femoral components	Authorization Required	Healthfirst
<b>S2140</b>	cord blood harvesting for transplantation, allogeneic	Authorization Required	Healthfirst
<b>S2150</b>	bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S2152</b>	solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	Authorization Required	Healthfirst
<b>S2202</b>	echosclerotherapy	Authorization Required	Healthfirst
<b>S2235</b>	implantation of auditory brain stem implant	Authorization Required	Healthfirst
<b>S2300</b>	arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	Authorization Required	Healthfirst
<b>S2342</b>	nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Authorization Required	Healthfirst
<b>S2348</b>	decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Authorization Required	Healthfirst
<b>S3652</b>	saliva test, hormone level; to assess preterm labor risk	Authorization Required	Healthfirst
<b>S3849</b>	genetic testing for niemann-pick disease	Authorization Required	Healthfirst
<b>S3853</b>	genetic testing for myotonic muscular dystrophy	Authorization Required	Healthfirst
<b>S3900</b>	surface electromyography (emg)	Authorization Required	Healthfirst
<b>S4011</b>	in vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	Authorization Required	Healthfirst
<b>S4013</b>	complete cycle, gamete intrafallopian transfer (gift), case rate	Authorization Required	Healthfirst
<b>S4014</b>	complete cycle, zygote intrafallopian transfer (zift), case rate	Authorization Required	Healthfirst
<b>S4015</b>	complete in vitro fertilization cycle, not otherwise specified, case rate	Authorization Required	Healthfirst
<b>S4016</b>	frozen in vitro fertilization cycle, case rate	Authorization Required	Healthfirst
<b>S4017</b>	incomplete cycle, treatment cancelled prior to stimulation, case rate	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S4018</b>	frozen embryo transfer procedure cancelled before transfer, case rate	Authorization Required	Healthfirst
<b>S4020</b>	in vitro fertilization procedure cancelled before aspiration, case rate	Authorization Required	Healthfirst
<b>S4021</b>	in vitro fertilization procedure cancelled after aspiration, case rate	Authorization Required	Healthfirst
<b>S4022</b>	assisted oocyte fertilization, case rate	Authorization Required	Healthfirst
<b>S4023</b>	donor egg cycle, incomplete, case rate	Authorization Required	Healthfirst
<b>S4025</b>	donor services for in vitro fertilization (sperm or embryo), case rate	Authorization Required	Healthfirst
<b>S4026</b>	procurement of donor sperm from sperm bank	Authorization Required	Healthfirst
<b>S4028</b>	microsurgical epididymal sperm aspiration (mesa)	Authorization Required	Healthfirst
<b>S4030</b>	sperm procurement and cryopreservation services; initial visit	Authorization Required	Healthfirst
<b>S4031</b>	sperm procurement and cryopreservation services; subsequent visit	Authorization Required	Healthfirst
<b>S4035</b>	stimulated intrauterine insemination (iui), case rate	Authorization Required	Healthfirst
<b>S4037</b>	cryopreserved embryo transfer, case rate	Authorization Required	Healthfirst
<b>S4981</b>	insertion of levonorgestrel-releasing intrauterine system	Authorization Required	Healthfirst
<b>S4993</b>	contraceptive pills for birth control	Authorization Required	Healthfirst
<b>S5010</b>	5% dextrose and 0.45% normal saline, 1000 ml	Authorization Required	Healthfirst
<b>S5012</b>	5% dextrose with potassium chloride, 1000 ml	Authorization Required	Healthfirst
<b>S5013</b>	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	Authorization Required	Healthfirst
<b>S5014</b>	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	Authorization Required	Healthfirst
<b>S5035</b>	home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Authorization Required	Healthfirst
<b>S5036</b>	home infusion therapy, repair of infusion device (e.g., pump repair)	Authorization Required	Healthfirst
<b>S5102</b>	day care services, adult; per diem	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S5105</b>	day care services, center-based; services not included in program fee, per diem	Authorization Required	Healthfirst
<b>S5125</b>	attendant care services; per 15 minutes	Authorization Required	Healthfirst
<b>S5126</b>	attendant care services; per diem	Authorization Required	Healthfirst
<b>S5130</b>	homemaker service, nos; per 15 minutes	Authorization Required	Healthfirst
<b>S5161</b>	emergency response system; service fee, per month (excludes installation and testing)	Authorization Required	Healthfirst
<b>S5170</b>	home delivered meals, including preparation; per meal	Authorization Required	Healthfirst
<b>S5185</b>	medication reminder service, nonface-to-face; per month	Authorization Required	Healthfirst
<b>S5199</b>	personal care item, nos, each	Authorization Required	Healthfirst
<b>S5497</b>	home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S5498</b>	home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S5501</b>	home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S5502</b>	home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Authorization Required	Healthfirst
<b>S5517</b>	home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Authorization Required	Healthfirst
<b>S5518</b>	home infusion therapy, all supplies necessary for catheter repair	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
S5520	home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion	Authorization Required	Healthfirst
S5521	home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Authorization Required	Healthfirst
S5522	home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included)	Authorization Required	Healthfirst
S5523	home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Authorization Required	Healthfirst
S5550	insulin, rapid onset, 5 units	Authorization Required	Healthfirst
S5551	insulin, most rapid onset (lispro or aspart); 5 units	Authorization Required	Healthfirst
S5552	insulin, intermediate acting (nph or lente); 5 units	Authorization Required	Healthfirst
S5553	insulin, long acting; 5 units	Authorization Required	Healthfirst
S8032	low-dose computed tomography for lung cancer screening	Authorization Required	Healthfirst
S8120	oxygen contents, gaseous, 1 unit equals 1 cubic foot	Authorization Required	Healthfirst
S8121	oxygen contents, liquid, 1 unit equals 1 pound	Authorization Required	Healthfirst
S8185	flutter device	Authorization Required	Healthfirst
S8262	mandibular orthopedic repositioning device, each	Authorization Required	Healthfirst
S8999	resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	Authorization Required	Healthfirst
S9025	omnicardiogram/cardiointegram	Authorization Required	Healthfirst
S9055	procuren or other growth factor preparation to promote wound healing	Authorization Required	Healthfirst
S9061	home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
S9090	vertebral axial decompression, per session	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
S9097	home visit for wound care	Authorization Required	Healthfirst
S9110	telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	Authorization Required	Healthfirst
S9122	home health aide or certified nurse assistant, providing care in the home; per hour	Authorization Required	Healthfirst
S9123	nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	Authorization Required	Healthfirst
S9124	nursing care, in the home; by licensed practical nurse, per hour	Authorization Required	Healthfirst
S9125	respite care, in the home, per diem	Authorization Required	Healthfirst
S9126	hospice care, in the home, per diem	Authorization Required	Healthfirst
S9127	social work visit, in the home, per diem	Authorization Required	Healthfirst
S9128	speech therapy, in the home, per diem	Authorization Required	Healthfirst
S9129	occupational therapy, in the home, per diem	Authorization Required	Healthfirst
S9131	physical therapy; in the home, per diem	Authorization Required	Healthfirst
S9208	home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Authorization Required	Healthfirst
S9209	home management of preterm premature rupture of membranes (pprom), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Authorization Required	Healthfirst
S9211	home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9212</b>	home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Authorization Required	Healthfirst
<b>S9213</b>	home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	Authorization Required	Healthfirst
<b>S9214</b>	home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	Authorization Required	Healthfirst
<b>S9325</b>	home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)	Authorization Required	Healthfirst
<b>S9326</b>	home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9327</b>	home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9328</b>	home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9329</b>	home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9330</b>	home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9331</b>	home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9336</b>	home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9338</b>	home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9341</b>	home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9342</b>	home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9343</b>	home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9345</b>	home infusion therapy, antihemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9346</b>	home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9347</b>	home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9348</b>	home infusion therapy, sympathomimetic/ inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9349</b>	home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9351</b>	home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9353</b>	home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9355</b>	home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9357</b>	home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9359</b>	home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9361</b>	home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9363</b>	home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9364</b>	home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)	Authorization Required	Healthfirst
<b>S9365</b>	home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9366</b>	home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9367</b>	home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9368</b>	home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9370</b>	home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9373</b>	home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales)	Authorization Required	Healthfirst
<b>S9374</b>	home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9375</b>	home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9376</b>	home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9377</b>	home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9379</b>	home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9433</b>	medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Authorization Required	Healthfirst
<b>S9470</b>	nutritional counseling, dietitian visit	Authorization Required	Healthfirst
<b>S9472</b>	cardiac rehabilitation program, nonphysician provider, per diem	Authorization Required	Healthfirst
<b>S9473</b>	pulmonary rehabilitation program, nonphysician provider, per diem	Authorization Required	Healthfirst
<b>S9474</b>	enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	Authorization Required	Healthfirst
<b>S9475</b>	ambulatory setting substance abuse treatment or detoxification services, per diem	Authorization Required	Healthfirst
<b>S9490</b>	home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9494</b>	home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Authorization Required	Healthfirst
<b>S9497</b>	home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9500</b>	home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9501</b>	home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9502</b>	home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9503</b>	home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9504</b>	home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9542</b>	home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9558</b>	home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9559</b>	home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9560</b>	home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9562</b>	home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Authorization Required	Healthfirst
<b>S9988</b>	services provided as part of a phase i clinical trial	Authorization Required	Healthfirst
<b>S9990</b>	services provided as part of a phase ii clinical trial	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S9991</b>	services provided as part of a phase iii clinical trial	Authorization Required	Healthfirst
<b>S9992</b>	transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	Authorization Required	Healthfirst
<b>S9994</b>	lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	Authorization Required	Healthfirst
<b>S9996</b>	meals for clinical trial participant and one caregiver/companion	Authorization Required	Healthfirst
<b>S9999</b>	sales tax	Authorization Required	Healthfirst
<b>T1000</b>	private duty/independent nursing service(s), licensed, up to 15 minutes	Authorization Required	Healthfirst
<b>T1001</b>	nursing assessment/evaluation	Authorization Required	Healthfirst
<b>T1002</b>	rn services, up to 15 minutes	Authorization Required	Healthfirst
<b>T1003</b>	lpn/lvn services, up to 15 minutes	Authorization Required	Healthfirst
<b>T1004</b>	services of a qualified nursing aide, up to 15 minutes	Authorization Required	Healthfirst
<b>T1007</b>	alcohol and/or substance abuse services, treatment plan development and/or modification	Authorization Required	Healthfirst
<b>T1009</b>	child sitting services for children of the individual receiving alcohol and/or substance abuse services	Authorization Required	Healthfirst
<b>T1010</b>	meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Authorization Required	Healthfirst
<b>T1012</b>	alcohol and/or substance abuse services, skills development	Authorization Required	Healthfirst
<b>T1017</b>	targeted case management, each 15 minutes	Authorization Required	Healthfirst
<b>T1019</b>	personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Authorization Required	Healthfirst
<b>T1020</b>	personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
T1021	home health aide or certified nurse assistant, per visit	Authorization Required	Healthfirst
T1024	evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	Authorization Required	Healthfirst
T1025	intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	Authorization Required	Healthfirst
T1026	intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	Authorization Required	Healthfirst
T1027	family training and counseling for child development, per 15 minutes	Authorization Required	Healthfirst
T1028	assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	Authorization Required	Healthfirst
T1030	nursing care, in the home, by registered nurse, per diem	Authorization Required	Healthfirst
T1031	nursing care, in the home, by licensed practical nurse, per diem	Authorization Required	Healthfirst
T1040	medicaid certified community behavioral health clinic services, per diem	Authorization Required	Healthfirst
T1041	medicaid certified community behavioral health clinic services, per month	Authorization Required	Healthfirst
T1505	electronic medication compliance management device, includes all components and accessories, not otherwise classified	Authorization Required	Healthfirst
T1999	miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Authorization Required	Healthfirst
T2001	nonemergency transportation; patient attendant/escort	Authorization Required	Healthfirst
T2002	nonemergency transportation; per diem	Authorization Required	Healthfirst
T2003	nonemergency transportation; encounter/trip	Authorization Required	Healthfirst
T2004	nonemergency transport; commercial carrier, multipass	Authorization Required	Healthfirst
T2005	nonemergency transportation; stretcher van	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
T2007	transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	Authorization Required	Healthfirst
T2023	targeted case management; per month	Authorization Required	Healthfirst
T2029	specialized medical equipment, not otherwise specified, waiver	Authorization Required	Healthfirst
T2042	hospice routine home care; per diem	Authorization Required	Healthfirst
T2043	hospice continuous home care; per hour	Authorization Required	Healthfirst
T2044	hospice inpatient respite care; per diem	Authorization Required	Healthfirst
T2045	hospice general inpatient care; per diem	Authorization Required	Healthfirst
T2046	hospice long-term care, room and board only; per diem	Authorization Required	Healthfirst
T2047	therapeutic positioning seat for use in vehicles	Authorization Required	Healthfirst
T2048	behavioral health; long-term care residential (nonacute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	Authorization Required	Healthfirst
T2049	nonemergency transportation; stretcher van, mileage; per mile	Authorization Required	Healthfirst
T2101	human breast milk processing, storage and distribution only	Authorization Required	Healthfirst
T4521	adult sized disposable incontinence product, brief/diaper, small, each	Authorization Required	Healthfirst
T4522	adult sized disposable incontinence product, brief/diaper, medium, each	Authorization Required	Healthfirst
T4523	adult sized disposable incontinence product, brief/diaper, large, each	Authorization Required	Healthfirst
T4524	adult sized disposable incontinence product, brief/diaper, extra large, each	Authorization Required	Healthfirst
T4525	adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Authorization Required	Healthfirst
T4526	adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Authorization Required	Healthfirst
T4527	adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Authorization Required	Healthfirst
T4528	adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
T4529	pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Authorization Required	Healthfirst
T4530	pediatric sized disposable incontinence product, brief/diaper, large size, each	Authorization Required	Healthfirst
T4531	pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	Authorization Required	Healthfirst
T4532	pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Authorization Required	Healthfirst
T4533	youth sized disposable incontinence product, brief/diaper, each	Authorization Required	Healthfirst
T4534	youth sized disposable incontinence product, protective underwear/pull-on, each	Authorization Required	Healthfirst
T4535	disposable liner/shield/guard/pad/undergarment, for incontinence, each	Authorization Required	Healthfirst
T4536	incontinence product, protective underwear/pull-on, reusable, any size, each	Authorization Required	Healthfirst
T4537	incontinence product, protective underpad, reusable, bed size, each	Authorization Required	Healthfirst
T4538	diaper service, reusable diaper, each diaper	Authorization Required	Healthfirst
T4539	incontinence product, diaper/brief, reusable, any size, each	Authorization Required	Healthfirst
T4540	incontinence product, protective underpad, reusable, chair size, each	Authorization Required	Healthfirst
T4541	incontinence product, disposable underpad, large, each	Authorization Required	Healthfirst
T4542	incontinence product, disposable underpad, small size, each	Authorization Required	Healthfirst
T4543	adult sized disposable incontinence product, protective brief/diaper, above extra large, each	Authorization Required	Healthfirst
T4544	adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	Authorization Required	Healthfirst
T4545	incontinence product, disposable, penile wrap, each	Authorization Required	Healthfirst
T5001	positioning seat for persons with special orthopedic needs	Authorization Required	Healthfirst
T5999	supply, not otherwise specified	Authorization Required	Healthfirst
TOPU	ase additional cpt products, contact the american medical associatio	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
V2113	spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Authorization Required	Healthfirst
V2199	not otherwise classified, single vision lens	Authorization Required	Healthfirst
V2623	prosthetic eye, plastic, custom	Authorization Required	Healthfirst
V2627	scleral cover shell	Authorization Required	Healthfirst
V2629	prosthetic eye, other type	Authorization Required	Healthfirst
V2799	vision service, miscellaneous	Authorization Required	Healthfirst
V5010	assessment for hearing aid	Authorization Required	Healthfirst
V5014	repair/modification of a hearing aid	Authorization Required	Healthfirst
V5030	hearing aid, monaural, body worn, air conduction	Authorization Required	Healthfirst
V5040	hearing aid, monaural, body worn, bone conduction	Authorization Required	Healthfirst
V5050	hearing aid, monaural, in the ear	Authorization Required	Healthfirst
V5060	hearing aid, monaural, behind the ear	Authorization Required	Healthfirst
V5070	glasses, air conduction	Authorization Required	Healthfirst
V5100	hearing aid, bilateral, body worn	Authorization Required	Healthfirst
V5120	binaural, body	Authorization Required	Healthfirst
V5130	binaural, in the ear	Authorization Required	Healthfirst
V5140	binaural, behind the ear	Authorization Required	Healthfirst
V5150	binaural, glasses	Authorization Required	Healthfirst
V5171	hearing aid, contralateral routing device, monaural, in the ear (ite)	Authorization Required	Healthfirst
V5172	hearing aid, contralateral routing device, monaural, in the canal (itc)	Authorization Required	Healthfirst



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
V5190	hearing aid, contralateral routing, monaural, glasses	Authorization Required	Healthfirst
V5211	hearing aid, contralateral routing system, binaural, ite/ ite	Authorization Required	Healthfirst
V5212	hearing aid, contralateral routing system, binaural, ite/ itc	Authorization Required	Healthfirst
V5213	hearing aid, contralateral routing system, binaural, ite/ bte	Authorization Required	Healthfirst
V5214	hearing aid, contralateral routing system, binaural, itc/ itc	Authorization Required	Healthfirst
V5230	hearing aid, bicros, glasses	Authorization Required	Healthfirst
V5246	hearing aid, digitally programmable analog, monaural, ite (in the ear)	Authorization Required	Healthfirst
V5247	hearing aid, digitally programmable analog, monaural, bte (behind the ear)	Authorization Required	Healthfirst
V5248	hearing aid, analog, binaural, cic	Authorization Required	Healthfirst
V5249	hearing aid, analog, binaural, itc	Authorization Required	Healthfirst
V5251	hearing aid, digitally programmable analog, binaural, itc	Authorization Required	Healthfirst
V5252	hearing aid, digitally programmable, binaural, ite	Authorization Required	Healthfirst
V5253	hearing aid, digitally programmable, binaural, bte	Authorization Required	Healthfirst
V5256	hearing aid, digital, monaural, ite	Authorization Required	Healthfirst
V5257	hearing aid, digital, monaural, bte	Authorization Required	Healthfirst
V5260	hearing aid, digital, binaural, ite	Authorization Required	Healthfirst
V5261	hearing aid, digital, binaural, bte	Authorization Required	Healthfirst
V5267	hearing aid or assistive listening device/supplies/ accessories, not otherwise specified	Authorization Required	Healthfirst
V5269	assistive listening device, alerting, any type	Authorization Required	Healthfirst
V5270	assistive listening device, television amplifier, any type	Authorization Required	Healthfirst
V5271	assistive listening device, television caption decoder	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
V5272	assistive listening device, tdd	Authorization Required	Healthfirst
V5274	assistive listening device, not otherwise specified	Authorization Required	Healthfirst
V5281	assistive listening device, personal fm/dm system, monaural (1 receiver, transmitter, microphone), any type	Authorization Required	Healthfirst
V5282	assistive listening device, personal fm/dm system, binaural (2 receivers, transmitter, microphone), any type	Authorization Required	Healthfirst
V5283	assistive listening device, personal fm/dm neck, loop induction receiver	Authorization Required	Healthfirst
V5286	assistive listening device, personal blue tooth fm/dm receiver	Authorization Required	Healthfirst
V5287	assistive listening device, personal fm/dm receiver, not otherwise specified	Authorization Required	Healthfirst
V5288	assistive listening device, personal fm/dm transmitter assistive listening device	Authorization Required	Healthfirst
V5290	assistive listening device, transmitter microphone, any type	Authorization Required	Healthfirst
V5299	hearing service, miscellaneous	Authorization Required	Healthfirst
W0078	clear image: one telescope including balance lens, correction lens and one or more reading caps	Authorization Required	Healthfirst
W0079	bioptic: telescopes 2.2x or 3x, two lenses including correction lenses and one or more reading caps	Authorization Required	Healthfirst
W0096	out of state facility - emergency room visit	Authorization Required	Healthfirst
W0110	not otherwise listed blood product (oas)	Authorization Required	Healthfirst
W0115	hib + hepatitis b vaccine	Authorization Required	Healthfirst
W5000	ppac: physician/nurse practitioner office visit	Authorization Required	Healthfirst
W5500	ppac: hospital visit	Authorization Required	Healthfirst
W5501	ppac: residential health care facility visit	Authorization Required	Healthfirst
W5502	ppac: adult home visit	Authorization Required	Healthfirst
W5503	ppac: home visit	Authorization Required	Healthfirst

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>W6000</b>	hiv -efp md office visit	Authorization Required	Healthfirst
<b>W6500</b>	hiv-efp hospital visit	Authorization Required	Healthfirst
<b>W7306</b>	office visit one-half hour-physical thr	Authorization Required	Healthfirst
<b>W7307</b>	office visit ovr 1/2 up to 1 hour - physical ther	Authorization Required	Healthfirst
<b>W7308</b>	office visit ovr 1 up to 2 hrs - physical therapy	Authorization Required	Healthfirst
<b>W8500</b>	pci-p underserved hospital visit	Authorization Required	Healthfirst
<b>W9045</b>	nursing services -lpn. 1 hour	Authorization Required	Healthfirst
<b>W9046</b>	nursing services rn 1 hour	Authorization Required	Healthfirst
<b>W9047</b>	first two days private duty nurse. non prior app for rn	Authorization Required	Healthfirst
<b>W9048</b>	first two days prvt duty nurs, non prior app for lpn	Authorization Required	Healthfirst
<b>WW016</b>	cyclophosphamide (roxane), 50 mg oral                      ndc# 00054-8130-25	Authorization Required	Healthfirst
<b>WW017</b>	cyclophosphamide (roxane), 25 mg oral                      ndc# 00054-8089-25	Authorization Required	Healthfirst
<b>0001U</b>	red blood cell antigen typing, dna, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common rbc alleles reported	Authorization Required	Vendor
<b>0002M</b>	liver disease, ten biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, ggt, haptoglobin, ast, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ash)	Authorization Required	Vendor
<b>0003M</b>	liver disease, ten biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, ggt, haptoglobin, ast, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (nash)	Authorization Required	Vendor
<b>0004M</b>	scoliosis, dna analysis of 53 single nucleotide polymorphisms (snps), using saliva, prognostic algorithm reported as a risk score	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0005U	oncology (prostate) gene expression profile by real-time rt-pcr of 3 genes (erg, pca3, and spdef), urine, algorithm reported as risk score	Authorization Required	Vendor
0006M	oncology (hepatic), mrna expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	Authorization Required	Vendor
0007M	oncology (gastrointestinal neuroendocrine tumors), real-time pcr expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	Authorization Required	Vendor
0011M	oncology, prostate cancer, mrna expression assay of 12 genes (10 content and 2 housekeeping), rt-pcr test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Authorization Required	Vendor
0012M	oncology (urothelial), mrna, gene expression profiling by real-time quantitative pcr of five genes (mdk, hoxa13, cdc2 [cdk1], igfbp5, and cxcr2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Authorization Required	Vendor
0012U	germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	Authorization Required	Vendor
0013M	oncology (urothelial), mrna, gene expression profiling by real-time quantitative pcr of five genes (mdk, hoxa13, cdc2 [cdk1], igfbp5, and cxcr2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Authorization Required	Vendor
0013U	oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	Authorization Required	Vendor
0014U	hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood or bone marrow, report of specific gene rearrangement(s)	Authorization Required	Vendor
0017M	oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	Authorization Required	Vendor
0018U	oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0019U	oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	Authorization Required	Vendor
0022U	targeted genomic sequence analysis panel, non-small cell lung neoplasia, dna and rna analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	Authorization Required	Vendor
0026U	oncology (thyroid), dna and mrna of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("positive, high probability of malignancy" or "negative, low probability of malignancy")	Authorization Required	Vendor
0029U	drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, cyp1a2, cyp2c19, cyp2c9, cyp2d6, cyp3a4, cyp3a5, cyp4f2, slco1b1, vkorc1 and rs12777823)	Authorization Required	Vendor
0030U	drug metabolism (warfarin drug response), targeted sequence analysis (ie, cyp2c9, cyp4f2, vkorc1, rs12777823)	Authorization Required	Vendor
0031U	cyp1a2 (cytochrome p450 family 1, subfamily a, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1f, *1k, *6, *7)	Authorization Required	Vendor
0032U	comt (catechol-o-methyltransferase)(drug metabolism) gene analysis, c.472g>a (rs4680) variant	Authorization Required	Vendor
0033U	htr2a (5-hydroxytryptamine receptor 2a), htr2c (5-hydroxytryptamine receptor 2c) (eg, citalopram metabolism) gene analysis, common variants (ie, htr2a rs7997012 [c.614-2211t>c], htr2c rs3813929 [c.-759c>t] and rs1414334 [c.551-3008c>g])	Authorization Required	Vendor
0034U	tpmt (thiopurine s-methyltransferase), nudt15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, tpmt *2, *3a, *3b, *3c, *4, *5, *6, *8, *12; nudt15 *3, *4, *5)	Authorization Required	Vendor
0036U	exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Authorization Required	Vendor
0037U	targeted genomic sequence analysis, solid organ neoplasm, dna analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0045U	oncology (breast ductal carcinoma in situ), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	Authorization Required	Vendor
0047U	oncology (prostate), mrna, gene expression profiling by real-time rt-pcr of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	Authorization Required	Vendor
0048U	oncology (solid organ neoplasia), dna, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	Authorization Required	Vendor
0050U	targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Authorization Required	Vendor
0053U	oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Authorization Required	Vendor
0055U	cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Authorization Required	Vendor
0056U	hematology (acute myelogenous leukemia), dna, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	Authorization Required	Vendor
0060U	twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood	Authorization Required	Vendor
0067U	oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [mmp-1], carcinoembryonic antigen-related cell adhesion molecule 6 [ceacam6], hyaluronoglucosaminidase [hyal1], highly expressed in cancer protein [hec1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	Authorization Required	Vendor
0069U	oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0070U	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4n, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14a, *14b, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xn)	Authorization Required	Vendor
0071U	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0072U	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d6-2d7 hybrid gene) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0073U	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d7-2d6 hybrid gene) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0074U	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0075U	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0076U	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0078U	pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, abcb1, comt, dat1, dbh, dor, drd1, drd2, drd4, gaba, gal, htr2a, httlpr, mthfr, muor, oprk1, oprm1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	Authorization Required	Vendor
0079U	comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification	Authorization Required	Vendor
0084U	red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0087U	cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Authorization Required	Vendor
0088U	transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Authorization Required	Vendor
0089U	oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)	Authorization Required	Vendor
0090U	oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (ffpe) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Authorization Required	Vendor
0094U	genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Authorization Required	Vendor
0101U	hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and array cgh, with mrna analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], epcam and grem1 [deletion/duplication only])	Authorization Required	Vendor
0102U	hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and array cgh, with mrna analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	Authorization Required	Vendor
0103U	hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and array cgh, with mrna analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], epcam [deletion/duplication only])	Authorization Required	Vendor
0111U	oncology (colon cancer), targeted kras (codons 12, 13, and 61) and nras (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0113U	oncology (prostate), measurement of pca3 and tmprss2-erg in urine and psa in serum following prostatic massage, by rna amplification and fluorescence-based detection, algorithm reported as risk score	Authorization Required	Vendor
0114U	gastroenterology (barrett's esophagus), vim and ccna1 methylation analysis, esophageal cells, algorithm reported as likelihood for barrett's esophagus	Authorization Required	Vendor
0118U	transplantation medicine, quantification of donor-derived cell-free dna using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free dna in the total cell-free dna	Authorization Required	Vendor
0120U	oncology (b-cell lymphoma classification), mrna, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal b-cell lymphoma (pmbcl) and diffuse large b-cell lymphoma (dlbcl) with cell of origin subtyping in the latter	Authorization Required	Vendor
0129U	hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (atm, brca1, brca2, cdh1, chek2, palb2, pten, and tp53)	Authorization Required	Vendor
0130U	hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), targeted mrna sequence analysis panel (apc, cdh1, chek2, mlh1, msh2, msh6, mutyh, pms2, pten, and tp53) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0131U	hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mrna sequence analysis panel (13 genes) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0132U	hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mrna sequence analysis panel (17 genes) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0133U	hereditary prostate cancer-related disorders, targeted mrna sequence analysis panel (11 genes) (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0134U	hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mrna sequence analysis panel (18 genes) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0135U	hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mrna sequence analysis panel (12 genes) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0136U	atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0137U	palb2 (partner and localizer of brca2) (eg, breast and pancreatic cancer) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0138U	brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0153U	oncology (breast), mrna, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Authorization Required	Vendor
0156U	copy number (eg, intellectual disability, dysmorphism), sequence analysis	Authorization Required	Vendor
0157U	apc (apc regulator of wnt signaling pathway) (eg, familial adenomatosis polyposis [fap]) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0158U	mlh1 (mutl homolog 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0159U	msh2 (muts homolog 2) (eg, hereditary colon cancer, lynch syndrome) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0160U	msh6 (muts homolog 6) (eg, hereditary colon cancer, lynch syndrome) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0161U	pms2 (pms1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) mrna sequence analysis (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0162U	hereditary colon cancer (lynch syndrome), targeted mrna sequence analysis panel (mlh1, msh2, msh6, pms2) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0169U	nudt15 (nudix hydrolase 15) and tpmt (thiopurine s-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Authorization Required	Vendor
0170U	neurology (autism spectrum disorder [asd]), rna, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of asd diagnosis	Authorization Required	Vendor
0171U	targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, dna analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	Authorization Required	Vendor
0172U	oncology (solid tumor as indicated by the label), somatic mutation analysis of brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) and analysis of homologous recombination deficiency pathways, dna, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Authorization Required	Vendor
0173U	psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Authorization Required	Vendor
0175U	psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Authorization Required	Vendor
0179U	oncology (non-small cell lung cancer), cell-free dna, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	Authorization Required	Vendor
0191T	insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0203U	autoimmune (inflammatory bowel disease), mrna, gene expression profiling by quantitative rt-pcr, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Authorization Required	Vendor
0204U	oncology (thyroid), mrna, gene expression analysis of 593 genes (including braf, ras, ret, pax8, and ntrk) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	Authorization Required	Vendor
0205U	ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 cfh gene, 1 arms2 gene), using pcr and maldi-tof, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Authorization Required	Vendor
0208U	oncology (medullary thyroid carcinoma), mrna, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	Authorization Required	Vendor
0209U	cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Authorization Required	Vendor
0211U	oncology (pan-tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Authorization Required	Vendor
0212U	rare diseases (constitutional/heritable disorders), whole genome and mitochondrial dna sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Authorization Required	Vendor
0213U	rare diseases (constitutional/heritable disorders), whole genome and mitochondrial dna sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0214U	rare diseases (constitutional/heritable disorders), whole exome and mitochondrial dna sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Authorization Required	Vendor
0215U	rare diseases (constitutional/heritable disorders), whole exome and mitochondrial dna sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	Authorization Required	Vendor
0216U	neurology (inherited ataxias), genomic dna sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Authorization Required	Vendor
0217U	neurology (inherited ataxias), genomic dna sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Authorization Required	Vendor
0218U	neurology (muscular dystrophy), dmd gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	Authorization Required	Vendor
0220U	oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	Authorization Required	Vendor
0228U	oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Authorization Required	Vendor
0229U	bcat1 (branched chain amino acid transaminase 1) or ikzf1 (ikaros family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>0230U</b>	ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (str) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0231U</b>	cacna1a (calcium voltage-gated channel subunit alpha 1a) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (str) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0232U</b>	cstb (cystatin b) (eg, progressive myoclonic epilepsy type 1a, unverricht-lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (str) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0233U</b>	fxn (frataxin) (eg, friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (str) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0234U</b>	mecp2 (methyl cpg binding protein 2) (eg, rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0235U</b>	pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0236U</b>	smn1 (survival of motor neuron 1, telomeric) and smn2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>0237U</b>	cardiac ion channelopathies (eg, brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ank2, casq2, cav3, kcne1, kcne2, kcnh2, kcnj2, kcnq1, ryr2, and scn5a, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0238U</b>	oncology (lynch syndrome), genomic dna sequence analysis of mlh1, msh2, msh6, pms2, and epcam, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Authorization Required	Vendor
<b>0239U</b>	targeted genomic sequence analysis panel, solid organ neoplasm, cell-free dna, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Authorization Required	Vendor
<b>0242U</b>	targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	Authorization Required	Vendor
<b>0244U</b>	oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	Authorization Required	Vendor
<b>0245U</b>	oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Authorization Required	Vendor
<b>0246U</b>	red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	Authorization Required	Vendor
<b>0253T</b>	insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	Authorization Required	Vendor
<b>0332T</b>	myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic spect	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0376T	insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0439T	myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0449T	insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Authorization Required	Vendor
0450T	insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (list separately in addition to code for primary procedure)	Authorization Required	Vendor
0474T	insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Authorization Required	Vendor
0501T	noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated ffr model, with anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Authorization Required	Vendor
0502T	noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Authorization Required	Vendor
0503T	noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated ffr model	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0504T	noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Authorization Required	Vendor
0609T	magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Authorization Required	Vendor
0610T	magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Authorization Required	Vendor
0611T	magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Authorization Required	Vendor
0612T	magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Authorization Required	Vendor
0633T	computed tomography, breast, including 3d rendering, when performed, unilateral; without contrast material	Authorization Required	Vendor
0634T	computed tomography, breast, including 3d rendering, when performed, unilateral; with contrast material(s)	Authorization Required	Vendor
0635T	computed tomography, breast, including 3d rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Authorization Required	Vendor
0636T	computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast material(s)	Authorization Required	Vendor
0637T	computed tomography, breast, including 3d rendering, when performed, bilateral; with contrast material(s)	Authorization Required	Vendor
0638T	computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Authorization Required	Vendor
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Authorization Required	Vendor
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Authorization Required	Vendor
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Authorization Required	Vendor
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Authorization Required	Vendor
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Authorization Required	Vendor
15820	blepharoplasty, lower eyelid;	Authorization Required	Vendor
15821	blepharoplasty, lower eyelid; with extensive herniated fat pad	Authorization Required	Vendor
15822	blepharoplasty, upper eyelid;	Authorization Required	Vendor
15823	blepharoplasty, upper eyelid; with excessive skin weighting down lid	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
22510	percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Authorization Required	Vendor
22511	percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Authorization Required	Vendor
22512	percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22513	percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Authorization Required	Vendor
22514	percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Authorization Required	Vendor
22515	percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22532	arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Authorization Required	Vendor
22533	arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Authorization Required	Vendor
22534	arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22548	arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2 (atlas-axis), with or without excision of odontoid process	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
22551	arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2	Authorization Required	Vendor
22552	arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for separate procedure)	Authorization Required	Vendor
22554	arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2	Authorization Required	Vendor
22556	arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Authorization Required	Vendor
22558	arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Authorization Required	Vendor
22585	arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22586	arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, l5-s1 interspace	Authorization Required	Vendor
22590	arthrodesis, posterior technique, craniocervical (occiput-c2)	Authorization Required	Vendor
22595	arthrodesis, posterior technique, atlas-axis (c1-c2)	Authorization Required	Vendor
22600	arthrodesis, posterior or posterolateral technique, single interspace; cervical below c2 segment	Authorization Required	Vendor
22610	arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	Authorization Required	Vendor
22612	arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Authorization Required	Vendor
22614	arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
22630	arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Authorization Required	Vendor
22632	arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22633	arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	Authorization Required	Vendor
22634	arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22800	arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Authorization Required	Vendor
22802	arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Authorization Required	Vendor
22804	arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Authorization Required	Vendor
22808	arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Authorization Required	Vendor
22810	arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Authorization Required	Vendor
22812	arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Authorization Required	Vendor
22818	kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Authorization Required	Vendor
22819	kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Authorization Required	Vendor
22830	exploration of spinal fusion	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
22840	posterior non-segmental instrumentation (eg, harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at c1, facet screw fixation) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22842	posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22843	posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22844	posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22845	anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22846	anterior instrumentation; 4 to 7 vertebral segments (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22847	anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22848	pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22849	reinsertion of spinal fixation device	Authorization Required	Vendor
22850	removal of posterior nonsegmental instrumentation (eg, harrington rod)	Authorization Required	Vendor
22852	removal of posterior segmental instrumentation	Authorization Required	Vendor
22853	insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
22854	insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22855	removal of anterior instrumentation	Authorization Required	Vendor
22856	total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Authorization Required	Vendor
22857	total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Authorization Required	Vendor
22858	total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22859	insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22861	revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Authorization Required	Vendor
22862	revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Authorization Required	Vendor
22864	removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Authorization Required	Vendor
22865	removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Authorization Required	Vendor
22867	insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
22868	insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22869	insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Authorization Required	Vendor
22870	insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Authorization Required	Vendor
22899	unlisted procedure, spine	Authorization Required	Vendor
27605	tenotomy, percutaneous, achilles tendon (separate procedure); local anesthesia	Authorization Required	Vendor
27606	tenotomy, percutaneous, achilles tendon (separate procedure); general anesthesia	Authorization Required	Vendor
27615	radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Authorization Required	Vendor
27616	radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Authorization Required	Vendor
27620	arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	Authorization Required	Vendor
27625	arthrotomy, with synovectomy, ankle;	Authorization Required	Vendor
27626	arthrotomy, with synovectomy, ankle; including tenosynovectomy	Authorization Required	Vendor
27647	radical resection of tumor; talus or calcaneus	Authorization Required	Vendor
27650	repair, primary, open or percutaneous, ruptured achilles tendon;	Authorization Required	Vendor
27652	repair, primary, open or percutaneous, ruptured achilles tendon; with graft (includes obtaining graft)	Authorization Required	Vendor
27654	repair, secondary, achilles tendon, with or without graft	Authorization Required	Vendor
27680	tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	Authorization Required	Vendor
27681	tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
27685	lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	Authorization Required	Vendor
27686	lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	Authorization Required	Vendor
27695	repair, primary, disrupted ligament, ankle; collateral	Authorization Required	Vendor
27696	repair, primary, disrupted ligament, ankle; both collateral ligaments	Authorization Required	Vendor
27698	repair, secondary, disrupted ligament, ankle, collateral (eg, watson-jones procedure)	Authorization Required	Vendor
27700	arthroplasty, ankle;	Authorization Required	Vendor
27702	arthroplasty, ankle; with implant (total ankle)	Authorization Required	Vendor
27703	arthroplasty, ankle; revision, total ankle	Authorization Required	Vendor
27704	removal of ankle implant	Authorization Required	Vendor
27705	osteotomy; tibia	Authorization Required	Vendor
27707	osteotomy; fibula	Authorization Required	Vendor
27709	osteotomy; tibia and fibula	Authorization Required	Vendor
27870	arthrodesis, ankle, open	Authorization Required	Vendor
27871	arthrodesis, tibiofibular joint, proximal or distal	Authorization Required	Vendor
28008	fasciotomy, foot and/or toe	Authorization Required	Vendor
28010	tenotomy, percutaneous, toe; single tendon	Authorization Required	Vendor
28011	tenotomy, percutaneous, toe; multiple tendons	Authorization Required	Vendor
28020	arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	Authorization Required	Vendor
28022	arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	Authorization Required	Vendor
28024	arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
28035	release, tarsal tunnel (posterior tibial nerve decompression)	Authorization Required	Vendor
28046	radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Authorization Required	Vendor
28055	neurectomy, intrinsic musculature of foot	Authorization Required	Vendor
28100	excision or curettage of bone cyst or benign tumor, talus or calcaneus;	Authorization Required	Vendor
28102	excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	Authorization Required	Vendor
28103	excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	Authorization Required	Vendor
28104	excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	Authorization Required	Vendor
28106	excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	Authorization Required	Vendor
28107	excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	Authorization Required	Vendor
28108	excision or curettage of bone cyst or benign tumor, phalanges of foot	Authorization Required	Vendor
28110	ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Authorization Required	Vendor
28111	ostectomy, complete excision; first metatarsal head	Authorization Required	Vendor
28112	ostectomy, complete excision; other metatarsal head (second, third or fourth)	Authorization Required	Vendor
28113	ostectomy, complete excision; fifth metatarsal head	Authorization Required	Vendor
28114	ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, clayton type procedure)	Authorization Required	Vendor
28116	ostectomy, excision of tarsal coalition	Authorization Required	Vendor
28118	ostectomy, calcaneus;	Authorization Required	Vendor
28119	ostectomy, calcaneus; for spur, with or without plantar fascial release	Authorization Required	Vendor
28120	partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
28122	partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	Authorization Required	Vendor
28124	partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	Authorization Required	Vendor
28126	resection, partial or complete, phalangeal base, each toe	Authorization Required	Vendor
28130	talectomy (astragalectomy)	Authorization Required	Vendor
28140	metatarsectomy	Authorization Required	Vendor
28150	phalangectomy, toe, each toe	Authorization Required	Vendor
28153	resection, condyle(s), distal end of phalanx, each toe	Authorization Required	Vendor
28160	hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	Authorization Required	Vendor
28171	radical resection of tumor; tarsal (except talus or calcaneus)	Authorization Required	Vendor
28173	radical resection of tumor; metatarsal	Authorization Required	Vendor
28175	radical resection of tumor; phalanx of toe	Authorization Required	Vendor
28220	tenolysis, flexor, foot; single tendon	Authorization Required	Vendor
28222	tenolysis, flexor, foot; multiple tendons	Authorization Required	Vendor
28285	correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Authorization Required	Vendor
28289	hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Authorization Required	Vendor
28291	hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Authorization Required	Vendor
28292	correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Authorization Required	Vendor
28295	correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
28296	correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Authorization Required	Vendor
28297	correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Authorization Required	Vendor
28298	correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Authorization Required	Vendor
28299	correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	Authorization Required	Vendor
28300	osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation	Authorization Required	Vendor
28302	osteotomy; talus	Authorization Required	Vendor
28304	osteotomy, tarsal bones, other than calcaneus or talus;	Authorization Required	Vendor
28305	osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, fowler type)	Authorization Required	Vendor
28306	osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Authorization Required	Vendor
28307	osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	Authorization Required	Vendor
28308	osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Authorization Required	Vendor
28309	osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, swanson type cavus foot procedure)	Authorization Required	Vendor
28310	osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Authorization Required	Vendor
28312	osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Authorization Required	Vendor
28705	arthrodesis; pantalar	Authorization Required	Vendor
28715	arthrodesis; triple	Authorization Required	Vendor
28725	arthrodesis; subtalar	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
28730	arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	Authorization Required	Vendor
28735	arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	Authorization Required	Vendor
28737	arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, miller type procedure)	Authorization Required	Vendor
28740	arthrodesis, midtarsal or tarsometatarsal, single joint	Authorization Required	Vendor
28750	arthrodesis, great toe; metatarsophalangeal joint	Authorization Required	Vendor
28755	arthrodesis, great toe; interphalangeal joint	Authorization Required	Vendor
28760	arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, jones type procedure)	Authorization Required	Vendor
28800	amputation, foot; midtarsal (eg, chopart type procedure)	Authorization Required	Vendor
28805	amputation, foot; transmetatarsal	Authorization Required	Vendor
28810	amputation, metatarsal, with toe, single	Authorization Required	Vendor
28820	amputation, toe; metatarsophalangeal joint	Authorization Required	Vendor
28825	amputation, toe; interphalangeal joint	Authorization Required	Vendor
29891	arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	Authorization Required	Vendor
29892	arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	Authorization Required	Vendor
29893	endoscopic plantar fasciotomy	Authorization Required	Vendor
29894	arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	Authorization Required	Vendor
29895	arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	Authorization Required	Vendor
29897	arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	Authorization Required	Vendor
29898	arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
29899	arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	Authorization Required	Vendor
29904	arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	Authorization Required	Vendor
29905	arthroscopy, subtalar joint, surgical; with synovectomy	Authorization Required	Vendor
29906	arthroscopy, subtalar joint, surgical; with debridement	Authorization Required	Vendor
29907	arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	Authorization Required	Vendor
37184	primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	Authorization Required	Vendor
37185	primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (list separately in addition to code for primary mechanical thrombectomy procedure)	Authorization Required	Vendor
37186	secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37187	percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	Authorization Required	Vendor
37188	percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	Authorization Required	Vendor
37211	transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
37212	transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	Authorization Required	Vendor
37213	transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	Authorization Required	Vendor
37214	transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	Authorization Required	Vendor
37220	revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Authorization Required	Vendor
37221	revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Authorization Required	Vendor
37222	revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37223	revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37224	revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Authorization Required	Vendor
37225	revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Authorization Required	Vendor
37226	revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
37227	revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Authorization Required	Vendor
37228	revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Authorization Required	Vendor
37229	revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Authorization Required	Vendor
37230	revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Authorization Required	Vendor
37231	revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Authorization Required	Vendor
37232	revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37233	revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37234	revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37235	revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>37236</b>	transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Authorization Required	Vendor
<b>37237</b>	transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (list separately in addition to code for primary procedure)	Authorization Required	Vendor
<b>37238</b>	transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Authorization Required	Vendor
<b>37239</b>	transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code for primary procedure)	Authorization Required	Vendor
<b>37241</b>	vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Authorization Required	Vendor
<b>37242</b>	vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Authorization Required	Vendor
<b>37243</b>	vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
37244	vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Authorization Required	Vendor
37248	transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	Authorization Required	Vendor
37249	transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37252	intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (list separately in addition to code for primary procedure)	Authorization Required	Vendor
37253	intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to code for primary procedure)	Authorization Required	Vendor
62320	injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Authorization Required	Vendor
62321	injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	Authorization Required	Vendor
62322	injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
62323	injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct)	Authorization Required	Vendor
62324	injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Authorization Required	Vendor
62325	injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	Authorization Required	Vendor
62326	injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Authorization Required	Vendor
62327	injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct)	Authorization Required	Vendor
62350	implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Authorization Required	Vendor
62351	implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	Authorization Required	Vendor
62360	implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
62361	implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Authorization Required	Vendor
62362	implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Authorization Required	Vendor
62380	endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Authorization Required	Vendor
63001	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	Authorization Required	Vendor
63003	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	Authorization Required	Vendor
63005	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Authorization Required	Vendor
63011	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	Authorization Required	Vendor
63012	laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (gill type procedure)	Authorization Required	Vendor
63015	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	Authorization Required	Vendor
63016	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Authorization Required	Vendor
63017	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
63020	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Authorization Required	Vendor
63030	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Authorization Required	Vendor
63035	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63040	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Authorization Required	Vendor
63042	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Authorization Required	Vendor
63043	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63044	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63045	laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Authorization Required	Vendor
63046	laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
63047	laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Authorization Required	Vendor
63048	laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63050	laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Authorization Required	Vendor
63051	laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	Authorization Required	Vendor
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Authorization Required	Vendor
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Authorization Required	Vendor
63055	transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Authorization Required	Vendor
63056	transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	Authorization Required	Vendor
63057	transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
63064	costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Authorization Required	Vendor
63066	costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63075	discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace	Authorization Required	Vendor
63076	discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63077	discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, single interspace	Authorization Required	Vendor
63078	discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, each additional interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63081	vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Authorization Required	Vendor
63082	vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63085	vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Authorization Required	Vendor
63086	vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63087	vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
63088	vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63090	vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Authorization Required	Vendor
63091	vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63101	vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	Authorization Required	Vendor
63102	vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	Authorization Required	Vendor
63103	vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63170	laminectomy with myelotomy (eg, bischof or drez type), cervical, thoracic, or thoracolumbar	Authorization Required	Vendor
63172	laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	Authorization Required	Vendor
63173	laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	Authorization Required	Vendor
63185	laminectomy with rhizotomy; 1 or 2 segments	Authorization Required	Vendor
63190	laminectomy with rhizotomy; more than 2 segments	Authorization Required	Vendor
63191	laminectomy with section of spinal accessory nerve	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
63194	laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	Authorization Required	Vendor
63195	laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	Authorization Required	Vendor
63196	laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	Authorization Required	Vendor
63197	laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	Authorization Required	Vendor
63198	laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	Authorization Required	Vendor
63199	laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	Authorization Required	Vendor
63200	laminectomy, with release of tethered spinal cord, lumbar	Authorization Required	Vendor
63250	laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Authorization Required	Vendor
63251	laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	Authorization Required	Vendor
63252	laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Authorization Required	Vendor
63265	laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Authorization Required	Vendor
63266	laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Authorization Required	Vendor
63267	laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Authorization Required	Vendor
63268	laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	Authorization Required	Vendor
63270	laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Authorization Required	Vendor
63271	laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	Authorization Required	Vendor
63272	laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Authorization Required	Vendor
63273	laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	Authorization Required	Vendor
63275	laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Authorization Required	Vendor
63276	laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
63277	laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Authorization Required	Vendor
63278	laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	Authorization Required	Vendor
63280	laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Authorization Required	Vendor
63281	laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	Authorization Required	Vendor
63282	laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Authorization Required	Vendor
63283	laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	Authorization Required	Vendor
63285	laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Authorization Required	Vendor
63286	laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	Authorization Required	Vendor
63287	laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Authorization Required	Vendor
63290	laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Authorization Required	Vendor
63295	osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list separately in addition to code for primary procedure)	Authorization Required	Vendor
63300	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Authorization Required	Vendor
63301	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Authorization Required	Vendor
63302	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Authorization Required	Vendor
63303	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Authorization Required	Vendor
63304	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
63305	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Authorization Required	Vendor
63306	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Authorization Required	Vendor
63307	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Authorization Required	Vendor
63308	vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (list separately in addition to codes for single segment)	Authorization Required	Vendor
63650	percutaneous implantation of neurostimulator electrode array, epidural	Authorization Required	Vendor
63655	laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Authorization Required	Vendor
63661	removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Authorization Required	Vendor
63662	removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Authorization Required	Vendor
63663	revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Authorization Required	Vendor
63664	revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Authorization Required	Vendor
63685	insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Authorization Required	Vendor
63688	revision or removal of implanted spinal neurostimulator pulse generator or receiver	Authorization Required	Vendor
64479	injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), cervical or thoracic, single level	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
64480	injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), cervical or thoracic, each additional level (list separately in addition to code for primary procedure)	Authorization Required	Vendor
64483	injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), lumbar or sacral, single level	Authorization Required	Vendor
64484	injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), lumbar or sacral, each additional level (list separately in addition to code for primary procedure)	Authorization Required	Vendor
64490	injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; single level	Authorization Required	Vendor
64491	injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; second level (list separately in addition to code for primary procedure)	Authorization Required	Vendor
64492	injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
64493	injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; single level	Authorization Required	Vendor
64494	injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; second level (list separately in addition to code for primary procedure)	Authorization Required	Vendor
64495	injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Authorization Required	Vendor
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Authorization Required	Vendor
65420	excision or transposition of pterygium; without graft	Authorization Required	Vendor
65426	excision or transposition of pterygium; with graft	Authorization Required	Vendor
65820	goniotomy	Authorization Required	Vendor
65855	trabeculoplasty by laser surgery	Authorization Required	Vendor
66150	fistulization of sclera for glaucoma; trephination with iridectomy	Authorization Required	Vendor
66155	fistulization of sclera for glaucoma; thermocauterization with iridectomy	Authorization Required	Vendor
66160	fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	Authorization Required	Vendor
66170	fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	Authorization Required	Vendor
66172	fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	Authorization Required	Vendor
66174	transluminal dilation of aqueous outflow canal; without retention of device or stent	Authorization Required	Vendor
66175	transluminal dilation of aqueous outflow canal; with retention of device or stent	Authorization Required	Vendor
66179	aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	Authorization Required	Vendor
66180	aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	Authorization Required	Vendor
66183	insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Authorization Required	Vendor
66184	revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	Authorization Required	Vendor
66185	revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	Authorization Required	Vendor
66761	iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
66821	discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, yag laser) (1 or more stages)	Authorization Required	Vendor
66840	removal of lens material; aspiration technique, 1 or more stages	Authorization Required	Vendor
66850	removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	Authorization Required	Vendor
66852	removal of lens material; pars plana approach, with or without vitrectomy	Authorization Required	Vendor
66920	removal of lens material; intracapsular	Authorization Required	Vendor
66930	removal of lens material; intracapsular, for dislocated lens	Authorization Required	Vendor
66940	removal of lens material; extracapsular (other than 66840, 66850, 66852)	Authorization Required	Vendor
66982	extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Authorization Required	Vendor
66983	intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	Authorization Required	Vendor
66984	extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Authorization Required	Vendor
66985	insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	Authorization Required	Vendor
66986	exchange of intraocular lens	Authorization Required	Vendor
66999	unlisted procedure, anterior segment of eye	Authorization Required	Vendor
67208	destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
67210	destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	Authorization Required	Vendor
67218	destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Authorization Required	Vendor
67220	destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	Authorization Required	Vendor
67221	destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	Authorization Required	Vendor
67225	destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (list separately in addition to code for primary eye treatment)	Authorization Required	Vendor
67228	treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	Authorization Required	Vendor
67900	repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Authorization Required	Vendor
67901	repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Authorization Required	Vendor
67902	repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Authorization Required	Vendor
67903	repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Authorization Required	Vendor
67904	repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Authorization Required	Vendor
67906	repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Authorization Required	Vendor
67908	repair of blepharoptosis; conjunctivo-tarso-muller's muscle-levator resection (eg, fasanella-servat type)	Authorization Required	Vendor
67914	repair of ectropion; suture	Authorization Required	Vendor
67917	repair of ectropion; extensive (eg, tarsal strip operations)	Authorization Required	Vendor
67921	repair of entropion; suture	Authorization Required	Vendor
67924	repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Authorization Required	Vendor
68761	closure of the lacrimal punctum; by plug, each	Authorization Required	Vendor
70336	magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
70450	computed tomography, head or brain; without contrast material	Authorization Required	Vendor
70460	computed tomography, head or brain; with contrast material(s)	Authorization Required	Vendor
70470	computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
70480	computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Authorization Required	Vendor
70481	computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Authorization Required	Vendor
70482	computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
70486	computed tomography, maxillofacial area; without contrast material	Authorization Required	Vendor
70487	computed tomography, maxillofacial area; with contrast material(s)	Authorization Required	Vendor
70488	computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
70490	computed tomography, soft tissue neck; without contrast material	Authorization Required	Vendor
70491	computed tomography, soft tissue neck; with contrast material(s)	Authorization Required	Vendor
70492	computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Authorization Required	Vendor
70496	computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
70498	computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
70540	magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Authorization Required	Vendor
70542	magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Authorization Required	Vendor
70543	magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
70544	magnetic resonance angiography, head; without contrast material(s)	Authorization Required	Vendor
70545	magnetic resonance angiography, head; with contrast material(s)	Authorization Required	Vendor
70546	magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
70547	magnetic resonance angiography, neck; without contrast material(s)	Authorization Required	Vendor
70548	magnetic resonance angiography, neck; with contrast material(s)	Authorization Required	Vendor
70549	magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
70551	magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Authorization Required	Vendor
70552	magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Authorization Required	Vendor
70553	magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Authorization Required	Vendor
70554	magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Authorization Required	Vendor
70555	magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofunctional testing	Authorization Required	Vendor
71250	computed tomography, thorax, diagnostic; without contrast material	Authorization Required	Vendor
71260	computed tomography, thorax, diagnostic; with contrast material(s)	Authorization Required	Vendor
71270	computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
71271	computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Authorization Required	Vendor
71275	computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
71550	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
71551	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Authorization Required	Vendor
71552	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
71555	magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Authorization Required	Vendor
72125	computed tomography, cervical spine; without contrast material	Authorization Required	Vendor
72126	computed tomography, cervical spine; with contrast material	Authorization Required	Vendor
72127	computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
72128	computed tomography, thoracic spine; without contrast material	Authorization Required	Vendor
72129	computed tomography, thoracic spine; with contrast material	Authorization Required	Vendor
72130	computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
72131	computed tomography, lumbar spine; without contrast material	Authorization Required	Vendor
72132	computed tomography, lumbar spine; with contrast material	Authorization Required	Vendor
72133	computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
72141	magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Authorization Required	Vendor
72142	magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Authorization Required	Vendor
72146	magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Authorization Required	Vendor
72147	magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Authorization Required	Vendor
72148	magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Authorization Required	Vendor
72149	magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
72156	magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Authorization Required	Vendor
72157	magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Authorization Required	Vendor
72158	magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Authorization Required	Vendor
72159	magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Authorization Required	Vendor
72191	computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
72192	computed tomography, pelvis; without contrast material	Authorization Required	Vendor
72193	computed tomography, pelvis; with contrast material(s)	Authorization Required	Vendor
72194	computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
72195	magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Authorization Required	Vendor
72196	magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Authorization Required	Vendor
72197	magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
72198	magnetic resonance angiography, pelvis, with or without contrast material(s)	Authorization Required	Vendor
73200	computed tomography, upper extremity; without contrast material	Authorization Required	Vendor
73201	computed tomography, upper extremity; with contrast material(s)	Authorization Required	Vendor
73202	computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
73206	computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
73218	magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
73219	magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Authorization Required	Vendor
73220	magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
73221	magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Authorization Required	Vendor
73222	magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Authorization Required	Vendor
73223	magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
73225	magnetic resonance angiography, upper extremity, with or without contrast material(s)	Authorization Required	Vendor
73700	computed tomography, lower extremity; without contrast material	Authorization Required	Vendor
73701	computed tomography, lower extremity; with contrast material(s)	Authorization Required	Vendor
73702	computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
73706	computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
73718	magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Authorization Required	Vendor
73719	magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Authorization Required	Vendor
73720	magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
73721	magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Authorization Required	Vendor
73722	magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Authorization Required	Vendor
73723	magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Authorization Required	Vendor
73725	magnetic resonance angiography, lower extremity, with or without contrast material(s)	Authorization Required	Vendor
74150	computed tomography, abdomen; without contrast material	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
74160	computed tomography, abdomen; with contrast material(s)	Authorization Required	Vendor
74170	computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Authorization Required	Vendor
74174	computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
74175	computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
74176	computed tomography, abdomen and pelvis; without contrast material	Authorization Required	Vendor
74177	computed tomography, abdomen and pelvis; with contrast material(s)	Authorization Required	Vendor
74178	computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Authorization Required	Vendor
74181	magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Authorization Required	Vendor
74182	magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Authorization Required	Vendor
74183	magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Authorization Required	Vendor
74185	magnetic resonance angiography, abdomen, with or without contrast material(s)	Authorization Required	Vendor
74261	computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	Authorization Required	Vendor
74262	computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Authorization Required	Vendor
74263	computed tomographic (ct) colonography, screening, including image postprocessing	Authorization Required	Vendor
74712	magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Authorization Required	Vendor
74713	magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
75557	cardiac magnetic resonance imaging for morphology and function without contrast material;	Authorization Required	Vendor
75559	cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Authorization Required	Vendor
75561	cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Authorization Required	Vendor
75563	cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Authorization Required	Vendor
75571	computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Authorization Required	Vendor
75572	computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Authorization Required	Vendor
75573	computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of left ventricular [lv] cardiac function, right ventricular [rv] structure and function and evaluation of vascular structures, if performed)	Authorization Required	Vendor
75574	computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Authorization Required	Vendor
75635	computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Authorization Required	Vendor
76376	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
76377	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	Authorization Required	Vendor
76380	computed tomography, limited or localized follow-up study	Authorization Required	Vendor
76390	magnetic resonance spectroscopy	Authorization Required	Vendor
76391	magnetic resonance (eg, vibration) elastography	Authorization Required	Vendor
76975	gastrointestinal endoscopic ultrasound, supervision and interpretation	Authorization Required	Vendor
76978	ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Authorization Required	Vendor
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)	Authorization Required	Vendor
77021	magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Authorization Required	Vendor
77046	magnetic resonance imaging, breast, without contrast material; unilateral	Authorization Required	Vendor
77047	magnetic resonance imaging, breast, without contrast material; bilateral	Authorization Required	Vendor
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	Authorization Required	Vendor
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	Authorization Required	Vendor
77078	computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Authorization Required	Vendor
77084	magnetic resonance (eg, proton) imaging, bone marrow blood supply	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
77371	radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based	Authorization Required	Vendor
77372	radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Authorization Required	Vendor
77373	stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Authorization Required	Vendor
77385	intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; simple	Authorization Required	Vendor
77386	intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; complex	Authorization Required	Vendor
77387	guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Authorization Required	Vendor
77401	radiation treatment delivery, superficial and/or ortho voltage, per day	Authorization Required	Vendor
77402	radiation treatment delivery, => 1 mev; simple	Authorization Required	Vendor
77407	radiation treatment delivery, => 1 mev; intermediate	Authorization Required	Vendor
77412	radiation treatment delivery, => 1 mev; complex	Authorization Required	Vendor
77423	high energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Authorization Required	Vendor
77424	intraoperative radiation treatment delivery, x-ray, single treatment session	Authorization Required	Vendor
77425	intraoperative radiation treatment delivery, electrons, single treatment session	Authorization Required	Vendor
77520	proton treatment delivery; simple, without compensation	Authorization Required	Vendor
77522	proton treatment delivery; simple, with compensation	Authorization Required	Vendor
77523	proton treatment delivery; intermediate	Authorization Required	Vendor
77525	proton treatment delivery; complex	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
77600	hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Authorization Required	Vendor
77605	hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Authorization Required	Vendor
77610	hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Authorization Required	Vendor
77615	hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Authorization Required	Vendor
77620	hyperthermia generated by intracavitary probe(s)	Authorization Required	Vendor
77750	infusion or instillation of radioelement solution (includes 3-month follow-up care)	Authorization Required	Vendor
77761	intracavitary radiation source application; simple	Authorization Required	Vendor
77762	intracavitary radiation source application; intermediate	Authorization Required	Vendor
77763	intracavitary radiation source application; complex	Authorization Required	Vendor
77767	remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Authorization Required	Vendor
77768	remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Authorization Required	Vendor
77770	remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Authorization Required	Vendor
77771	remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Authorization Required	Vendor
77772	remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Authorization Required	Vendor
77778	interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	Authorization Required	Vendor
78012	thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Authorization Required	Vendor
78013	thyroid imaging (including vascular flow, when performed);	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78014	thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Authorization Required	Vendor
78015	thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	Authorization Required	Vendor
78016	thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	Authorization Required	Vendor
78018	thyroid carcinoma metastases imaging; whole body	Authorization Required	Vendor
78020	thyroid carcinoma metastases uptake (list separately in addition to code for primary procedure)	Authorization Required	Vendor
78070	parathyroid planar imaging (including subtraction, when performed);	Authorization Required	Vendor
78071	parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Authorization Required	Vendor
78072	parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Authorization Required	Vendor
78075	adrenal imaging, cortex and/or medulla	Authorization Required	Vendor
78102	bone marrow imaging; limited area	Authorization Required	Vendor
78103	bone marrow imaging; multiple areas	Authorization Required	Vendor
78104	bone marrow imaging; whole body	Authorization Required	Vendor
78185	spleen imaging only, with or without vascular flow	Authorization Required	Vendor
78195	lymphatics and lymph nodes imaging	Authorization Required	Vendor
78201	liver imaging; static only	Authorization Required	Vendor
78202	liver imaging; with vascular flow	Authorization Required	Vendor
78215	liver and spleen imaging; static only	Authorization Required	Vendor
78216	liver and spleen imaging; with vascular flow	Authorization Required	Vendor
78226	hepatobiliary system imaging, including gallbladder when present;	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78227	hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	Authorization Required	Vendor
78230	salivary gland imaging;	Authorization Required	Vendor
78231	salivary gland imaging; with serial images	Authorization Required	Vendor
78232	salivary gland function study	Authorization Required	Vendor
78258	esophageal motility	Authorization Required	Vendor
78261	gastric mucosa imaging	Authorization Required	Vendor
78262	gastroesophageal reflux study	Authorization Required	Vendor
78264	gastric emptying imaging study (eg, solid, liquid, or both);	Authorization Required	Vendor
78265	gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Authorization Required	Vendor
78266	gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Authorization Required	Vendor
78278	acute gastrointestinal blood loss imaging	Authorization Required	Vendor
78282	gastrointestinal protein loss	Authorization Required	Vendor
78290	intestine imaging (eg, ectopic gastric mucosa, meckel's localization, volvulus)	Authorization Required	Vendor
78291	peritoneal-venous shunt patency test (eg, for leveen, denver shunt)	Authorization Required	Vendor
78300	bone and/or joint imaging; limited area	Authorization Required	Vendor
78305	bone and/or joint imaging; multiple areas	Authorization Required	Vendor
78306	bone and/or joint imaging; whole body	Authorization Required	Vendor
78315	bone and/or joint imaging; 3 phase study	Authorization Required	Vendor
78414	determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78428	cardiac shunt detection	Authorization Required	Vendor
78429	myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Authorization Required	Vendor
78430	myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Authorization Required	Vendor
78431	myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Authorization Required	Vendor
78432	myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Authorization Required	Vendor
78433	myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Authorization Required	Vendor
78434	absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure)	Authorization Required	Vendor
78445	non-cardiac vascular flow imaging (ie, angiography, venography)	Authorization Required	Vendor
78451	myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78452	myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Authorization Required	Vendor
78453	myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Authorization Required	Vendor
78454	myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Authorization Required	Vendor
78456	acute venous thrombosis imaging, peptide	Authorization Required	Vendor
78457	venous thrombosis imaging, venogram; unilateral	Authorization Required	Vendor
78458	venous thrombosis imaging, venogram; bilateral	Authorization Required	Vendor
78459	myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Authorization Required	Vendor
78466	myocardial imaging, infarct avid, planar; qualitative or quantitative	Authorization Required	Vendor
78468	myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Authorization Required	Vendor
78469	myocardial imaging, infarct avid, planar; tomographic spect with or without quantification	Authorization Required	Vendor
78472	cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Authorization Required	Vendor
78473	cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78481	cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Authorization Required	Vendor
78483	cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Authorization Required	Vendor
78491	myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Authorization Required	Vendor
78492	myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Authorization Required	Vendor
78494	cardiac blood pool imaging, gated equilibrium, spect, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Authorization Required	Vendor
78496	cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (list separately in addition to code for primary procedure)	Authorization Required	Vendor
78579	pulmonary ventilation imaging (eg, aerosol or gas)	Authorization Required	Vendor
78580	pulmonary perfusion imaging (eg, particulate)	Authorization Required	Vendor
78582	pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	Authorization Required	Vendor
78597	quantitative differential pulmonary perfusion, including imaging when performed	Authorization Required	Vendor
78598	quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	Authorization Required	Vendor
78600	brain imaging, less than 4 static views;	Authorization Required	Vendor
78601	brain imaging, less than 4 static views; with vascular flow	Authorization Required	Vendor
78605	brain imaging, minimum 4 static views;	Authorization Required	Vendor
78606	brain imaging, minimum 4 static views; with vascular flow	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78608	brain imaging, positron emission tomography (pet); metabolic evaluation	Authorization Required	Vendor
78609	brain imaging, positron emission tomography (pet); perfusion evaluation	Authorization Required	Vendor
78610	brain imaging, vascular flow only	Authorization Required	Vendor
78630	cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	Authorization Required	Vendor
78635	cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	Authorization Required	Vendor
78645	cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	Authorization Required	Vendor
78650	cerebrospinal fluid leakage detection and localization	Authorization Required	Vendor
78660	radiopharmaceutical dacryocystography	Authorization Required	Vendor
78700	kidney imaging morphology;	Authorization Required	Vendor
78701	kidney imaging morphology; with vascular flow	Authorization Required	Vendor
78707	kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	Authorization Required	Vendor
78708	kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	Authorization Required	Vendor
78709	kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	Authorization Required	Vendor
78725	kidney function study, non-imaging radioisotopic study	Authorization Required	Vendor
78730	urinary bladder residual study (list separately in addition to code for primary procedure)	Authorization Required	Vendor
78740	ureteral reflux study (radiopharmaceutical voiding cystogram)	Authorization Required	Vendor
78761	testicular imaging with vascular flow	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78800	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	Authorization Required	Vendor
78801	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	Authorization Required	Vendor
78802	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	Authorization Required	Vendor
78803	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), single area (eg, head, neck, chest, pelvis), single day imaging	Authorization Required	Vendor
78804	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	Authorization Required	Vendor
78811	positron emission tomography (pet) imaging; limited area (eg, chest, head/neck)	Authorization Required	Vendor
78812	positron emission tomography (pet) imaging; skull base to mid-thigh	Authorization Required	Vendor
78813	positron emission tomography (pet) imaging; whole body	Authorization Required	Vendor
78814	positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Authorization Required	Vendor
78815	positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
78816	positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; whole body	Authorization Required	Vendor
78830	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/ detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Authorization Required	Vendor
78831	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Authorization Required	Vendor
78832	radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/ detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Authorization Required	Vendor
79005	radiopharmaceutical therapy, by oral administration	Authorization Required	Vendor
79101	radiopharmaceutical therapy, by intravenous administration	Authorization Required	Vendor
79403	radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Authorization Required	Vendor
81162	brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Authorization Required	Vendor
81163	brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
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)	Authorization Required	Vendor
81165	brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Authorization Required	Vendor
81166	brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Authorization Required	Vendor
81167	brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Authorization Required	Vendor
81173	ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	Authorization Required	Vendor
81174	ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	Authorization Required	Vendor
81185	cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Authorization Required	Vendor
81186	cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Authorization Required	Vendor
81189	cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	Authorization Required	Vendor
81190	cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	Authorization Required	Vendor
81201	apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence	Authorization Required	Vendor
81202	apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; known familial variants	Authorization Required	Vendor
81203	apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; duplication/deletion variants	Authorization Required	Vendor
81212	brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81215	brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Authorization Required	Vendor
81216	brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Authorization Required	Vendor
81217	brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Authorization Required	Vendor
81221	cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Authorization Required	Vendor
81222	cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Authorization Required	Vendor
81223	cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Authorization Required	Vendor
81225	cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Authorization Required	Vendor
81226	cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1xn, *2xn, *4xn)	Authorization Required	Vendor
81227	cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Authorization Required	Vendor
81228	cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [cgh] microarray analysis	Authorization Required	Vendor
81229	cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants, comparative genomic hybridization (cgh) microarray analysis	Authorization Required	Vendor
81230	cyp3a4 (cytochrome p450 family 3 subfamily a member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Authorization Required	Vendor
81231	cyp3a5 (cytochrome p450 family 3 subfamily a member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81232	dpyd (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-fu and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2a, *4, *5, *6)	Authorization Required	Vendor
81238	f9 (coagulation factor ix) (eg, hemophilia b), full gene sequence	Authorization Required	Vendor
81248	g6pd (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Authorization Required	Vendor
81249	g6pd (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Authorization Required	Vendor
81252	gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Authorization Required	Vendor
81253	gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Authorization Required	Vendor
81257	hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; common deletions or variant (eg, southeast asian, thai, filipino, mediterranean, alpha3.7, alpha4.2, alpha20.5, constant spring)	Authorization Required	Vendor
81258	hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; known familial variant	Authorization Required	Vendor
81259	hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; full gene sequence	Authorization Required	Vendor
81269	hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; duplication/deletion variants	Authorization Required	Vendor
81277	cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Authorization Required	Vendor
81283	ifnl3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Authorization Required	Vendor
81286	fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	Authorization Required	Vendor
81289	fxn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81291	mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Authorization Required	Vendor
81292	mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Authorization Required	Vendor
81293	mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Authorization Required	Vendor
81294	mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Authorization Required	Vendor
81295	msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Authorization Required	Vendor
81296	msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Authorization Required	Vendor
81297	msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Authorization Required	Vendor
81298	msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Authorization Required	Vendor
81299	msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Authorization Required	Vendor
81300	msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Authorization Required	Vendor
81302	mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	Authorization Required	Vendor
81303	mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	Authorization Required	Vendor
81304	mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	Authorization Required	Vendor
81306	nudt15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81307	palb2 (partner and localizer of brca2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Authorization Required	Vendor
81308	palb2 (partner and localizer of brca2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Authorization Required	Vendor
81313	pca3/klk3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Authorization Required	Vendor
81317	pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Authorization Required	Vendor
81318	pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Authorization Required	Vendor
81319	pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Authorization Required	Vendor
81321	pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; full sequence analysis	Authorization Required	Vendor
81322	pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; known familial variant	Authorization Required	Vendor
81323	pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Authorization Required	Vendor
81325	pmp22 (peripheral myelin protein 22) (eg, charcot-marie-tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Authorization Required	Vendor
81326	pmp22 (peripheral myelin protein 22) (eg, charcot-marie-tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Authorization Required	Vendor
81327	sept9 (septin9) (eg, colorectal cancer) promoter methylation analysis	Authorization Required	Vendor
81328	slco1b1 (solute carrier organic anion transporter family, member 1b1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Authorization Required	Vendor
81335	tpmt (thiopurine s-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81336	smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Authorization Required	Vendor
81337	smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Authorization Required	Vendor
81346	tyms (thymidylate synthetase) (eg, 5-fluorouracil/5-fu drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Authorization Required	Vendor
81350	ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Authorization Required	Vendor
81351	tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	Authorization Required	Vendor
81353	tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; known familial variant	Authorization Required	Vendor
81355	vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639g>a, c.173+1000c>t)	Authorization Required	Vendor
81361	hbb (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, hbs, hbc, hbe)	Authorization Required	Vendor
81362	hbb (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Authorization Required	Vendor
81363	hbb (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Authorization Required	Vendor
81364	hbb (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Authorization Required	Vendor
81400	molecular pathology procedure level 1	Authorization Required	Vendor
81401	molecular pathology procedure level 2	Authorization Required	Vendor
81402	molecular pathology procedure level 3	Authorization Required	Vendor
81403	molecular pathology procedure level 4	Authorization Required	Vendor
81404	molecular pathology procedure level 5	Authorization Required	Vendor
81405	molecular pathology procedure level 6	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81406	molecular pathology procedure level 7	Authorization Required	Vendor
81407	molecular pathology procedure level 8	Authorization Required	Vendor
81408	molecular pathology procedure level 9	Authorization Required	Vendor
81410	aortic dysfunction or dilation (eg, marfan syndrome, loeys dietz syndrome, ehler danlos syndrome type iv, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including fbn1, tgfb1, tgfb2, col3a1, myh11, acta2, slc2a10, smad3, and mylk	Authorization Required	Vendor
81411	aortic dysfunction or dilation (eg, marfan syndrome, loeys dietz syndrome, ehler danlos syndrome type iv, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for tgfb1, tgfb2, myh11, and col3a1	Authorization Required	Vendor
81412	ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia, fanconi anemia group c, gaucher disease, tay-sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including aspa, blm, cftr, fancc, gba, hexa, ikbkap, mcoln1, and smpd1	Authorization Required	Vendor
81413	cardiac ion channelopathies (eg, brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ank2, casq2, cav3, kcne1, kcne2, kcnh2, kcnj2, kcnq1, ryr2, and scn5a	Authorization Required	Vendor
81414	cardiac ion channelopathies (eg, brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including kcnh2 and kcnq1	Authorization Required	Vendor
81415	exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Authorization Required	Vendor
81416	exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (list separately in addition to code for primary procedure)	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81417	exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Authorization Required	Vendor
81419	epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2	Authorization Required	Vendor
81422	fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du-chat syndrome), circulating cell-free fetal dna in maternal blood	Authorization Required	Vendor
81425	genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Authorization Required	Vendor
81426	genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (list separately in addition to code for primary procedure)	Authorization Required	Vendor
81427	genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Authorization Required	Vendor
81430	hearing loss (eg, nonsyndromic hearing loss, usher syndrome, pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including cdh23, clrn1, gjb2, gpr98, mtrnr1, myo7a, myo15a, pcdh15, otof, slc26a4, tmc1, tmprss3, ush1c, ush1g, ush2a, and wfs1	Authorization Required	Vendor
81431	hearing loss (eg, nonsyndromic hearing loss, usher syndrome, pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for strc and dfnb1 deletions in gjb2 and gjb6 genes	Authorization Required	Vendor
81432	hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including brca1, brca2, cdh1, mlh1, msh2, msh6, palb2, pten, stk11, and tp53	Authorization Required	Vendor
81433	hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for brca1, brca2, mlh1, msh2, and stk11	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81434	hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including abca4, cnga1, crb1, eys, pde6a, pde6b, prpf31, prph2, rdh12, rho, rp1, rp2, rpe65, rpgr, and ush2a	Authorization Required	Vendor
81435	hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including apc, bmpr1a, cdh1, mlh1, msh2, msh6, mutyh, pten, smad4, and stk11	Authorization Required	Vendor
81436	hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including mlh1, msh2, epcam, smad4, and stk11	Authorization Required	Vendor
81437	hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including max, sdhb, sdhc, sdhd, tmem127, and vhl	Authorization Required	Vendor
81438	hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for sdhb, sdhc, sdhd, and vhl	Authorization Required	Vendor
81439	hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, dsg2, mybpc3, myh7, pkp2, ttn)	Authorization Required	Vendor
81440	nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including bcs1l, c10orf2, coq2, cox10, dguok, mpv17, opa1, pdss2, polg, polg2, rrm2b, sco1, sco2, slc25a4, sucla2, suclg1, taz, tk2, and tymp	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81442	noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome, leopard syndrome, noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including braf, cbl, hras, kras, map2k1, map2k2, nras, ptpn11, raf1, rit1, shoc2, and sos1	Authorization Required	Vendor
81443	genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdhd, blm, cftr, dhcr7, fancf, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)	Authorization Required	Vendor
81445	targeted genomic sequence analysis panel, solid organ neoplasm, dna analysis, and rna analysis when performed, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, nras, met, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed	Authorization Required	Vendor
81448	hereditary peripheral neuropathies (eg, charcot-marie-tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, bscl2, gjb1, mfn2, mpz, reep1, spast, spg11, sptlc1)	Authorization Required	Vendor
81450	targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, dna analysis, and rna analysis when performed, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kras, kit, mll, nras, npm1, notch1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed	Authorization Required	Vendor
81455	targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, dna analysis, and rna analysis when performed, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, npm1, nras, met, notch1, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81460	whole mitochondrial genome (eg, leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [melas], myoclonic epilepsy with ragged-red fibers [merff], neuropathy, ataxia, and retinitis pigmentosa [narp], leber hereditary optic neuropathy [lhon]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Authorization Required	Vendor
81465	whole mitochondrial genome large deletion analysis panel (eg, kearns-sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Authorization Required	Vendor
81470	x-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); genomic sequence analysis panel, must include sequencing of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocl, rps6ka3, and slc16a2	Authorization Required	Vendor
81471	x-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); duplication/deletion gene analysis, must include analysis of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocl, rps6ka3, and slc16a2	Authorization Required	Vendor
81479	unlisted molecular pathology procedure	Authorization Required	Vendor
81490	autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Authorization Required	Vendor
81493	coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Authorization Required	Vendor
81500	oncology (ovarian), biochemical assays of two proteins (ca-125 and he4), utilizing serum, with menopausal status, algorithm reported as a risk score	Authorization Required	Vendor
81503	oncology (ovarian), biochemical assays of five proteins (ca-125, apolipoprotein a1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	Authorization Required	Vendor
81504	oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81518	oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Authorization Required	Vendor
81519	oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Authorization Required	Vendor
81520	oncology (breast), mrna gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	Authorization Required	Vendor
81521	oncology (breast), mrna, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	Authorization Required	Vendor
81522	oncology (breast), mrna, gene expression profiling by rt-pcr of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Authorization Required	Vendor
81525	oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Authorization Required	Vendor
81529	oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Authorization Required	Vendor
81535	oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Authorization Required	Vendor
81536	oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81538	oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Authorization Required	Vendor
81539	oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa, and human kallikrein-2 [hk2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Authorization Required	Vendor
81540	oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	Authorization Required	Vendor
81541	oncology (prostate), mrna gene expression profiling by real-time rt-pcr of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Authorization Required	Vendor
81542	oncology (prostate), mrna, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Authorization Required	Vendor
81546	oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Authorization Required	Vendor
81551	oncology (prostate), promoter methylation profiling by real-time pcr of 3 genes (gstp1, apc, rassf1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	Authorization Required	Vendor
81552	oncology (uveal melanoma), mrna, gene expression profiling by real-time rt-pcr of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Authorization Required	Vendor
81554	pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [uip])	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
81595	cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Authorization Required	Vendor
81596	infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	Authorization Required	Vendor
81599	unlisted multianalyte assay with algorithmic analysis	Authorization Required	Vendor
84999	unlisted chemistry procedure	Authorization Required	Vendor
92507	treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Authorization Required	Vendor
92508	treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Authorization Required	Vendor
92520	laryngeal function studies (ie, aerodynamic testing and acoustic testing)	Authorization Required	Vendor
92521	evaluation of speech fluency (eg, stuttering, cluttering)	Authorization Required	Vendor
92597	evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Authorization Required	Vendor
92607	evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Authorization Required	Vendor
92608	evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure)	Authorization Required	Vendor
92609	therapeutic services for the use of speech-generating device, including programming and modification	Authorization Required	Vendor
92610	evaluation of oral and pharyngeal swallowing function	Authorization Required	Vendor
92611	motion fluoroscopic evaluation of swallowing function by cine or video recording	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
92618	evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure)	Authorization Required	Vendor
92620	evaluation of central auditory function, with report; initial 60 minutes	Authorization Required	Vendor
92621	evaluation of central auditory function, with report; each additional 15 minutes (list separately in addition to code for primary procedure)	Authorization Required	Vendor
92626	evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Authorization Required	Vendor
92627	evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (list separately in addition to code for primary procedure)	Authorization Required	Vendor
93303	transthoracic echocardiography for congenital cardiac anomalies; complete	Authorization Required	Vendor
93304	transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Authorization Required	Vendor
93306	echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Authorization Required	Vendor
93307	echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography	Authorization Required	Vendor
93308	echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study	Authorization Required	Vendor
93312	echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	Authorization Required	Vendor
93313	echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); placement of transesophageal probe only	Authorization Required	Vendor
93314	echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
93315	transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Authorization Required	Vendor
93316	transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Authorization Required	Vendor
93317	transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Authorization Required	Vendor
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Authorization Required	Vendor
93320	doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete	Authorization Required	Vendor
93321	doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); follow-up or limited study (list separately in addition to codes for echocardiographic imaging)	Authorization Required	Vendor
93325	doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)	Authorization Required	Vendor
93350	echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Authorization Required	Vendor
93351	echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Authorization Required	Vendor
93352	use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
93356	myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (list separately in addition to codes for echocardiography imaging)	Authorization Required	Vendor
93593	Right heart catheterization for congenital heart defect(s), including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Authorization Required	Vendor
93594	Right heart catheterization for congenital heart defect(s), including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Authorization Required	Vendor
93595	Left heart catheterization for congenital heart defect(s), including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Authorization Required	Vendor
93596	Right and left heart catheterization for congenital heart defect(s), including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Authorization Required	Vendor
93597	Right and left heart catheterization for congenital heart defect(s), including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Authorization Required	Vendor
93985	duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	Authorization Required	Vendor
93986	duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	Authorization Required	Vendor
97012	application of a modality to 1 or more areas; traction, mechanical	Authorization Required	Vendor
97014	application of a modality to 1 or more areas; electrical stimulation (unattended)	Authorization Required	Vendor
97016	application of a modality to 1 or more areas; vasopneumatic devices	Authorization Required	Vendor
97018	application of a modality to 1 or more areas; paraffin bath	Authorization Required	Vendor
97022	application of a modality to 1 or more areas; whirlpool	Authorization Required	Vendor
97024	application of a modality to 1 or more areas; diathermy (eg, microwave)	Authorization Required	Vendor
97026	application of a modality to 1 or more areas; infrared	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
97028	application of a modality to 1 or more areas; ultraviolet	Authorization Required	Vendor
97032	application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Authorization Required	Vendor
97033	application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Authorization Required	Vendor
97034	application of a modality to 1 or more areas; contrast baths, each 15 minutes	Authorization Required	Vendor
97035	application of a modality to 1 or more areas; ultrasound, each 15 minutes	Authorization Required	Vendor
97036	application of a modality to 1 or more areas; hubbard tank, each 15 minutes	Authorization Required	Vendor
97039	unlisted modality (specify type and time if constant attendance)	Authorization Required	Vendor
97110	therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Authorization Required	Vendor
97112	therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Authorization Required	Vendor
97113	therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Authorization Required	Vendor
97116	therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Authorization Required	Vendor
97129	therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Authorization Required	Vendor
97130	therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	Authorization Required	Vendor
97139	unlisted therapeutic procedure (specify)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
97140	manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Authorization Required	Vendor
97150	therapeutic procedure(s), group (2 or more individuals)	Authorization Required	Vendor
97161	physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with stable and/or uncomplicated characteristics; and clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 20 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor
97162	physical therapy evaluation: moderate complexity, requiring these components: a history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; an evolving clinical presentation with changing characteristics; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 30 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor
97163	physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 45 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
97164	re-evaluation of physical therapy established plan of care, requiring these components: an examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor
97165	occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; an assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. patient presents with no comorbidities that affect occupational performance. modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. typically, 30 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor
97166	occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. patient may present with comorbidities that affect occupational performance. minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 45 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
97167	occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. patient presents with comorbidities that affect occupational performance. significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 60 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor
97168	re-evaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan of care; an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and a revised plan of care. a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. typically, 30 minutes are spent face-to-face with the patient and/or family.	Authorization Required	Vendor
97530	therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Authorization Required	Vendor
97533	sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Authorization Required	Vendor
97537	community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Authorization Required	Vendor
97542	wheelchair management (eg, assessment, fitting, training), each 15 minutes	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
97545	work hardening/conditioning; initial 2 hours	Authorization Required	Vendor
97546	work hardening/conditioning; each additional hour (list separately in addition to code for primary procedure)	Authorization Required	Vendor
97750	physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Authorization Required	Vendor
97755	assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	Authorization Required	Vendor
97760	orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	Authorization Required	Vendor
97761	prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Authorization Required	Vendor
97763	orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Authorization Required	Vendor
97799	unlisted physical medicine/rehabilitation service or procedure	Authorization Required	Vendor
A9513	supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m mebrofenin, per mci	Authorization Required	Vendor
A9543	yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mci	Authorization Required	Vendor
A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi	Authorization Required	Vendor
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	Authorization Required	Vendor
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi	Authorization Required	Vendor
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	Authorization Required	Vendor
A9606	radium ra-223 dichloride, therapeutic, per uci	Authorization Required	Vendor
C1772	infusion pump, programmable (implantable)	Authorization Required	Vendor
C1816	receiver and/or transmitter, neurostimulator (implantable)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>C1820</b>	generator, neurostimulator (implantable), with rechargeable battery and charging system	Authorization Required	Vendor
<b>C1891</b>	infusion pump, nonprogrammable, permanent (implantable)	Authorization Required	Vendor
<b>C2626</b>	infusion pump, nonprogrammable, temporary (implantable)	Authorization Required	Vendor
<b>C8921</b>	transthoracic echocardiography (tte) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	Authorization Required	Vendor
<b>C8922</b>	transthoracic echocardiography (tte) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	Authorization Required	Vendor
<b>C8923</b>	transthoracic echocardiography (tte) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography	Authorization Required	Vendor
<b>C8924</b>	transthoracic echocardiography (tte) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording when performed, follow-up or limited study	Authorization Required	Vendor
<b>C8925</b>	transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, real time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	Authorization Required	Vendor
<b>C8926</b>	transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Authorization Required	Vendor
<b>C8928</b>	transthoracic echocardiography (tte) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	Authorization Required	Vendor
<b>C8929</b>	transthoracic echocardiography (tte) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Authorization Required	Vendor



# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>C8930</b>	transthoracic echocardiography (tte) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	Authorization Required	Vendor
<b>C9067</b>	Gallium Ga-68, Dotatoc, diagnostic, 0.01 mCi	Authorization Required	Vendor
<b>C9757</b>	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Authorization Required	Vendor
<b>C9762</b>	cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Authorization Required	Vendor
<b>C9763</b>	cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Authorization Required	Vendor
<b>E0782</b>	infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	Authorization Required	Vendor
<b>E0783</b>	infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Authorization Required	Vendor
<b>E0785</b>	implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Authorization Required	Vendor
<b>E0786</b>	implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Authorization Required	Vendor
<b>G0219</b>	pet imaging whole body; melanoma for noncovered indications	Authorization Required	Vendor
<b>G0235</b>	pet imaging, any site, not otherwise specified	Authorization Required	Vendor
<b>G0252</b>	pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G0283</b>	electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Authorization Required	Vendor
<b>G0339</b>	image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Authorization Required	Vendor
<b>G0340</b>	image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	Authorization Required	Vendor
<b>G6001</b>	ultrasonic guidance for placement of radiation therapy fields	Authorization Required	Vendor
<b>G6002</b>	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Authorization Required	Vendor
<b>G6003</b>	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Authorization Required	Vendor
<b>G6004</b>	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Authorization Required	Vendor
<b>G6005</b>	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Authorization Required	Vendor
<b>G6006</b>	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Authorization Required	Vendor
<b>G6007</b>	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Authorization Required	Vendor
<b>G6008</b>	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Authorization Required	Vendor
<b>G6009</b>	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Authorization Required	Vendor
<b>G6010</b>	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Authorization Required	Vendor
<b>G6011</b>	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>G6012</b>	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Authorization Required	Vendor
<b>G6013</b>	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Authorization Required	Vendor
<b>G6014</b>	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Authorization Required	Vendor
<b>G6015</b>	intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Authorization Required	Vendor
<b>G6016</b>	compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Authorization Required	Vendor
<b>G9143</b>	warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Authorization Required	Vendor
<b>J0178</b>	injection, aflibercept, 1 mg	Authorization Required	Vendor
<b>J2503</b>	injection, pegaptanib sodium, 0.3 mg	Authorization Required	Vendor
<b>J2778</b>	injection, ranibizumab, 0.1 mg	Authorization Required	Vendor
<b>J3396</b>	injection, verteporfin, 0.1 mg	Authorization Required	Vendor
<b>J7311</b>	injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Authorization Required	Vendor
<b>J7312</b>	injection, dexamethasone, intravitreal implant, 0.1 mg	Authorization Required	Vendor
<b>J7313</b>	injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	Authorization Required	Vendor
<b>J7314</b>	injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	Authorization Required	Vendor
<b>J7999</b>	compounded drug, not otherwise classified	Authorization Required	Vendor
<b>L8679</b>	implantable neurostimulator, pulse generator, any type	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
L8680	implantable neurostimulator electrode, each	Authorization Required	Vendor
L8682	implantable neurostimulator radiofrequency receiver	Authorization Required	Vendor
L8685	implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Authorization Required	Vendor
L8686	implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Authorization Required	Vendor
L8687	implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Authorization Required	Vendor
L8688	implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Authorization Required	Vendor
S2350	diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace	Authorization Required	Vendor
S2351	diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	Authorization Required	Vendor
S3800	genetic testing for amyotrophic lateral sclerosis (als)	Authorization Required	Vendor
S3840	dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Authorization Required	Vendor
S3841	genetic testing for retinoblastoma	Authorization Required	Vendor
S3842	genetic testing for von hippel-lindau disease	Authorization Required	Vendor
S3844	dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Authorization Required	Vendor
S3845	genetic testing for alpha-thalassemia	Authorization Required	Vendor
S3846	genetic testing for hemoglobin e beta-thalassemia	Authorization Required	Vendor
S3850	genetic testing for sickle cell anemia	Authorization Required	Vendor
S3852	dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	Authorization Required	Vendor
S3854	gene expression profiling panel for use in the management of breast cancer treatment	Authorization Required	Vendor
S3861	genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	Authorization Required	Vendor

# Provider Alert

Code	Code Description	Final Decision	Auth Managed By
<b>S3865</b>	comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Authorization Required	Vendor
<b>S3866</b>	genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	Authorization Required	Vendor
<b>S3870</b>	comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Authorization Required	Vendor
<b>S8037</b>	magnetic resonance cholangiopancreatography (mrcp)	Authorization Required	Vendor
<b>S8042</b>	magnetic resonance imaging (mri), low-field	Authorization Required	Vendor
<b>S8092</b>	electron beam computed tomography (also known as ultrafast ct, cine ct)	Authorization Required	Vendor
<b>S8990</b>	physical or manipulative therapy performed for maintenance rather than restoration	Authorization Required	Vendor
<b>V5362</b>	speech screening	Authorization Required	Vendor
<b>V5363</b>	language screening	Authorization Required	Vendor
<b>V5364</b>	dysphagia screening	Authorization Required	Vendor

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