

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

Revision Log		
Date	Codes Added	Codes Removed
10-19-2018	57520 (effective 01-01-2018)	
06-01-2018	77427; 77431; 77432; 77435; 77470	
01-01-2018	81528	
01-01-2018	A0998	
01-01-2018	90674; 90682; 90750	
01-01-2018	A9500; A9501; A9502; A9503; A9504; A9505; A9507; A9507; A9508; A9509; A9510; A9512; A9515; A9516; A9517; A9520; A9521; A9524; A9526; A9527; A9528; A9529; A9530; A9531; A9532; A9536; A9537; A9538; A9539; A9540; A9541; A9543; A9544; A9545; A9546; A9547; A9548; A9550; A9551; A9552; A9553; A9554; A9555; A9556; A9557; A9558; A9559; A9560; A9562; A9563; A9564; A9566; A9567; A9568; A9569; A9570; A9571; A9572; A9575; A9576; A9577; A9578; A9579; A9580; A9581; A9582; A9583; A9584; A9585; A9586; A9587; A9588; A9600; A9604; A9606; A9700	
01-01-2018	00731;00732; 00811;00812; 00813; 15730; 15733; 19294; 20939; 31241; 31253; 31257; 31259; 31298; 32994; 34701; 34702; 34703; 34704; 34705; 34706; 34707; 34708; 34709; 34710; 34711; 34712; 34713; 34714; 34715; 34716; 38222; 38573; 43286; 43287; 43288; 55874; 71045; 71046; 71047; 71048; 74018; 74019; 74021; 81511; 86008; 86794; 87634; 87662; 90756; 94617; 94618; 95249; 97127; 97763; C9738; G0515; G0516; G0517; G0518; J7296; P9100	77061; 77062; 77063; G0279
05-01-2017	22853; 22854; 22859; 27197; 27198; 28291; 28295; 31551; 31552; 31553; 31554; 31572; 31573; 31574; 31591; 31592; 33340; 33390; 33391; 36456; 36901; 36902; 36903; 36904; 36905; 36906; 36907; 36908; 36909; 37246; 37247; 37248; 37249; 58674; 62324; 62325; 62326; 62327; 62380; 76706; 77065; 77066; 77067; 80305; 80306; 80307; 84410; 87483	97113
03-01-2017	51700; 52000; 52005; 90867; 90869	

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00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NO
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED
00142	ANESTHESIA EYE LENS SURGERY
00144	ANESTHESIA EYE CORNEAL TRANSPLANT
00145	ANESTHESIA EYE VITREORETINAL SURGERY
00147	ANESTHESIA EYE IRIDECTOMY
00148	ANESTHESIA EYE OPHTHALMOSCOPY
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS

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00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY
00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY
00190	ANESTHESIA FACIAL BONES OR SKULL NOS
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS
00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR
00350	ANESTHESIA MAJOR VESSELS NECK NOS
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS
00402	ANESTHESIA RECONSTRUCTION BREAST
00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE
00470	ANESTHESIA PARTIAL RIB RESECTION NOS
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL
00500	ANESTHESIA ESOPHAGUS
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS
00528	ANES MEDIASTINOSCOPY&THORACOSCOPY W/O 1 LUNG VNTJ
00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION
00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB

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00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION
00540	ANES THORACOTOMY & THORACOSCOPY NOS
00541	ANES THORACOTOMY & THORACOSCOPY W/I LUNG VNTJ
00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION
00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC
00548	ANES THORACOTOMY & THORACOSCOPY TRACHEA & BRONCHI
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT
00561	ANES HRT PERICARD SAC&GREAT VSLS W/PMP OXTJ <1YR
00562	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXTJ >1MO PO
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPHT
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR
00567	ANES DIRECT CABG W/PUMP OXYGENATOR
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT
00600	ANESTHESIA CERVICAL SPINE & CORD NOS
00604	ANES CERVICAL SPINE & CORD W/PATIENT SITTING
00620	ANESTHESIA THORACIC SPINE & CORD NOS
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ
00626	ANES THORACIC SPINE & CORD ANT APPR W/I LNG VENT
00630	ANESTHESIA LUMBAR REGION NOS
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS
00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL
00731	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM; NOT OTHERWISE SPECIFIED
00732	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM; ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)
00740	ANES UPPER GI ENDOSCOPY PROXIMAL TO DUODENUM
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS
00752	ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA
00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS
00792	ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR
00794	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY

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00796	ANES LAPAROSCOPIC LIVER TRANSPLANT
00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY
00810	ANES LOWER INTESTINE ENDOSCOPY DISTAL DUODENUM
00811	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; NOT OTHERWISE SPECIFIED
00812	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; SCREENING COLONOSCOPY
00813	ANESTHESIA FOR COMBINED UPPER AND LOWER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED BOTH PROXIMAL TO AND DISTAL TO THE DUODENUM
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC
00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION
00902	ANESTHESIA ANORECTAL PROCEDURE
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE
00906	ANESTHESIA VULVECTOMY
00908	ANESTHESIA PERINEAL PROSTATECTOMY
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS
00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE
00916	ANES TRURL POST-TRURL RESECTION BLEEDING
00918	ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS

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00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX
00924	ANES UNDESCND TESTIS UNI/BI INCL OPEN URTRL PX
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTRL PX
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTRL
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTRL
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL
00936	ANES RAD AMP PENIS W/BI INGUN&ILIAC LYMPH RMOVL
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTRL
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTRL
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST
01120	ANESTHESIA ON BONY PELVIS
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT
01173	ANES OPN RPR DISR PJ PELVIS/COLUMN FX ACETABULUM
01180	ANESTHESIA OBTURATOR NEURECTOMY EXTRAPELVIC
01190	ANESTHESIA OBTURATOR NEURECTOMY INTRAPELVIC
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION
01234	ANES UPPER 2/3 FEMUR RADICAL RESECTION
01250	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG

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01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&POPLT
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA&/PATELLA
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION
01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT
01474	ANESTHESIA GASTROCNEMIUS RECESSION
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS
01482	ANES RADICAL RESECT INCL BELOW KNEE AMPUTATION
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT
01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH
01520	ANESTHESIA VEINS OF LOWER LEG NOS
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS
01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT

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01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT
01670	ANESTHESIA VEINS SHOULDER & AXILLA
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS
01682	ANES SHOULDER SPICA APPLICATION REMOVAL/REPAIR
01710	ANES NRV MUSC TDN FS&BRS UPR ARM/ELBOW NOS
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM
01780	ANESTH CLOSED PROC RADIUS ULNA WRIST/HAND BONES
01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND
01832	ANESTHESIA ARTHRS/ENDOSCPCIC TOTAL WRIST REPLCMT
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS
01842	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION
01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS
01852	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY
01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH
01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY
01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL
01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL
01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS
01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD
01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD
01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC

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01935	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC
01936	ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC
01951	ANES 2/3 DGR BRN EXC/DBRDMT W/VO GRFT 4 % TBSA
01952	ANES 2/3 DGR BRN EXC/DBRDMT W/VO GRFT 4-9 % TBSA
01953	ANES 2/3 DGR BRN EXC/DBRDMT W/VO GRF EA 9% TBS
01958	ANESTHESIA EXTERNAL CEPHALIC VERSION
01960	ANESTHESIA VAGINAL DELIVERY ONLY
01961	ANESTHESIA CESAREAN DELIVERY ONLY
01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY
01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE
01965	ANESTHESIA INCOMPLETE/MISSED ABORTION
01966	ANESTHESIA INDUCED ABORTION
01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY
01968	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES
01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT
01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS
01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN
10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE
10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE, FIRST LESION
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE
10040	ACNE SURGERY
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE
10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST
10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION
11000	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF
11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF
11004	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR
11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL
11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION
11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS
11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC
11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM
11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4
11100	BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION
11101	BIOPSY SKIN SUBQ&/MUCOUS MEMBRANE EA ADDL LESN
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10
11300	SHAVING SKIN LES 1 TRUNK/ARM/LEG DIAM 0.5CM/<
11301	SHVG SKIN LES 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM
11400	EXC B9 LES MRGN XCP SK TG T/A/L 0.5 CM/<
11401	EXC B9 LES MRGN XCP SK TG T/A/L 0.6-1.0 CM
11402	EXC B9 LES MRGN XCP SK TG T/A/L 1.1-2.0 CM
11403	EXC B9 LES MRGN XCP SK TG T/A/L 2.1-3.0 CM/<
11404	EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM
11406	EXC B9 LES MRGN XCP SK TG T/A/L >4.0 CM
11420	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.5 CM/<
11421	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM
11422	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM
11423	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM
11424	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM
11426	EXC B9 LES MRGN XCP SK TG S/N/H/F/G > 4.0CM

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No Prior Authorization Code	Description
11440	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM
11446	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M > 4.0CM
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM/<
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM/<
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM
11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<
11641	EXCISION MALIGNANT LES F/E/E/N/L 0.6-1.0 CM
11642	EXCISION MALIGNANT LES F/E/E/N/L 1.1-2.0 CM
11643	EXCISION MALIGNANT LES F/E/E/N/L 2.1-3.0 CM/<
11644	EXCISION MALIGNANT LES F/E/E/N/L 3.1-4.0 CM
11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER
11720	DEBRIDEMENT NAIL ANY METHOD 1-5
11721	DEBRIDEMENT NAIL ANY METHOD 6/>
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL
11740	EVACUATION SUBUNGUAL HEMATOMA
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE
11760	REPAIR NAIL BED
11762	RECONSTRUCTION NAIL BED W/GRAFT
11765	WEDGE EXCISION SKIN NAIL FOLD
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS
11901	INJECTION INTRALESIONAL >7 LESIONS
11971	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS

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No Prior Authorization Code	Description
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM
12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM
12018	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE
12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM
12037	REPAIR INTERMEDIATE S/A/T/E >30.0 CM
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM
12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM
12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM
12051	REPAIR INTERMEDIATE F/E/E/N/L/&MUC 2.5 CM/<
12052	REPAIR INTERMEDIATE F/E/E/N/L/&MUC 2.6-5.0 CM
12053	REPAIR INTERMEDIATE F/E/E/N/L/&MUC 5.1-7.5 CM
12054	REPAIR INTERMEDIATE F/E/E/N/L/&MUC 7.6-12.5 CM
12055	REPAIR INTERMEDIATE F/E/E/N/L/&MUC 12.6-20.0CM
12056	REPAIR INTERMEDIATE F/E/E/N/L/&MUC 20.1-30.0CM
12057	REPAIR INTERMEDIATE F/E/E/N/L/&MUC >30.0 CM
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM

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No Prior Authorization Code	Description
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<
13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM
13153	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<
13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC
14350	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE
15002	PREP SITE TRUNK/ARM/LEG 1 ST 100 SQ CM/1PCT
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT
15004	PREP SITE F/S/N/H/F/G/M/D GT 1 ST 100 SQ CM/1PCT
15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT
15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<
15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM
15100	SPLIT AGRFT T/A/L 1 ST 100 CM/&1% BDY INFT/CHLD
15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD
15110	EPIDRM AGRFT T/A/L 1 ST 100 CM/&1% BDY INFT/CHL
15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD
15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1 ST 100 CM/<
15116	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/<
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1 ST 100 CM/<1 %
15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %
15130	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1 ST 100 CM
15131	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA
15135	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1 ST 100
15136	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA
15150	CLTR SKIN AUTOGRAFT T/A/L 1 ST 25 CM/<
15151	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM
15152	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA
15155	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1 ST 25CM/<
15156	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM
15157	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<
15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<
15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<
15271	APP SKN SUB GRFT T/A/L AREA/100SCM /<1 ST 25
15272	APP SKN SUB GRFT T/A/L AREA/100SCM EA ADL 25SC
15273	APP SKN SUB GRFT T/A/L AREA/100SCM 1 ST 100SCM
15274	APP SKN SUB GRFT T/A/L AREA/100SCM ADL 100SCM
15275	SUB GRFT F/S/N/H/F/G/M/D <100SCM 1 ST 25 SCM
15276	SUB GRFT F/S/N/H/F/G/M/D <100SCM EA ADDL 25 SCM
15277	SUB GRFT F/S/N/H/F/G/M/D </= 100SCM 1 ST 100SCM
15278	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM ADL 100SCM
15570	FRMJ DIRECT/TUBED PEDICLE W/VO TRANSFER TRUNK
15572	FRMJ DIRECT/TUBE PEDICLE W/VO TR SCALP ARMS/LEGS
15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F
15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL
15600	DELAY FLAP/SECTIONING FLAP TRUNK
15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F
15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS
15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION
15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S)
15731	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE
15732	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP HEAD & NC
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK
15736	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR
15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR
15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY
15750	FLAP NEUROVASCULAR PEDICLE
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS
15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA
15770	GRAFT DERMA-FAT-FASCIA
15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON
15852	DRESSING CHANGE UNDER ANESTHESIA
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT
15920	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR

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No Prior Authorization Code	Description
15922	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR
15931	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE
15933	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY
15934	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR
15935	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY
15936	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR
15937	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC
15940	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE
15941	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT
15944	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE
15945	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY
15946	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN
15950	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR
15951	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY
15952	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE
15953	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY
15956	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN
15958	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE
16035	ESCHAROTOMY FIRST INCISION
16036	ESCHAROTOMY EACH ADDITIONAL INCISION
17000	DESTRUCTION PREMALIGNANT LESION 1ST
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA
17004	DESTRUCTION PREMALIGNANT LESION 15/>
17110	DESTRUCTION BENIGN LESIONS UP TO 14
17111	DESTRUCTION BENIGN LESIONS 15/>
17250	CHEMICAL CAUTERIZATION GRANULATION TISSUE
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG < 4.0 CM
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM
17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM
17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM

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Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
17276	DSTRJ MAL LES S/N/H/F/G LES DIAM > 4.0 CM
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM
17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM
17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM
17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM
17286	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS
17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE
19000	PUNCTURE ASPIRATION CYST BREAST
19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST
19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP
19030	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM
19081	BIOPSY OF BREAST ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE
19082	BIOPSY OF BREAST ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE
19083	BX BREAST 1ST LESION US IMAG
19084	BIOPSY OF BREAST ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE
19085	BIOPSY OF BREAST ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE
19086	BIOPSY OF BREAST ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE
19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX
19101	BIOPSY BREAST OPEN INCISIONAL
19105	ABLTY CRYOSURGICAL W/US GUID EA FIBROADENOMA
19110	NIPPLE EXPLORATION
19112	EXCISION LACTIFEROUS DUCT FISTULA
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES
19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL
19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS
19271	EXC CHEST TUMOR W/RCNSTJ W/O MEDSTNL LMPHADEC
19272	EXC CHEST TUMOR W/RCNSTJ W/MEDSTNL LMPHADEC
19281	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRAPHIC GUIDANCE
19282	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRAPHIC GUIDANCE
19283	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE
19284	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE
19285	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
19286	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE
19287	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE
19288	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT) CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST
19301	MASTECTOMY PARTIAL
19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY
19303	MASTECTOMY SIMPLE COMPLETE
19304	MASTECTOMY SUBCUTANEOUS
19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES
19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES
19307	MAST MODF RAD W/AX LYMPH NOD W/VO PECT/ALIS MIN
19328	REMOVAL INTACT MAMMARY IMPLANT
19330	REMOVAL MAMMARY IMPLANT MATERIAL
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
19350	NIPPLE/AREOLA RECONSTRUCTION
19355	CORRECTION INVERTED NIPPLES
19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ
19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL
19364	BREAST RECONSTRUCTION FREE FLAP
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE
19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE
19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST
19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE
20005	I&D SOFT TISSUE ABSCESS SUBFASC
20100	EXPLORATION PENETRATING WOUND SPX NECK
20101	EXPLORATION PENETRATING WOUND SPX CHEST
20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY
20150	EXCISION EPIPHYSEAL BAR
20200	BIOPSY MUSCLE SUPERFICIAL
20205	BIOPSY MUSCLE DEEP
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL
20225	BIOPSY BONE TROCAR/NEEDLE DEEP
20240	BIOPSY BONE OPEN SUPERFICIAL

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
20245	BIOPSY BONE OPEN DEEP
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL
20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC
20501	INJECTION SINUS TRACT DIAGNOSTIC
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP
20526	INJECTION THERAPEUTIC CARPAL TUNNEL
20527	INJECTION ENZYME PALMAR FASCIAL CORD
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT
20600	ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA
20604	ASPIRATION AND/OR INJECTION OF SMALL JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE
20605	ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURS
20606	ASPIRATION AND/OR INJECTION OF INTERMEDIATE JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE
20610	ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA
20611	ASPIRATION AND/OR INJECTION OF MAJOR JOINT OR JOINT CAPSULE WITH RECORDING AND REPORTING USING ULTRASOUND GUIDANCE
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ
20615	ASPIRATION & INJECTION TREATMENT BONE CYST
20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX
20660	APPL CRANIAL TONG/STRCTC FRAME W/REMOVAL SPX
20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL
20662	APPLICATION HALO PELVIC INCLUDING REMOVAL
20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL
20664	APPL HALO 6/> PINS THIN SKULL OSTEOLOGY
20665	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE
20680	REMOVAL IMPLANT DEEP
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM
20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES
20696	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ
20697	XTRNL FIXJ W/STRCTC ADJUSTMENT EXCHANGE STRUT
20802	REPLANTATION ARM COMPLETE AMPUTATION
20805	REPLANTATION FOREARM COMPLETE AMPUTATION

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
20808	REPLANTATION HAND COMPLETE AMPUTATION
20816	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP
20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP
20824	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION
20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION
20838	REPLANTATION FOOT COMPLETE AMPUTATION
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE
20910	CARTILAGE GRAFT COSTOCHONDRAL
20912	CARTILAGE GRAFT NASAL SEPTUM
20920	FASCIA LATA GRAFT BY STRIPPER
20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE
20924	TENDON GRAFT FROM A DISTANCE
20926	TISSUE GRAFTS OTHER
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIIZED
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION
20937	AUTOGRAFT SPINE SURGERY MORSELIIZED SEP INCISION
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME
20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA
20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST
20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL
20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE
20970	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST
20972	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL
20973	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE
20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE
20982	ABLATION BONE TUMOR RF PERCUTANEOUS CT GUIDANCE
20983	DESTRUCTION OF 1 OR MORE BONE GROWTHS, ACCESSED THROUGH THE SKIN
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS
21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM
21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>
21015	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM
21016	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/<
21025	EXCISION BONE MANDIBLE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
21026	EXCISION FACIAL BONE
21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG
21031	EXCISION TORUS MANDIBULARIS
21032	EXCISION MAXILLARY TORUS PALATINUS
21034	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA
21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT
21044	EXCISION MALIGNANT TUMOR MANDIBLE
21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL
21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT
21047	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB
21048	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT
21049	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC
21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY
21310	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION
21315	CLOSED TX NASAL FRACTURE W/O STABILIZATION
21320	CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION
21325	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED
21330	OPEN TX NASAL FX COMP W/INT&XTRNL SKELETAL FI
21335	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM
21336	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION
21337	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION
21338	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION
21339	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION
21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE
21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE
21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE
21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE
21346	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ
21347	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN
21348	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT
21355	PERCUTANEOUS TX MALAR AREA FRACTURE
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE
21360	OPEN TX DEPRESSED MALAR FRACTURE
21365	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG
21366	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT
21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL
21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL
21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR
21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
21395	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF
21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION
21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION
21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT
21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT
21421	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT
21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE
21423	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR
21431	CLOSED TX CRANIOFACIAL SEPARATION
21432	OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ
21433	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR
21435	OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX
21436	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE
21440	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX
21445	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX
21450	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION
21451	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION
21452	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ
21453	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION
21454	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION
21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION
21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION
21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE
21470	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ
21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION
21497	INTERDENTAL WIRING OTHER THAN FRACTURE
21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX
21502	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI
21510	INCISION DEEP OPENING BONE CORTEX THORAX
21550	BIOPSY SOFT TISSUE NECK/THORAX
21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>
21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM
21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM
21558	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>
21600	EXCISION RIB PARTIAL
21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE
21615	EXCISION 1ST &/ CERVICAL RIB
21616	EXCISION 1ST &/ CERVICAL RIB W/SYMPATHECTOMY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
21620	OSTECTOMY STERNUM PARTIAL
21627	STERNAL DEBRIDEMENT
21630	RADICAL RESECTION STERNUM
21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC
21685	HYOID MYOTOMY & SUSPENSION
21700	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB
21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB
21720	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST
21725	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX
21811	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE
21812	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE
21813	OPEN TREATMENT OF BROKEN RIBS WITH INSERTION OF HARDWARE
21820	CLOSED TREATMENT STERNUM FRACTURE
21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP
21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM
21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM
21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>
21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM
21936	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>
22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR
22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR
22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA
22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV
22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC
22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR
22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA
22310	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING
22315	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ
22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O G
22319	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ
22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM
22326	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR
22327	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH
22328	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA
22505	MANIPULATION SPINE REQUIRING ANESTHESIA

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS
22819	KYPHECTOMY 3 OR MORE SEGMENTS
22830	EXPLORATION SPINAL FUSION
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS
22848	PELVIC FIXATION OTHER THAN SACRUM
22849	REINSERTION SPINAL FIXATION DEVICE
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION
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)
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)
22855	REMOVAL ANTERIOR INSTRUMENTATION
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)
22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM
22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN
23020	CAPSULAR CONTRACTURE RELEASE
23030	I&D SHOULDER DEEP ABSCESS/HEMATOMA
23031	I&D SHOULDER INFECTED BURSA
23035	INCISION BONE CORTEX SHOULDER AREA
23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB
23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB
23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL
23066	BIOPSY SOFT TISSUE SHOULDER DEEP
23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM
23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>
23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY
23101	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/VO BIOPSY

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYINVCT W/WOBX
23107	ARTHRT GLENOHMRL JT W/JT EXPL W/VO RMVL LOOSE/FB
23120	CLAVICULECTOMY PARTIAL
23125	CLAVICULECTOMY TOTAL
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE
23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA
23145	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT
23146	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT
23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS
23155	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT
23156	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT
23170	SEQUESTRECTOMY CLAVICLE
23172	SEQUESTRECTOMY SCAPULA
23174	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK
23180	PARTIAL EXCISION BONE CLAVICLE
23182	PARTIAL EXCISION BONE SCAPULA
23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS
23190	OSTECTOMY SCAPULA PARTIAL
23195	RESECTION HUMERAL HEAD
23200	RADICAL RESECTION TUMOR CLAVICLE
23210	RADICAL RESECTION TUMOR SCAPULA
23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS
23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS
23333	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE
23334	REMOVAL OF PROSTHESIS OF SHOULDER
23335	REMOVAL OF PROSTHESIS OF SHOULDER
23350	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG
23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE
23397	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE
23400	SCAPULOPEXY
23405	TENOTOMY SHOULDER AREA 1 TENDON
23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC
23430	TENODESIS LONG TENDON BICEPS
23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/NO BONE BLK
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS
23480	OSTEOTOMY CLAVICLE W/NO INTERNAL FIXATION
23485	OSTEOTOMY CLAV W/NO INT FIXJ W/BONE GRF NON/MAL
23490	PROPH TX W/NO METHYLMETHACRYLATE CLAVICLE
23491	PROPH TX W/NO METHYLMETHACRYLATE PROX HUMERUS
23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION
23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION
23520	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION
23525	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION
23530	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC
23532	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF
23540	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION
23545	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION
23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC
23552	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF
23570	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION
23575	CLTX SCAPULAR FX W/MANJ W/NO SKELETAL TRACTION
23585	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD
23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION
23605	CLTX PROX HUMRL FX W/MANJ W/NO SKELETAL TRACJ
23615	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE
23616	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT
23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ
23625	CLTX GRTER HUMERAL TUBEROSITY FX W/MANIPULATION
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES
23660	OPEN TX ACUTE SHOULDER DISLOCATION
23665	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MANJ
23670	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX
23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ
23680	OPEN TX SHOULDER DISLOCATION W/NECK FRACTURE
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS
23900	INTERTHORACOSCAPULAR AMPUTATION
23920	DISARTICULATION SHOULDER
23921	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION
23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP
24077	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM
24079	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>
24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY
24101	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB
24105	EXCISION OLECRANON BURSA
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS
24115	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT
24116	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN
24125	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT
24126	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT
24130	EXCISION RADIAL HEAD
24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS
24136	SEQUESTRECTOMY RADIAL HEAD OR NECK
24138	SEQUESTRECTOMY OLECRANON PROCESS
24140	PARTIAL EXCISION BONE HUMERUS
24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK
24147	PARTIAL EXCISION BONE OLECRANON PROCESS
24149	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT
24150	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS
24152	RADICAL RESECTION TUMOR RADIAL HEAD/NECK
24155	RESECTION ELBOW JOINT ARTHRECTOMY
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP
24220	INJECTION ELBOW ARTHROGRAPHY
24300	MANIPULATION ELBOW UNDER ANESTHESIA
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE
24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON
24332	TENOLYSIS TRICEPS
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA
24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW
24344	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS
24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN
24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR
24400	OSTEOTOMY HUMERUS W/VO INTERNAL FIXATION
24410	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT
24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT
24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT
24470	HEMIEPIPHYSEAL ARREST
24495	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL
24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION
24505	CLTX HUMERAL SHFT FX W/MANJ W/VO SKELETAL TRACJ
24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE
24516	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE
24530	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/VO MANJ
24535	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ
24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN
24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ
24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ
24566	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE
24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ
24577	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ
24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE
24582	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ
24586	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO
24587	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR
24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES
24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION
24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ
24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION
24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION
24665	OPEN TX RADIAL HEAD/NECK FRACTURE
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ
24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END
24800	ARTHRODESIS ELBOW JOINT LOCAL
24802	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT
24900	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE
24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR
24925	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ
24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION
24931	AMPUTATION ARM THRU HUMERUS W/IMPLANT
24935	STUMP ELONGATION UPPER EXTREMITY
25000	INCISION EXTENSOR TENDON SHEATH WRIST
25001	INCISION FLEXOR TENDON SHEATH WRIST
25020	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT
25023	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/DBRDMT
25024	DCMPRN FASCT F/ARM&WRST FLXR&XTNSR W/O DB
25025	DCMPRN FASCT F/ARM&WRST FLXR&XTNSR DBRDMT
25028	I&D FOREARM&WRIST DEEP ABSCESS/HEMATOMA
25031	INCISION & DRAINAGE FOREARM&WRIST BURSA
25035	INCISION DEEP BONE CORTEX FOREARM&WRIST
25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB
25065	BIOPSY SOFT TISSUE FOREARM&WRIST SUPERFICIAL
25066	BIOPSY SOFT TISSUE FOREARM&WRIST DEEP
25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>
25073	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM
25076	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM
25077	RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM
25078	RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>
25085	CAPSULOTOMY WRIST
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY
25101	ARTHRT WRST W/JT EXPL W/VO BX W/VO RMVL LOOSE/FB
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE
25109	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA
25110	EXCISION LESION TENDON SHEATH FOREARM&/WRIST
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY
25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT
25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS
25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT
25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA
25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
25125	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT
25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT
25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES
25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT
25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT
25145	SEQUESTRECTOMY FOREARM &/WRIST
25150	PARTIAL EXCISION BONE ULNA
25151	PARTIAL EXCISION BONE RADIUS
25170	RADICAL RESECTION TUMOR RADIUS OR ULNA
25210	CARPECTOMY 1 BONE
25215	CARPECTOMY ALL BONES PROXIMAL ROW
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE
25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE
25246	INJECTION WRIST ARTHROGRAPHY
25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST
25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE
25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST
25259	MANIPULATION WRIST UNDER ANESTHESIA
25260	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU
25263	RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS
25265	RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA
25270	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN
25272	RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU
25274	RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN
25275	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT
25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN
25290	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA
25295	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA
25300	TENODESIS WRIST FLEXORS FINGERS
25301	TENODESIS WRIST EXTENSORS FINGERS
25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN
25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR
25315	FLEXOR ORIGIN SLIDE FOREARM &/WRIST
25316	FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE
25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS
25337	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ
25350	OSTEOTOMY RADIUS DISTAL THIRD
25355	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD
25360	OSTEOTOMY ULNA
25365	OSTEOTOMY RADIUS & ULNA
25370	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
25375	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA
25390	OSTEOPLASTY RADIUS/ULNA SHORTENING
25391	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT
25392	OSTEOPLASTY RADIUS & ULNA SHORTENING
25393	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF
25394	OSTEOPLASTY CARPAL BONE SHORTENING
25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT
25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT
25415	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF
25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT
25425	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA
25426	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA
25430	INSERTION VASCULAR PEDICLE CARPAL BONE
25431	REPAIR NONUNION CARPAL BONE EACH BONE
25440	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC
25450	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U
25455	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA
25490	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS
25491	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA
25492	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL
25500	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION
25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE
25520	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE
25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION
25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE
25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN
25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ
25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA
25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ
25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF
25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP
25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP
25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE
25630	CLTX CARPAL BONE FX W/O MANJ EACH BONE
25635	CLTX CARPAL BONE FX W/MANJ EACH BONE
25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE
25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE
25660	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ
25670	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES
25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION
25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ
25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC
25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ
25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC
25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION
25695	OPEN TREATMENT LUNATE DISLOCATION
25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA
25905	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR
25907	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE
25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION
25920	DISARTICULATION THROUGH WRIST
25922	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ
25924	DISARTICULATION THRU WRIST RE-AMPUTATION
25927	TRANSMETACARPAL AMPUTATION
25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ
25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION
26010	DRAINAGE FINGER ABSCESS SIMPLE
26011	DRAINAGE FINGER ABSCESS COMPLICATED
26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA
26034	INCISION BONE CORTEX HAND/FINGER
26035	DECOMPRESSION FINGERS&/HAND INJECTION INJURY
26037	DECOMPRESSIVE FASCIOTOMY HAND
26040	FASCIOTOMY PALMAR PERCUTANEOUS
26045	FASCIOTOMY PALMAR OPEN PARTIAL
26055	TENDON SHEATH INCISION
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT
26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT
26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA
26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH
26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>
26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>
26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM
26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM
26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM
26118	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>
26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR
26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR
26130	SYNOVECTOMY CARPOMETACARPAL JOINT
26135	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD
26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT
26145	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN
26160	EXC LES TDN SHTH/JT CAPSL HAND/FNGR
26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH
26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE
26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL
26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER
26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT
26230	PARTIAL EXCISION BONE METACARPAL
26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER
26236	PARTIAL EXCISION DISTAL PHALANX FINGER
26250	RADICAL RESECTION TUMOR METACARPAL
26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER
26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER
26320	REMOVAL IMPLANT FROM FINGER/HAND
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT
26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD
26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON
26352	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON
26370	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN
26372	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA
26373	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA

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No Prior Authorization Code	Description
26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F
26392	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD
26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH
26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH
26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA
26416	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD
26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH
26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH
26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR
26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER
26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF
26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON
26442	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH
26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA
26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON
26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON
26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH
26474	TENODESIS DISTAL JOINT EACH
26476	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH
26477	SHORTENING TENDON EXTENSOR HAND/FINGER EACH
26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH
26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH
26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN
26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT
26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH
26489	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH
26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN
26492	OPPONENSPLASTY TDN TR W/GRF EA TDN
26494	OPPONENSPLASTY HYPOTHENAR MUSC TR
26496	OPPONENSPLASTY OTHER METHODS
26497	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR
26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS
26499	CORRECTION CLAW FINGER OTHER METHODS
26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX
26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX
26508	RELEASE THENAR MUSCLE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
26510	CROSS INTRINSIC TRANSFER EACH TENDON
26516	CAPSULODESIS MTCARPHLNGJL JOINT SINGLE DIGIT
26517	CAPSULODESIS MTCARPHLNGJL JOINT 2 DIGITS
26518	CAPSULODESIS MTCARPHLNGJL JOINT 3/4 DIGITS
26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGJL JOINT EACH
26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH
26540	RPR COLTRL LIGM MTCARPHLNGJL/IPHAL JT
26541	RCNSTJ COLTRL LIGM MTCARPHLNGJL 1 W/TDN/FSCAL GRF
26542	RCNSTJ COLTRL LIGM MTCARPHLNGJL 1 W/LOCAL TISS
26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT
26546	RPR NON-UNION MTCRPL/PHALANX
26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL
26550	POLLICIZATION DIGIT
26560	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS
26561	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT
26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX
26565	OSTEOTOMY METACARPAL EACH
26567	OSTEOTOMY PHALANX FINGER EACH
26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE
26596	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES
26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE
26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE
26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ
26645	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ
26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB
26670	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES
26675	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES
26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB
26686	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ
26700	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES
26705	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES
26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION
26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA
26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA
26740	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ
26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA
26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES
26775	CLTX IPHAL JT DISLC W/MANJ REQ ANES
26776	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ
26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION
26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT
26841	ARTHRD CARPO/METACARPAL JT THUMB W/VO INT FIXJ
26842	ARTHRD CRP/MTACRPL JT THMB W/VO INT FIXJ W/AGRFT
26843	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH
26844	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT
26850	ARTHRODESIS METACARPOPHALANGEAL JT W/VO INT FIXJ
26852	ARTHRODESIS MTCRPL JT W/VO INT FIXJ W/AUTOGRAFT
26860	ARTHRODESIS INTERPHALANGEAL JT W/VO INT FIXJ
26861	ARTHRODESIS IPHAL JT W/VO INT FIXJ EA IPHAL JT
26862	ARTHRODESIS IPHAL JT W/VO INT FIXJ W/AUTOGRAFT
26863	ARTHRODESIS IPHAL JT W/VO INT FIXJ W/AGRFT EA JT
26910	AMP MTCRPL W/FINGER/THUMB W/VO INTEROSS TRANSFER
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR
26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP
26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA
26991	I&D PELVIS/HIP JOINT AREA INFECTED BURSA
26992	INCISION BONE CORTEX PELVIS&/HIP JOINT
27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX
27001	TENOTOMY ADDUCTOR HIP OPEN
27003	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY
27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE
27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX
27025	FASCIOTOMY HIP/THIGH ANY TYPE
27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI
27030	ARTHROTOMY HIP W/DRAINAGE
27033	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY
27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH
27036	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL
27041	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM
27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>
27049	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM
27050	ARTHROTOMY W/BIOPSY SACROILIAC JOINT
27052	ARTHROTOMY W/BIOPSY HIP JOINT
27054	ARTHROTOMY W/SYNOVECTOMY HIP JOINT
27057	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI
27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>
27060	EXCISION ISCHIAL BURSA
27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION
27065	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL
27066	EXCISION BONE CYST/BENIGN TUMOR DEEP
27067	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC
27070	PARTIAL EXCISION SUPERFICIAL PELVIS
27071	PARTIAL EXCISION DEEP PELVIS
27075	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL
27076	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC
27077	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL
27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR
27080	COCCYGECTOMY PRIMARY
27086	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS
27087	REMOVAL FOREIGN BODY PELVIS/HIP DEEP
27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE
27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA
27097	RELEASE/RECESSION HAMSTRING PROXIMAL
27098	TRANSFER ADDUCTOR ISCHIUM
27100	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF
27105	TR PARASPI MUSC HIP FASC/TDN XTN GRF
27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR
27111	TRANSFER ILIOPSOAS FEMORAL NECK
27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX
27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE
27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ
27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT
27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ
27158	OSTEOTOMY PELVIS BILATERAL
27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL
27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA
27175	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION
27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU
27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT
27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN
27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX
27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ
27185	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR
27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITHOUT MANIPULATION
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA (IE, GENERAL ANESTHESIA, MODERATE SEDATION, SPINAL/EPIDURAL)
27200	CLOSED TREATMENT COCCYGEAL FRACTURE
27202	OPEN TREATMENT COCCYGEAL FRACTURE
27215	OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD
27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS
27217	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR
27218	OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD
27220	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ
27222	CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ
27226	OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ
27227	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT
27228	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT
27230	CLTX FEM FX PROX END NCK W/O MANJ
27232	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ
27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK
27236	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT
27238	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ
27240	CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ
27244	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT
27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW
27246	CLTX GREATER TROCHANTERIC FX W/O MANJ
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE
27250	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA
27253	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD
27256	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES
27257	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES
27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM
27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT
27265	CLTX POST HIP ARTHRP DISLC W/O ANES
27266	CLTX POST HIP ARTHRP DISLC REQ ANES
27267	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ
27268	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ
27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD
27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA
27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT
27282	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT
27284	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT
27286	ARTHROD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT
27290	INTERPELVIABDOMINAL AMPUTATION
27295	DISARTICULATION HIP
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION
27303	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE
27305	FASCIOTOMY ILIOTIBIAL OPEN
27306	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX
27307	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON
27310	ARTHRT KNE W/EXPL DRG/RMVL FB
27323	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP
27325	NEURECTOMY HAMSTRING MUSCLE
27326	NEURECTOMY POPLITEAL
27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM
27330	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT
27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR
27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA
27340	EXCISION PREPATELLAR BURSA
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE
27347	EXCISION LESION MENISCUS/CAPSULE KNEE
27350	PATELLECTOMY/HEMIPATELLECTOMY
27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR
27356	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT
27357	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
27358	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION
27360	PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA
27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>
27365	RADICAL RESECTION TUMOR FEMOR OR KNEE
27370	INJECTION KNEE ARTHROGRAPHY
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE
27380	SUTURE INFRAPATELLAR TENDON PRIMARY
27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF
27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY
27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ
27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON
27391	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG
27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI
27393	LENGTHENING HAMSTRING TENDON SINGLE
27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG
27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL
27396	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON
27397	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN
27400	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR
27403	ARTHROTOMY W/MENISCUS REPAIR KNEE
27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL
27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT
27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY
27418	ANTERIOR TIBIAL TUBERCLEPLASTY
27420	RCNSTJ DISLOCATING PATELLA
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL
27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY
27425	LATERAL RETINACULAR RELEASE OPEN
27427	LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR
27428	LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR
27430	QUADRICEPSPLASTY
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION
27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION
27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT
27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876
27466	OSTEOPLASTY FEMUR LENGTHENING

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
27468	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR
27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF
27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE
27475	ARREST EPIPHYSEAL DISTAL FEMUR
27477	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA
27496	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT
27497	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE
27498	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS
27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE
27500	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION
27501	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ
27502	CLTX FEM SHFT FX W/MANJ W/NO SKIN/SKELETAL TRACJ
27503	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ
27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/NO SCREW
27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/NO CERCLAGE
27508	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ
27509	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END
27510	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE
27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ
27517	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/NO SKIN/SKEL
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION
27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION
27524	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR
27530	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION
27532	CLTX TIBIAL FX PROXIMAL W/NO MANJ W/SKEL TRACJ
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR
27536	OPTX TIBIAL FX PROX BICONDYLAR W/NO INT FIXJ
27538	CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/NO MAN
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE
27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA
27552	CLOSED TX KNEE DISLOCATION W/ANESTHESIA
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR
27557	OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR
27558	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION
27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA
27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
27566	OPTX PATELLAR DISLC W/VO PRTL/TOT PATELLECTOMY
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA
27580	ARTHRODESIS KNEE ANY TECHNIQUE
27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL
27591	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST
27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR
27594	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION
27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION
27598	DISARTICULATION KNEE
27600	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY
27602	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA
27604	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA
27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES
27607	INCISION LEG/ANKLE
27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB
27612	ARTHRT PST CAPSUL RLS ANKLE W/VO ACHLL TDN LNGTH
27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP
27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM
27616	RAD RESCJ TUM SOFT TISSUE LEG/ANKLE 5 CM/>
27620	ARTHRT ANKLE W/EXPL W/VO BX W/VO RMVL LOOSE/FB
27625	ARTHROTOMY W/SYNOVECTOMY ANKLE
27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK
27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA
27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT
27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT
27640	PARTIAL EXCISION BONE TIBIA
27641	PARTIAL EXCISION BONE FIBULA
27645	RADICAL RESECTION OF TUMOR TIBIA
27646	RADICAL RESECTION TUMOR BONE FIBULA
27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS
27648	INJECTION ANKLE ARTHROGRAPHY
27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT
27654	REPAIR SECONDARY ACHILLES TENDON W/VO GRAFT
27656	REPAIR FASCIAL DEFECT LEG
27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH
27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH
27665	RPR EXTENSOR TENDON LEG SECONDRY W/VO GRAFT EACH
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY
27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT
27680	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH
27681	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN
27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX
27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA
27687	GASTROCNEMIUS RECESSION
27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP
27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN
27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL
27704	REMOVAL ANKLE IMPLANT
27705	OSTEOTOMY TIBIA
27707	OSTEOTOMY FIBULA
27709	OSTEOTOMY TIBIA & FIBULA
27712	OSTEOT MLT W/RELIGNMT IMED ROD
27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT
27722	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT
27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT
27725	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH
27726	REPAIR FIBULA NONUNION/MALUNION W INT FIXATION
27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA
27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA
27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA
27740	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA
27742	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR
27745	PROPH TX N/P/PLTWR W/VO METHYLMETHACRYLATE TIBIA
27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION
27752	CLTX TIBIAL SHAFT FX W/MANJ W/VO SKEL TRACJ
27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE
27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/VO CERCLAGE
27759	TX TIBL SHFT FX IMED IMPLT W/VO SCREWS&/CERCLA
27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION
27762	CLTX MEDIAL MALLS FX W/MANJ W/VO SKN/SKEL TRACJ
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE
27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ
27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE
27780	CLTX PROX FIBULA/SHFT FX W/O MANJ
27781	CLTX PROX FIBULA/SHFT FX W/MANJ
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ
27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE
27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION
27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP
27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION
27830	CLTX PROX TIBFIB JT DISLC W/O ANES
27831	CLTX PROX TIBFIB JT DISLC REQ ANES
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA
27842	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ
27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ
27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ
27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA
27870	ARTHRODESIS ANKLE OPEN
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL
27880	AMPUTATION LEG THROUGH TIBIA&FIBULA
27881	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST
27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR
27884	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV
27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION
27888	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV
27889	ANKLE DISARTICULATION
27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE
27893	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV
27894	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
28001	INCISION&DRAINAGE BURSA FOOT
28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE
28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS
28005	INCISION BONE CORTEX FOOT
28008	FASCIOTOMY FOOT&/TOE
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT
28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT
28035	RELEASE TARSAL TUNNEL
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>
28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT
28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT
28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX
28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA
28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS
28102	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT
28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL
28106	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT
28107	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT
28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD
28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC
28116	OSTECTOMY TARSAL COALITION
28118	OSTECTOMY CALCANEUS
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
28124	PARTIAL EXCISION BONE PHALANX TOE
28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH
28130	TALECTOMY ASTRAGALECTOMY
28140	METATARSECTOMY
28150	PHALANGECTOMY TOE EACH TOE
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE
28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS
28173	RADICAL RESECTION TUMOR METATARSAL
28175	RADICAL RESECTION TUMOR PHALANX OR TOE
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS
28192	REMOVAL FOREIGN BODY FOOT DEEP
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON
28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON
28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR
28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC
28250	DIVISION PLANTAR FASCIA & MUSCLE SPX
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX
28261	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING
28262	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH
28264	CAPSULOTOMY MIDTARSAL
28270	CAPSUL MTTARPHLNGJ JT W/WO TENORRHAPHY EA JT SPX
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX
28280	SYNDACTYLIZATION TOES
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD
28289	HALLUX RIGIDUS CORRECT W/CHEILECTOMY 1ST MP JT
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITH IMPLANT
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD
28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
28302	OSTEOTOMY TALUS
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS
28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR
28307	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA
28309	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE
28320	REPAIR NONUNION/MALUNION TARSAL BONES
28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT
28341	RCNSTJ TOE MACRODUCTYLY REQUIRING BONE RESECTION
28344	RECONSTRUCTION TOE POLYDUCTYLY
28360	RECONSTRUCTION CLEFT FOOT
28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION
28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION
28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ
28415	OPEN TREATMENT CALCANEAL FRACTURE
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT
28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION
28435	CLOSED TX TALUS FRACTURE W/MANIPULATION
28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ
28445	OPEN TREATMENT TALUS FRACTURE
28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS
28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ
28455	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ
28456	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ
28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION
28475	CLTX METAR FX W/MANJ
28476	PRQ SKEL FIXJ METAR FX W/MANJ
28485	OPEN TREATMENT METATARSAL FRACTURE EACH
28490	CLTX FX GRT TOE PHLX/PHLG W/O MANJ
28495	CLTX FX GRT TOE PHLX/PHLG W/MANJ
28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES
28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE
28530	CLOSED TREATMENT SESAMOID FRACTURE
28531	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
28540	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES
28545	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES
28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ
28555	OPEN TREATMENT TARSAL BONE DISLOCATION
28570	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES
28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES
28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION
28600	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES
28605	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES
28606	PRQ SKEL FIXJ TARS JT DISLC W/MANJ
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION
28630	CLTX METATARSOPHLNGL JT DISLC W/O ANES
28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES
28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION
28660	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES
28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION
28800	AMPUTATION FOOT MIDTARSAL
28805	AMPUTATION FOOT TRANSMETARSAL
28810	AMPUTATION METATARSAL W/TOE SINGLE
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT
28825	AMPUTATION TOE INTERPHALANGEAL JOINT
29000	APPLICATION HALO TYPE BODY CAST
29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY
29015	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD
29035	APPLICATION BODY CAST SHOULDER HIPS
29040	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA
29044	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH
29046	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS
29049	APPLICATION CAST FIGURE-OF-8
29055	APPLICATION CAST SHOULDER SPICA
29058	APPLICATION CAST PLASTER VELPEAU
29065	APPLICATION CAST SHOULDER HAND LONG ARM
29075	APPLICATION CAST ELBOW FINGER SHORT ARM
29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET
29086	APPLICATION CAST FINGER
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
29126	APPLICATION SHORT ARM SPLINT DYNAMIC
29130	APPLICATION FINGER SPLINT STATIC
29131	APPLICATION FINGER SPLINT DYNAMIC
29200	STRAPPING THORAX
29240	STRAPPING SHOULDER
29260	STRAPPING ELBOW/WRIST
29280	STRAPPING HAND/FINGER
29305	APPLICATION HIP SPICA CAST 1 LEG
29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS
29345	APPLICATION LONG LEG CAST THIGH-TOE
29355	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE
29358	APPLICATION LONG LEG CAST BRACE
29365	APPLICATION CYLINDER CAST THIGH ANKLE
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE
29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY
29435	APPLICATION PATELLAR TENDON BEARING CAST
29440	ADDING WALKER PREVIOUSLY APPLIED CAST
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST
29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES
29515	APPLICATION SHORT LEG SPLINT CALF FOOT
29520	STRAPPING HIP
29530	STRAPPING KNEE
29540	STRAPPING ANKLE &/FOOT
29550	STRAPPING TOES
29580	STRAPPING UNNA BOOT
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT
29582	APPL MLTLAYR COMPRES THGH LEG ANKLE FT WHEN DONE
29583	APPL MLTLAYR COMPRES SYSTEM UPPER & LOWER ARM
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING
29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST
29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST
29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET
29720	REPAIR SPICA BODY CAST/JACKET
29730	WINDOWING CAST
29740	WEDGING CAST EXCEPT CLUBFOOT CASTS
29750	WEDGING CLUBFOOT CAST
29805	ARTHROSCOPY SHOULDER DX W/VO SYNOVIAL BIOPSY SPX
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ
29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS
29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE
29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX
29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE
29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY
29850	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ
29851	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ
29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR
29856	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX
29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE
29873	ARTHROSCOPY KNEE LATERAL RELEASE
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
29881	ARTHRS KNEE SURG W/MENISCECTOMY MED/LAT W/SHVG
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/VO MANJ SPX
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS
29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY
29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT
29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM
29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY
29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT
29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS
30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH
30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM
30100	BIOPSY INTRANASAL
30110	EXCISION NASAL POLYP SIMPLE
30115	EXCISION NASAL POLYP EXTENSIVE
30117	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR
30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL
30120	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA
30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG
30150	RHINECTOMY PARTIAL
30160	RHINECTOMY TOTAL
30200	INJECTION TURBINATE THERAPEUTIC
30210	DISPLACEMENT THERAPY PROETZ TYPE
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE
30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES
30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
30540	REPAIR CHOANAL ATRESIA INTRANASAL
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE
30560	LYSIS INTRANASAL SYNECHIA
30580	REPAIR FISTULA OROMAXILLARY
30600	REPAIR FISTULA ORONASAL
30630	REPAIR NASAL SEPTAL PERFORATIONS
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST
30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ
30915	LIGATION ARTERIES ETHMOIDAL
30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL
31000	LAVAGE CANNULATION MAXILLARY SINUS
31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX
31238	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG
31239	NASAL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY
31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION
31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH LIGATION OF SPHENOPALATINE ARTERY
31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED
31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY
31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS
31290	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID
31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID
31292	NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN
31293	NASAL/SINUS NDSC MEDIAL ORB&NF ORB WALL DCMPR
31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN
31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)
31300	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY
31320	LARYNGOTOMY THYROTOMY LARYNGOFISSURE DX
31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION
31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION
31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ
31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ
31370	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL
31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL
31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ
31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ
31400	ARYTENOIDECTION/ARYTENOIDOPEXY XTRNL APPROACH
31420	EPIGLOTTIDECTOMY
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX
31510	LARYNGOSCOPY INDIRECT W/BIOPSY
31511	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY
31512	LARYNGOSCOPY INDIRECT W/REMOVAL LESION
31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION
31515	LARYNGOSCOPY W/VO TRACHEOSCOPY ASPIRATION
31520	LARYNGOSCOPY W/VO TRACHEOSCOPY DX NEWBORN
31525	LARYNGOSCOPY W/VO TRACHEOSCOPY DX EXCEPT NEWBORN
31526	LARYNGOSCOPY W/VO TRACHEOSCOPY W/MICRO/TELESCOPE
31527	LARYNGOSCOPY W/VO TRACHEOSCOPY INSERT OBTURATOR
31528	LARYNGOSCOPY W/VO TRACHEOSCOPY W/DILATION IN
31529	LARYNGOSCOPY W/VO TRACHEOSCOPY DILATION SUBSQ
31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL
31531	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY
31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE
31540	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT
31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP
31545	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP
31546	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT
31551	LARYNGOSCOPY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE
31552	LARYNGOSCOPY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, AGE 12 YEARS OR OLDER
31553	LARYNGOSCOPY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING YOUNGER THAN 12 YEARS OF AGE
31554	LARYNGOSCOPY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEMENT, AGE 12 YEARS OR OLDER
31560	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTION
31561	LARGSC ARYTENOIDECTION MICROSCOPE/TELESCOPE
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC
31571	LARGSC W/NX VOCAL CORD THER W/MICRO/TELESCOPE
31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER, UNILATERAL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
31573	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED PERCUTANEOUS, TRANSORAL, OR VIA ENDOSCOPE CHANNEL), UNILATERAL
31574	LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG, PERCUTANEOUS, TRANSORAL), UNILATERAL
31575	LARYNGOSCOPY FLEXIBLE FIBEROPTIC DIAGNOSTIC
31576	LARYNGOSCOPY FLEXIBLE FIBEROPTIC W/BIOPSY
31577	LARYNGOSCOPY FLX FIBEROPTIC RMVL FOREIGN BODY
31578	LARYNGOSCOPY FLEXIBLE FIBEROPTIC REMOVAL LESION
31579	LARYNGOSCOPY FLX/RGD FIBOPT W/STROBOSCOPY
31580	LARYNGOPLASTY LARYN WEB 2 STG W/KEEL INSJ&RMVL
31584	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE
31587	LARYNGOPLASTY CRICOID SPLIT
31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE
31591	LARYNGOPLASTY, MEDIALIZATION, UNILATERAL
31592	CRICOTRACHEAL RESECTION
31595	SECTION RECURRENT LARYNGEAL NERVE THER UNI SPX
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE
31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL
31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX
31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION
31615	TRACHEOBRNCHSC THRU EST TRACHS INC
31622	BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX
31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE
31625	BRONCHOSCOPY BRONCHIAL/ENDOBONCL BX 1+ SITES
31626	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT
31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION
31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE
31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON
31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX
31631	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT
31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE
31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE
31634	BRONCHOSCOPY BALLOON OCCLUSION
31635	BRONCHOSCOPY W/REMOVAL FOREIGN BODY
31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED
31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS
31640	BRONCHOSCOPY W/EXCISION TUMOR
31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL
31645	BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE 1ST
31646	BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE SBSQ
31647	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE
31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL
31649	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE
31651	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL
31652	EXAMINATION OF LUNG AIRWAYS USING AN ENDOSCOPE WITH IMAGING GUIDANCE AND ULTRASOUND
31653	EXAMINATION OF LUNG AIRWAYS USING AN ENDOSCOPE WITH IMAGING GUIDANCE AND ULTRASOUND
31654	EXAMINATION OF LUNG AIRWAYS USING AN ENDOSCOPE WITH IMAGING GUIDANCE AND ULTRASOUND
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE
31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES
31717	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY
31720	CATHETER ASPIRATION NASOTRACHEAL SPX
31725	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX
31730	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER
31750	TRACHEOPLASTY CERVICAL
31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG
31760	TRACHEOPLASTY INTRATHORACIC
31766	CARINAL RECONSTRUCTION
31770	BRONCHOPLASTY GRAFT REPAIR
31775	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS
31780	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA
31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC
31785	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL
31786	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC
31800	SUTURE TRACHEAL WOUND/INJURY CERVICAL
31805	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC
31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR
31825	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR
31830	REVISION TRACHEOSTOMY SCAR
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
32098	THORACOTOMY W/BIOPSY OF PLEURA
32100	THORACOTOMY WITH EXPLORATION
32110	THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS
32140	THORCOM W/REMOVAL OF CYST
32141	THORACOTOMY W/RESECTION BULLAE
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP
32151	THORCOM W/RMVL IPUL FB
32160	THORACOTOMY W/CARDIAC MASSAGE
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC
32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE
32320	DECORTICATION & PARIETAL PLEURECTOMY
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE
32405	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE
32440	REMOVAL OF LUNG PNEUMONECTOMY
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG
32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL
32507	THORACOTOMY W/DX WEDGE RESEXN & AN TOM LUNG RESE
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY
32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL
32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF
32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT
32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING
32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING
32556	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING
32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS
32561	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY
32562	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA
32650	THORACOSCOPY W/PLEURODESIS
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS
32653	THORACOSCOPY RMYL INTRAPLEURAL FB/FIBRIN DEPOSIT
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE
32655	THORACOSCOPY W/RESECTION BULLAE W/VO PLEURAL PX
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY
32658	THORACOSCOPY W/RMYL CLOT/FB FROM PERICARDIAL SAC
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN
32669	THORACOSCOPY W/SEGMENTECTOMY
32670	THORACOSCOPY W/BILOBECTOMY
32671	THORACOSCOPY W/PNEUMONECTOMY
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL
32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC
32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR
32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED, UNILATERAL; CRYOABLATION
32997	TOTAL LUNG LAVAGE UNILATERAL
32998	ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI
33010	PERICARDIOCENTESIS INITIAL
33011	PERICARDIOCENTESIS SUBSEQUENT
33015	TUBE PERICARDIOSTOMY
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECT W/DRG/BX
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS
33050	RESECTION PERICARDIAL CYST/TUMOR
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP
33130	RESECTION EXTERNAL CARDIAC TUMOR
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX
33202	INSERTION EPICARDIAL ELECTRODE OPEN
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX
33212	INS PM PLS GEN W/EXIST SINGLE LEAD
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS
33215	RPSG PREV IMPLTED PM/CVDFB R ATR/R VENTR ELTRD
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER OR CVDFB
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER OR CVDFB
33218	RPR 1 ELTRD PRM PM/PACING CVDFB
33220	RPR 2 ELTRDS PRM PM/PACING CVDFB
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS
33222	REVISION/RELOCATION SKIN POCKET PACEMAKER
33223	REVJ SKN POCKET FOR CARDIOVERTER-DEFIBRILLATOR
33224	INSJ ELTRD CAR VEN SYS ATTCH PM/CVDFB PLS GEN
33225	INSJ ELTRD CAR VEN SYS TM INSJ CVDFB/PM PLS GEN
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD
33227	REMV L PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD
33228	REMV L PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
33229	REMLV PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD
33230	INS PACNG CVDFB PLS GEN ONLY W/EXIST DUAL LEADS
33231	INS PACNG CVDFB PLS GEN ONLY W/EXIST MULTI LEADS
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS
33236	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS
33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY
33241	REMLV PAC CVDFB PLS GEN ONLY
33243	RMVL 1/2CHMBR PACG CARDIOVERTERDEFIB ELTRD THORCOM
33244	RMVL 1/2CHMBR PACG CVDFB ELTRD TRANSVNS XTRJ
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS
33254	ABLATION & RECONSTRUCTION ATRIA LIMITED
33255	ABLATION & RCNSTJ ATRIA X10SV W/O BYPASS
33256	ABLATION & RCNSTJ ATRIA X10SV W/BYPASS
33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE
33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP
33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS
33262	REM PAC CVDFB PLSE GEN &REPL PLSE GEN SNGL LEA
33263	REM PAC CVDFB PLSE GEN &REPL PLSE GEN DUAL LEA
33264	REM PAC CVDFB PLS GEN &REPL PLSE GEN MULTI LEA
33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS
33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS
33271	INSERTION OF DEFIBRILLATOR ELECTRODE
33272	REMOVAL OF DEFIBRILLATOR ELECTRODE
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED DEFIBRILLATOR ELECTRODE
33282	IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER
33284	RMVL IMPLANTABLE PT-ACTIVATED CAR EVENT RECORDER
33300	REPAIR CARDIAC WOUND W/O BYPASS
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH
33366	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APRCH
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH
33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOMY, DEBRIDEMENT, DEBULKING, AND/OR SIMPLE COMMISSURAL RESUSPENSION)
33391	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION, LEAFLET RECONSTRUCTION, OR ANNULOPLASTY)
33404	CONSTRUCTION APICAL-AORTIC CONDUIT
33405	RPLCMT PROST AORTIC VALVE XCP HOMOGRF/STENT
33406	RPLCMT AORTIC VALVE ALLOGRAFT VALVE FREEHAND
33410	RPLCMT AORTIC VALVE W/STENTLESS TISSUE VALVE
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMT NONC SINUS
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE
33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR
33414	RPR VENTR O/F TRC OBSTR CJ PATCH ENLGMT O/F TRC
33415	RESECTION/INCISION SUBVALVULAR TISSUE
33416	VENTRICULOMYOTOMY-MYECTOMY
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS
33418	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN
33419	REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ACCESSED THROUGH THE SKIN
33420	VALVOTOMY MITRAL VALVE CLOSED HEART
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/NO RING
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS
33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY
33470	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS
33475	REPLACEMENT PULMONARY VALVE
33476	R VENTRIC RESCJ INFUND STEN W/VO COMMISSUROTOMY
33477	IMPLANTATION OF HEART VALVE (PULMONARY) TO LUNGS, ACCESSED THROUGH THE SKIN
33478	OUTFLOW TRACT AGMNTJ W/VO COMMISSUR/INFUND RESCJ
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS
33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT
33517	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 1 VEI
33518	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 2 VEI
33519	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 3 VEI
33521	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 4 VEI
33522	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 5 VEI
33523	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 6 VEI
33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS
33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS
33542	MYOCARDIAL RESECTION
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT
33610	RPR CAR ANOMAL SURG ENLGMNT VENTR SEPTL DFCT

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX
33619	RPR 1 VNTRC W/O/F OBSTR CJ&AORTIC ARCH HYPOPLAS
33620	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH
33645	DIR/PATCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG
33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS
33676	CLOSURE MULTIPLE VSD W/RESECTION
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET
33690	BANDING PULMONARY ARTERY
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH
33697	COMPL RPR T-FALLOT W/PULM ATRESIA
33702	RPR SINUS VALSALVA FISTULA
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT
33720	RPR SINUS VALSALVA ANEURYSM
33722	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN
33726	REPAIR PULMONARY VENOUS STENOSIS
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX
33802	DIVISION ABERRANT VESSEL VASCULAR RING
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION
33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER
33840	EXC COARCJ AORTA W/VO PDA W/DIRECT ANASTOMOSIS
33845	EXCISION COARCTATION AORTA W/VO PDA W/GRAFT
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET
33852	RPR HYOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS
33853	RPR HYOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS
33860	ASCENDING AORTA GRF W/CARD BYP & VALVE SSP
33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL
33870	TRANSVERSE ARCH GRAFT W/CARDIOPULMONARY BYPASS
33875	DESCENDING THORACIC AORTA GRAFT W/VO BYPASS
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/VO BYPASS
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS
33916	PULMONARY ENDARTERCOMY W/VO EMBOLECTOMY W/BYPASS
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS
33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS
33946	INITIATION OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP
33947	INITIATION OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP
33948	DAILY MANAGEMENT OF EXTERNAL VEIN TO VEIN BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP
33949	DAILY MANAGEMENT OF EXTERNAL VEIN TO ARTERY BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP
33951	INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33952	INSERTION OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33953	INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33954	INSERTION OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33955	INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33956	INSERTION OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33957	REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33958	REPOSITIONING OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33959	REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33962	REPOSITIONING OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33963	REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33964	REPOSITIONING OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33965	REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33966	REMOVAL OF TUBE ACCESSED THROUGH THE SKIN FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PRQ
33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ
33969	REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
33971	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/VO GRF
33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA
33974	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR
33977	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE
33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC
33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC
33981	RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP
33982	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS
33983	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS
33984	REMOVAL OF TUBE OPEN PROCEDURE FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33985	REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT BIRTH THROUGH 5 YEARS OF AGE
33986	REMOVAL OF TUBE ACCESSED THROUGH THE CHEST FOR EXTERNAL BLOOD CIRCULATION IN HEART AND LUNGS USING A PUMP PATIENT 6 YEARS AND OLDER
33987	INCISION OF ARTERY FOR CREATION OF A CHANNEL FOR BLOOD CIRCULATION USING A PUMP
33988	INSERTION OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND RETURN
33989	REMOVAL OF LEFT HEART VENT THROUGH CHEST FOR BLOOD OXYGENATION REWARMING AND RETURN
33990	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY
33991	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS
33992	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION
33993	REPOSITION VAD W/IMAGING DIFFERENT SESSION
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART
34111	EMBLC/THRMBC W/VO CATH RADIAL/ULNAR ART ARM INC
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN
34501	VALVULOPLASTY FEMORAL VEIN
34502	RECONSTRUCTION VENA CAVA ANY METHOD
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS
34701	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION; FOR OTHER THAN RUPTURE (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER)
34702	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION; FOR RUPTURE INCLUDING TEMPORARY AORTIC AND/OR ILIAC BALLOON OCCLUSION, WHEN PERFORMED (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, TRAUMATIC DISRUPTION)
34703	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR OTHER THAN RUPTURE (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER)
34704	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR RUPTURE INCLUDING TEMPORARY AORTIC AND/OR ILIAC BALLOON OCCLUSION, WHEN PERFORMED (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, TRAUMATIC DISRUPTION)
34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR OTHER THAN RUPTURE (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER)
34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR RUPTURE INCLUDING TEMPORARY AORTIC AND/OR ILIAC BALLOON OCCLUSION, WHEN PERFORMED (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, TRAUMATIC DISRUPTION)
34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY TO THE ILIAC BIFURCATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED, UNILATERAL; FOR OTHER THAN RUPTURE (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, ARTERIOVENOUS MALFORMATION)
34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY TO THE ILIAC BIFURCATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED, UNILATERAL; FOR RUPTURE INCLUDING TEMPORARY AORTIC AND/OR ILIAC BALLOON OCCLUSION, WHEN PERFORMED (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, ARTERIOVENOUS MALFORMATION, TRAUMATIC DISRUPTION)

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
34709	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) OR PROXIMAL TO THE RENAL ARTERY(IES) FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, PENETRATING ULCER, INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED, PER VESSEL TREATED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34710	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, ENDOLEAK, OR ENDOGRAFT MIGRATION, INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED; INITIAL VESSEL TREATED
34711	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, ENDOLEAK, OR ENDOGRAFT MIGRATION, INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED; EACH ADDITIONAL VESSEL TREATED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG, ANCHOR, SCREW, TACK) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34800	EVASC RPR AAA W/AORTO-AORTIC TUBE PROSTH
34802	EVASC RPR AAA W/MDLR BFRC PROSTH 1 LIMB
34803	EVASC RPR AAA W/MDLR BFRC PROSTH 2 LIMBS
34804	EVASC RPR AAA W/UNIBDY BFRC PROSTH
34805	EVASC RPR AAA AORTO-UNILIAC/AORTO-UNIFEM PROSTH
34806	TCAT PLACEMENT PHYSIOLOGIC SENSOR ANEURYSMAL SAC
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR
34820	ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI
34825	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ 1ST VSL
34826	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ EA VSL
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH
34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH
34833	ILIAC ART EXPOS W/CRTJ CONDUIT UNI
34834	BRACH ART EXPOS DPLMNT AORTIC/ILIAC PROSTH UNI

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC GRAFT FOR REPAIR OF AORTA REQUIRING A MINIMUM OF 90 MINUTES OF PHYSICIAN TIME
34841	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 1 ARTERY PROSTHESES
34842	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 2 ARTERY PROSTHESES
34843	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 3 ARTERY PROSTHESES
34844	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 4 OR MORE ARTERY PROSTHESES
34845	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 1 ARTERY PROSTHESES
34846	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 2 ARTERY PROSTHESES
34847	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 3 ARTERY PROSTHESES
34848	PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 4 OR MORE ARTERY PROSTHESES
34900	EVASC RPR ILIAC ART ILIO-ILIAC PROSTHESIS
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY
35081	DIR RPR ANEURYSM ABDOMINAL AORTA
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS
35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VLSL
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VLSL
35111	DIR RPR ANEURYSM SPLENIC ARTERY
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN
35131	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY
35132	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY
35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY
35142	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART
35151	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY
35152	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK

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No Prior Authorization Code	Description
35182	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN
35184	RPR CONGENITAL AV FISTULA EXTREMITIES
35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN
35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES
35201	REPAIR BLOOD VESSEL DIRECT NECK
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER
35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY
35303	TEAEC W/GRAFT POPLITEAL ARTERY
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL
35351	TEAEC W/WO PATCH GRAFT ILIAC
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL
35390	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ
35450	TRLUML BALLOON ANGIOPL OPN RENAL/OTH VISCERAL ART
35452	TRLUML BALLOON ANGIOPLASTY OPEN AORTIC
35458	TRLUML BALO ANGIOPL OPN BRCH/CPHLC TRNK/BRNCH EA
35460	TRLUML BALLOON ANGIOPLASTY OPEN VENOUS
35471	TRLUML BALLOON ANGIOPL PRQ RENAL/VISCERAL ART
35472	TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS AORTIC
35476	TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS VENOUS
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID
35508	BYPASS W/VEIN CAROTID-VERTEBRAL
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID
35510	BYPASS W/VEIN CAROTID-BRACHIAL
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY
35518	BYPASS W/VEIN AXILLARY-AXILLARY
35521	BYPASS W/VEIN AXILLARY-FEMORAL
35522	BYPASS W/VEIN AXILLARY-BRACHIAL
35523	BYPASS W/VEIN BRACHIAL-ULNAR-/RADIAL
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL
35535	BYPASS W/VEIN HEPATORENAL
35536	BYPASS W/VEIN SPLENORENAL
35537	BYPASS W/VEIN AORTOILIAC
35538	BYPASS W/VEIN AORTOBI-ILIAC
35539	BYPASS W/VEIN AORTOFEMORAL
35540	BYPASS W/VEIN AORTOBIFEMORAL
35556	BYPASS W/VEIN FEMORAL-POPLITEAL
35558	BYPASS W/VEIN FEMORAL-FEMORAL
35560	BYPASS W/VEIN AORTORENAL
35563	BYPASS W/VEIN ILIOILIAC
35565	BYPASS W/VEIN ILIOFEMORAL
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX

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No Prior Authorization Code	Description
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL
35600	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENERIC
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL
35636	BYP OTH/THN VEIN SPLENORENAL
35637	BYP OTH/THN VEIN AORTOILIAC
35638	BYP OTH/THN VEIN AORTOBI-ILIAC
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL
35646	BYP OTH/THN VEIN AORTOBIFEMORAL
35647	BYP OTH/THN VEIN AORTOFEMORAL
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL
35663	BYP OTH/THN VEIN ILIOILIAC
35665	BYP OTH/THN VEIN ILIOFEMORAL
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART
35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS
35683	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO
35691	TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART
35693	TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART
35694	TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART
35695	TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART
35700	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
35701	EXPL N/FLWD SURG RPR W/VO LYSIS CAROTID ARTERY
35721	EXPL N/FLWD SURG RPR W/VO LYSIS FEMORAL ARTERY
35741	EXPL N/FLWD SURG RPR W/VO LYSIS POPLITEAL ARTERY
35761	EXPL N/FLWD SURG RPR W/VO LYSIS OTHER ARTERY
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR
35870	RPR GRF-ENTERIC FSTL
35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT
35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT
35901	EXCISION INFECTED NECK GRAFT
35903	EXCISION INFECTED GRAFT EXTREMITY
35905	EXCISION INFECTED GRAFT THORAX
35907	EXCISION INFECTED GRAFT ABDOMEN
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH
36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC
36013	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY
36014	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY
36015	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART
36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY
36120	INTRO NEEDLE/INTRACATH RETROGRADE BRACHIAL ART
36140	INTRO NEEDLE/INTRACATH EXTREMITY ARTERY
36147	INTRO NDL/CATH AV SHUNT IST ACCESS W/ RAD EVAL
36148	INTRO NDL/CATH AV SHUNT ADDL ACCESS THER IVNTJ
36160	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR
36200	INTRODUCTION CATHETER AORTA
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH
36217	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH
36218	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
36223	SLCTV CATH CAROTID/INNOV ART ANGIO INTRCRANL ART
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY
36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC
36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH
36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH
36248	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I
36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM
36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP
36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP
36400	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN
36405	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN
36406	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN
36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE
36416	COLLECTION CAPILLARY BLOOD SPECIMEN
36420	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR
36425	VENIPUNCTURE CUTDOWN AGE 1 YR/>
36430	TRANSFUSION BLOOD/BLOOD COMPONENTS
36440	PUSH TRANSFUSION BLOOD 2 YR/UNDER
36450	EXCHNG TRANSFUSION BLOOD NEWBORN
36455	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN
36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD, PLASMA OR CRYSTALLOID NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, NEWBORN
36460	TRANSFUSION INTRAUTERINE FETAL
36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD
36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING
36510	CATHJ UMBILICAL VEIN DX/THER NB
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS
36513	THERAPEUTIC APHERESIS PLATELETS
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS
36515	THER APHERESIS W/XTRCORP IMMUNODSPTJ& PLSM RENFJ
36516	THER APHRS XTRCORP SLCTV ADSRPJ/FILTRJ & REINFSJ

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
36522	PHOTOPHERESIS EXTRACORPOREAL
36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>
36557	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR
36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>
36560	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR
36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>
36563	INSJ TUNNELED CTR VAD W/SUBQ PUMP
36565	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP
36566	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT
36568	INSJ PRPH CVC W/O SUBQ PORT/PMP UNDER 5 YR
36569	INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>
36570	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR
36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>
36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP
36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT
36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP
36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP
36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT
36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP
36584	RPLCMT COMPL PRPH CVC W/O SUBQ PORT/PMP
36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT
36589	RMVL TUN CVC W/O SUBQ PORT/PMP
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE
36592	COLLECT BLOOD FROM CATHETER VENOUS NOS
36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH
36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS
36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN
36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDN
36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPR
36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX
36620	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ
36625	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN
36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN
36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY
36680	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR

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No Prior Authorization Code	Description
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT
36823	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH
36870	THRMBC PRQ ARVEN FSTL AUTOG/NONAUTOG GRF
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRACT, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA, FLUOROSCOPIC GUIDANCE, RADIOLOGIC SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRACT, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA, FLUOROSCOPIC GUIDANCE, RADIOLOGIC SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT; WITH TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL DIALYSIS SEGMENT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY
36903	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRACT, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA, FLUOROSCOPIC GUIDANCE, RADIOLOGIC SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT; WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), PERIPHERAL DIALYSIS SEGMENT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENTING AND ALL ANGIOPLASTY WITHIN THE PERIPHERAL DIALYSIS SEGMENT
36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; DIAGNOSTIC ANGIOGRAPHY, FLUOROSCOPIC GUIDANCE, CATHETER PLACEMENT(S), AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S)
36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; DIAGNOSTIC ANGIOGRAPHY, FLUOROSCOPIC GUIDANCE, CATHETER PLACEMENT(S), AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S); WITH TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL DIALYSIS SEGMENT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION NECESSARY TO PERFORM THE ANGIOPLASTY

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No Prior Authorization Code	Description
36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; DIAGNOSTIC ANGIOGRAPHY, FLUOROSCOPIC GUIDANCE, CATHETER PLACEMENT(S), AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S); WITH TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), PERIPHERAL DIALYSIS SEGMENT, INCLUDING ALL IMAGING RADIOLOGICAL SUPERVISION AND INTERPRETATION TO PERFORM THE STENTING AND ALL ANGIOPLASTY WITHIN THE PERIPHERAL DIALYSIS CIRCUIT
36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36908	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING, AND ALL ANGIOPLASTY IN THE CENTRAL DIALYSIS SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS), ENDOVASCULAR INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL
37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL
37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENERIC
37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL
37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL
37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT
37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT
37184	PRIM PRQ TRLUML MCHNL THRMBC 1ST VSL
37185	PRIM PRQ TRLUML MCHNL THRMBC SBSQ VSL
37186	SEC PRQ TRANSLUMINAL THROMBECTOMY NONCORONARY
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX
37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I
37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I
37195	THROMBOLYSIS CEREBRAL IV INFUSION
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING
37200	TRANSCATHETER BIOPSY
37211	THROMBOLYSIS ARTERIAL INFUSION W/IMAGING INIT TX
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX
37214	CESSATION THROMBOLYTIC THRPY W/CATHETER REMOVAL
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ
37217	INSERTION OF INTRAVASCULAR STENTS IN NECK ARTERY WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
37218	INSERTION OF STENTS IN BLOOD VESSELS OF CHEST OPEN OR ACCESSED THROUGH THE SKIN WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL

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No Prior Authorization Code	Description
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY
37222	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL
37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL
37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL
37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL
37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL
37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL
37236	INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR ACCESSED THROUGH THE SKIN, WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
37237	INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR ACCESSED THROUGH THE SKIN, WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
37238	INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
37239	INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
37241	OCCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GUIDANCE
37242	OCCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GUIDANCE
37243	OCCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GUIDANCE
37244	OCCCLUSION OF ARTERIAL OR VENOUS HEMORRHAGE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GUIDANCE
37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULMONARY, OR DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY; INITIAL ARTERY
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULMONARY, OR DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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
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)
37252	ULTRASOUND EVALUATION OF BLOOD VESSEL DURING DIAGNOSIS OR TREATMENT

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No Prior Authorization Code	Description
37253	ULTRASOUND EVALUATION OF BLOOD VESSEL DURING DIAGNOSIS OR TREATMENT
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX
37565	LIGATION INTERNAL JUGULAR VEIN
37600	LIGATION EXTERNAL CAROTID ARTERY
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA
37609	LIGATION/BIOPSY TEMPORAL ARTERY
37615	LIGATION MAJOR ARTERY NECK
37616	LIGATION MAJOR ARTERY CHEST
37617	LIGATION MAJOR ARTERY ABDOMEN
37618	LIGAMENT MAJOR ARTERY EXTREMITY
37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I
37650	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&
37660	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I
38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE
38101	SPLENECTOMY TOTAL EN BLOC W/OTHER PROCEDURE
38102	SPLENC TOT EN BLOC X10SV DS CONJUNCT W/OTH PX
38115	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT
38120	LAPAROSCOPIC SURGICAL SPLENECTOMY
38200	INJECTION PROCEDURE SPLENOPTOGRAPY
38220	MARROW ASPIRATION ONLY
38221	BONE MARROW BIOPSY NEEDLE/TROCAR
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS
38300	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL
38305	DRG LYMPH NODE ABSC/LYMPHADENITIS X10SV
38308	LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS
38380	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH
38381	SUTR&/LIG THORACIC DUCT THORACIC APPROACH
38382	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE
38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE
38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE
38542	DISSECTION DEEP JUGULAR NODE
38550	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ
38555	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ
38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC

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No Prior Authorization Code	Description
38564	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY
38572	LAPS BI TOT PEL LMPHADEC&PRI-AORTIC LYMPH BX 1
38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATIC AND OTHER SEROSAL BIOPSY(IES), WHEN PERFORMED
38700	SUPRAHYOID LYMPHADENECTOMY
38720	CERVICAL LYMPHADENECTOMY
38724	CERVICAL LMPHADEC MODIFIED RADICAL NECK DSJ
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL
38745	AXILLARY LYMPHADENECTOMY COMPLETE
38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC
38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX
38765	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC
38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR
38780	RPR TABDL LMPHADEC X10SV W/PEL AORTIC&RNL
38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY
38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE
38794	CANNULATION THORACIC DUCT
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR
39200	RESECTION OF MEDIASTINAL CYST
39220	RESECTION MEDIASTINAL TUMOR
39401	EXAMINATION OF CHEST USING AN ENDOSCOPE WITH BIOPSY
39402	EXAMINATION OF CHEST USING AN ENDOSCOPE WITH LYMPH NODE BIOPSY
39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH
39503	RPR NEONATAL DIPHRG HERNIA W/VO CHEST TUBE INSJ
39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT
39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC
39545	IMBRICATION DIAPHRAGM EVENTRATION
39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR
39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR
40490	BIOPSY OF LIP
40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI
40701	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX
40702	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS
40720	PLSTC RPR CL LIP/NSL DFRM SEC RECTJ DFCT & RECL
40761	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL
40801	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP
40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL
40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP
40806	INCISION LABIAL FRENUM FRENOTOMY
40808	BIOPSY VESTIBULE MOUTH
40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR
40812	EXC LES MUCOSA & SBMCSL VESTIBULE SMPL RPR
40814	EXC LES MUCOSA & SBMCSL VESTIBULE CPLX RPR
40816	EXC LES MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC
40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF
40819	EXC FRENUM LABIAL/BUCCAL
40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<
40831	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL
40840	VESTIBULOPLASTY ANTERIOR
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL
40843	VESTIBULOPLASTY POSTERIOR BILATERAL
40844	VESTIBULOPLASTY ENTIRE ARCH
40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG
41000	INTRAORAL I&D TONGUE/FLOOR LINGUAL
41005	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC
41006	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD
41007	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE
41008	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE
41009	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE
41010	INCISION LINGUAL FRENUM FRENOTOMY
41015	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL
41016	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT
41017	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB
41018	XTRORAL I&D FLOOR MASTICATOR SPACE
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD
41108	BIOPSY FLOOR MOUTH
41110	EXCISION LESION TONGUE W/O CLOSURE
41112	EXC LES TONGUE W/CLSR ANTERIOR TWO-THIRDS
41113	EXC LES TONGUE W/CLSR POSTERIOR ONE-THIRD
41114	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP
41115	EXCIISION LINGUAL FRENUM FRENECTOMY
41116	EXCISION LESION FLOOR MOUTH
41120	GLOSSECTOMY <ONE-HALF TONGUE
41130	GLOSSECTOMY HEMIGLOSSECTOMY

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ
41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ
41145	GLSSC COMPL/TOT W/VO TRACHS W/UNI RAD NECK DSJ
41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ
41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ
41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK
41250	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG
41251	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE
41252	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX
41500	FIXJ TONGUE MECHANICAL OTHER/THAN SUTURE
41510	SUTURE TONGUE LIP MICROGNATHIA
41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ
41520	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY
41530	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS
41805	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS
41806	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE
42000	DRAINAGE ABSCESS PALATE UVULA
42100	BIOPSY PALATE UVULA
42104	EXC LESION PALATE UVULA W/O CLOSURE
42106	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE
42107	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE
42120	RESCJ PALATE/EXTENSIVE RESCJ LESION
42160	DSTRJ LES PALATE/UVULA THERMAL CRYO/CHEM
42180	REPAIR LACERATION PALATE <2 CM
42182	REPAIR LACERATION PALATE >2 CM/COMPLEX
42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY
42205	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE
42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE
42215	PALATOPLASTY CLEFT PALATE MAJOR REVJ
42220	PALATOPLASTY CLEFT PALATE SEC LNGTH PX
42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP
42226	LENGTHENING PALATE & PHARYNGEAL FLAP
42227	LENGTHENING PALATE W/ISLAND FLAP
42235	REPAIR ANTERIOR PALATE W/VOMER FLAP
42260	REPAIR NASOLABIAL FISTULA
42300	DRAINAGE ABSCESS PAROTID SIMPLE
42305	DRAINAGE ABSCESS PAROTID COMPLICATED
42310	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL
42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL
42330	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL
42340	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL
42400	BIOPSY SALIVARY GLAND NEEDLE
42405	BIOPSY SALIVARY GLAND INCISIONAL
42408	EXC SUBLINGUAL SALIVARY CYST RANULA
42409	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA
42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ
42415	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR
42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR
42425	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL
42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ
42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND
42450	EXISION OF SUBLINGUAL GLAND
42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM
42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP
42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX
42509	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS
42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS
42550	INJECTION PROCEDURE SIALOGRAPHY
42600	CLOSURE SALIVARY FISTULA
42650	DILATION SALIVARY DUCT
42660	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION
42665	LIGATION SALIVARY DUCT INTRAORAL
42700	I&D ABSCESS PERITONSILLAR
42720	I&D ABSC RTRPHRNG/ PARAPHARYNGEAL INTRAORAL
42725	I&D ABSC RTRPHRNG/ PARAPHARYNGEAL XTRNL APPR
42800	BIOPSY OROPHARYNX
42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE
42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION
42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD
42809	REMOVAL FOREIGN BODY PHARYNX
42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS
42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX
42842	RADICAL RESECTION TONSIL W/O CLOSURE
42844	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP
42845	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP
42860	EXCISION TONSIL TAGS
42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX
42900	SUTURE PHARYNX WOUND/INJURY
42953	PHARYNGOESOPHAGEAL REPAIR
42955	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE
42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ
42962	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ
42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS
42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION
42972	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ
43020	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB
43030	CRICOPHARYNGEAL MYOTOMY
43045	ESOPHAGOTOMY THORACIC APPR W/RMVL FB
43100	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR
43101	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR
43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY
43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ
43112	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY
43113	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ
43116	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF
43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY
43118	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ
43121	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY
43122	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL
43123	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ
43124	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY
43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR
43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR
43180	REMOVAL OF ESOPHAGUS TISSUE USING AN ENDOSCOPE
43192	INJECTIONS OF SUBSTANCE IN TISSUE LINING OF ESOPHAGUS USING AN ENDOSCOPE
43193	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE
43198	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE
43200	ESPHGSC RGD/FLX DX W/WO COLLJ SPEC BR/WA SPX
43201	ESPHGSC RGD/FLX W/SUBMUCOSAL INJ ANY SBST
43202	ESPHGSC RGD/FLX W/BIOPSY SINGLE/MULTIPLE
43204	ESPHGSC RGD/FLX W/NJX SCLEROSIS ESOPHGL VARC
43205	ESPHGSC RGD/FLX W/BAND LIGATION ESOPHGL VARICES
43206	ESPHGSC W/OPTICAL ENDOMICROSCOPY
43210	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL WITH REPAIR OF MUSCLE AT ESOPHAGUS AND STOMACH USING AN ENDOSCOPE
43211	REMOVAL OF TISSUE LINING OF ESOPHAGUS USING AN ENDOSCOPE
43212	PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE
43213	DILATION OF ESOPHAGUS USING AN ENDOSCOPE
43214	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
43215	ESPHGSC RGD/FLX W/RMVL FOREIGN BODY
43216	ESPHGSC RGD/FLX RMVL TUM HOT BX FORCEPS/CAUT
43217	ESPHGSC RGD/FLX W/RMVL TUMOR SNARE TECHNIQUE
43220	ESPHGSC RGD/FLX W/BALLOON DILAT <30 MM DIAM
43226	ESPHGSC RGD/FLX W/INSJ GUIDE WIRE DILATION
43227	ESPHGSC RGD/FLX W/CTRL BLEEDING
43229	DESTRUCTION OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE
43231	ESPHGSC RGD/FLX W/NDSC ULTRASOUND EXAMINATION
43232	ESPHGSC RGD/FLX W/TNDS US-GID FINE NDL ASPIR/BX
43233	BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE
43235	UPPER GI NDSC DX W/VO COLLECTION SPECIMEN
43236	UPPER GI NDSC W/SUBMUCOSAL INJECTION
43237	UPR GI NDSC & US NDSC EXAM LMTD ESOPHAGUS
43238	UPR GI NDSC TNDS US FINE NDL ASPIR/BX ESOPH
43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE
43240	UPR GI NDSC TRANSMURAL DRAINAGE PSEUDOCYST
43241	UPR GI NDSC TNDS INTRALUMINAL TUBE/CATH PLMT
43242	UPPER GI NDSC ULTRASOUND GUIDED BIOPSY
43243	UPR GI NDSC NJX SCLEROSIS ESOPHGL&/GSTR VARICE
43244	UPR GI NDSC BAND LIG ESOPHGL&/GSTR VARICES
43245	UPR GI NDSC DILAT GSTR OUTLET FOR OBSTRCTJ
43246	UPR GI NDSC PLMT PRQ GASTROSTOMY TUBE
43247	UPPER GI NDSC W/FOREIGN BODY REMOVAL
43248	UPR GI NDSC INSJ GUIDE WIRE DILAT ESOPHAGUS
43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM
43250	UPR GI NDSC RMVL LESION HOT BX/BIPOLAR CAUTERY
43251	UPR GI NDSC RMVL TUM POLYP/OTH LES SNARE TQ
43252	UPR GI W/OPTICAL ENDOMICROSCOPY
43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE
43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE
43255	UPR GI NDSC CONTROL BLEEDING ANY METHOD
43257	UPR GI NDSC DLVR THERMAL NRG SPHNCTR/CARDIA
43259	UPPER GI NDSC W/NDSC ULTRASOUND EXAM
43260	ERCP DX W/VO COLLJ SPEC BRUSHING/WASHING SPX
43261	ERCP W/BIOPSY SINGLE/MULTIPLE
43270	DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE
43273	ENDOSCOPIC PAPANULLATION BILE PANCREATIC
43274	PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE
43275	REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT USING AN ENDOSCOPE

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
43276	REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE
43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE
43278	DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE
43283	LAPS ESOPHAGEAL LENGTHENING ADDL
43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OPEN CERVICAL PHARYNGOGASTROSTOMY OR ESOPHAGOGASTROSTOMY (IE, LAPAROSCOPIC TRANSHIATAL ESOPHAGECTOMY)
43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH SEPARATE THORACOSCOPIC MOBILIZATION OF THE MIDDLE AND UPPER MEDIASTINAL ESOPHAGUS AND THORACIC ESOPHAGOGASTROSTOMY (IE, LAPAROSCOPIC THORACOSCOPIC ESOPHAGECTOMY, IVOR LEWIS ESOPHAGECTOMY)
43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH THORACOSCOPIC MOBILIZATION OF THE UPPER, MIDDLE, AND LOWER MEDIASTINAL ESOPHAGUS, WITH SEPARATE LAPAROSCOPIC PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OPEN CERVICAL PHARYNGOGASTROSTOMY OR ESOPHAGOGASTROSTOMY (IE, THORACOSCOPIC, LAPAROSCOPIC AND CERVICAL INCISION ESOPHAGECTOMY, MCKEOWN ESOPHAGECTOMY, TRI-INCISIONAL ESOPHAGECTOMY)
43300	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL
43305	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL
43310	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL
43312	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL
43313	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL
43314	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL
43320	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP
43325	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH
43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY
43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY
43330	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH
43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH
43338	ESOPHAGUS LENGTHENING
43340	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR
43341	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR
43351	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR
43352	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR
43360	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH
43361	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT
43400	LIGATION DIRECT ESOPHAGEAL VARICES
43401	TRNSXJ ESOPH W/RPR ESOPHAGEAL VARICES
43405	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J
43410	SUTR ESOPHGL WND/INJ CRV APPR
43415	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR
43420	CLSR ESOPHAGOSTOMY/FSTL CRV APPR
43425	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS
43453	DILATION ESOPHAGUS GUIDE WIRE
43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE
43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS
43500	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL
43501	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER
43502	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC
43510	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC
43605	BIOPSY STOMACH LAPAROTOMY
43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH
43611	EXC LOCAL MALIGNANT TUMOR STOMACH
43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY
43622	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH
43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT
43640	VGTMW W/PYLORPLSTY W/VO GASTROST TRUNCAL/SLCTV
43641	VGTMW W/PYLOROPLASTY W/VO GASTROST PARIETAL CELL
43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL
43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV
43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE
43753	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE
43754	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN
43755	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC
43756	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN
43757	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN
43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GUIDE
43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO
43800	PYLOROPLASTY
43810	GASTRODUODENOSTOMY
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE
43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX
43831	GASTROSTOMY OPN NEONATAL FEEDING
43832	GASTROSTOMY OPN W/CONSTJ GSTR TUBE
43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ
43850	REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
43855	REVJ GASTRODUOL ANAST W/RCNSTJ W/VGTMY
43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY
43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY
43870	CLOSURE GASTROSTOMY SURG
43880	CLOSURE GASTROCOLIC FISTULA
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX
44010	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL
44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD
44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL
44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN
44025	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL
44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT
44055	CORRJ MALROTATION BANDS&RDCTJ VOLVULUS
44100	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS
44110	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM
44111	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST
44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA
44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY
44126	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING
44127	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING
44128	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS
44130	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT
44140	COLECTOMY PARTIAL W/ANASTOMOSIS
44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY
44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT
44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY
44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY
44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS
44151	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST
44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY
44156	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST
44157	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST
44158	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR
44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS
44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY
44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY
44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA
44203	LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM
44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST
44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS
44211	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMOSIS
44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE
44312	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX
44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX
44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY
44322	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX
44340	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX
44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX
44346	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX
44360	ENDOSCOPY UPPER SMALL INTESTINE
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY
44363	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY
44364	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE
44365	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY
44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING
44369	ENTEROSCOPY > 2ND PRTN ABLTJ LESION
44370	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT
44372	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE
44373	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE
44376	ENTEROSC >2ND PRTN W/ILEUM W/NO COLLJ SPEC SPX
44377	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE
44378	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING
44379	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT
44380	ILEOSCOPY STOMA DX W/NO COLLJ SPEC BR/WA SPX
44381	BALLOON DILATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
44384	PLACEMENT OF STENT IN SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44385	NDSC EVAL INTSTINAL POUCH DX W/VO COLLJ SPEC SPX
44386	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE
44388	COLONOSCOPY STOMA DX W/VO COLLJ SPEC SPX
44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE
44390	COLONOSCOPY STOMA W/RMVL FOREIGN BODY
44391	COLONOSCOPY STOMA CONTROL BLEEDING
44392	COLONOSCOPY STOMA RMVL LESION CAUTERY
44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE
44401	DESTRUCTION OF LARGE BOWEL GROWTHS USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44402	STENT PLACEMENT IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44403	RESECTION OF LARGE BOWEL TISSUE USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44404	INJECTIONS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44405	BALLOON DILATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44406	ULTRASOUND EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44407	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION/BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44408	DECOMPRESSION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPENING
44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE
44602	ENTERORRHAPHY 1PERFORATION
44603	ENTERORRHAPHY MULTIPLE PERFORATIONS
44604	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY
44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY
44615	INTSTINAL STRICTUROPLASTY W/VO DILAT OBSTR CJ
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE
44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT
44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA
44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL
44660	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ
44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ
44680	INTESTINAL PLICATION SEPARATE PROCEDURE
44700	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS
44701	INTRAOPERATIVE COLONIC LAVAGE
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION
44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA
44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT
44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE
44850	SUTURE MESENTERY SEPARATE PROCEDURE
44900	I&D APPENDICEAL ABSC OPN
44950	APPENDECTOMY
44955	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX
44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS
44970	LAPAROSCOPIC APPENDECTOMY
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS
45005	I&D SUBMUCOSAL ABSCESS RECTUM
45020	I&D DP SUPRALEVATOR PELVIRCT/RETRORECT ABSC
45100	BX ANORECTAL WALL ANAL APPROACH
45108	ANORECTAL MYOMECTOMY
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST
45111	PRCTECT PRTL RESCJ RECTUM TABDL APPR
45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX
45113	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR
45114	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH
45116	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY
45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM
45120	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS
45121	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS
45123	PRCTECT PRTL W/O ANAST PRNL APPR
45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY
45130	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH
45135	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH
45136	EXC ILEOANAL RSVR W/ILEOSTOMY
45150	DIVISION STRICTURE RECTUM
45160	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL
45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA
45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH
45300	PROCTOSGMDSC RGD DX W/VO COLLJ SPEC BR/WA SPX
45303	PROCTOSGMDSC RIGID W/DILATION
45305	PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE
45307	PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY
45308	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY
45309	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ
45315	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
45317	PROCTOSGMDSC RIGID CONTROL BLEEDING
45320	PROCTOSGMDSC RIGID ABLATION LESION
45321	PROCTOSGMDSC RIGID DCMPRN VOLVULUS
45327	PROCTOSGMDSC RIGID TNDSC STENT PLMT
45330	SIGMOIDOSCOPY FLX DX W/VO COLLJ SPECIMENS
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE
45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY
45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR CAUTERY
45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING
45335	SGMDSC FLX DIREDBMCSL NJX ANY SBST
45337	SGMDSC FLX DCMPRN VOLVULUS ANY METHOD
45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ
45340	SIGMOIDOSCOPY FLX DILAT BALO 1/MORE STRIXS
45341	SIGMOIDOSCOPY FLX NDSC US XM
45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX
45346	DESTRUCTION OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE
45349	REMOVAL OF LARGE BOWEL TISSUE USING AN ENDOSCOPE
45350	RUBBER BANDING OF LARGE BOWEL USING AN ENDOSCOPE
45378	COLONOSCOPY FLX DX W/VO COLLJ SPECIMENS
45379	COLSC FLX PROX SPLENIC FLXR RMVL FB
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE
45381	COLSC FLX PROX SPLENIC FLXR SBMCSL NJX
45382	COLSC FLX PROX SPLENIC FLXR CTRL BLD
45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT
45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ
45386	COLSC FLX PROX SPLENIC FLXR DILAT BALO 1/> STRI
45388	DESTRUCTION OF LARGE BOWEL GROWTHS USING AN ENDOSCOPE
45389	STENT PLACEMENT OF LARGE BOWEL USING AN ENDOSCOPE
45390	REMOVAL OF LARGE BOWEL TISSUE USING AN ENDOSCOPE
45391	COLSC FLX PROX SPLENIC FLXR NDSC US XM
45392	COLSC FLX PROX SPLENIC FLXR US GID NDL ASPIR/BX
45393	DECOMPRESSION OF LARGE BOWEL USING AN ENDOSCOPE
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR
45398	TYING OF LARGE BOWEL USING AN ENDOSCOPE
45400	LAPAROSCOPY PROCTOPEXY PROLAPSE
45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ
45500	PROCTOPLASTY STENOSIS
45505	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE
45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
45540	PROCTOPEXY ABDOMINAL APPROACH
45541	PROCTOPEXY PERINEAL APPROACH
45550	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR
45562	EXPL RPR & PRESACRAL DRG RECTAL INJURY
45563	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY
45800	CLOSURE RECTOVESICAL FISTULA
45805	CLSR RECTOVESICAL FISTULA W/COLOSTOMY
45820	CLOSURE RECTOURETHRAL FISTULA
45825	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY
45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE
45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL
45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL
45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX
46020	PLACEMENT SETON
46030	REMOVAL ANAL SETON OTHER MARKER
46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX
46045	I&D INTRAMURAL IM/ABSC TRANSANAL ANES
46050	I&D PERIANAL ABSCESS SUPERFICIAL
46060	I&D ISCHIORCT/INTRAMURAL ABSC W/VO SETON
46070	INCISION ANAL SEPTUM INFANT
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX
46083	INCISION THROMBOSED HEMORRHOID EXTERNAL
46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS
46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS
46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP
46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO
46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO
46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU
46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY
46270	SURG TX ANAL FISTULA SUBQ
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC
46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON
46285	SURG TX ANAL FISTULA 2ND STAGE
46288	CLSR ANAL FSTL W/RCT ADVMNT FLAP
46320	EXC THROMBOSED HEMORRHOID XTRNL
46600	ANOSCOPY DX W/VO COLLJ SPEC BR/WA SPX

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
46601	DIAGNOSTIC EXAMINATION OF ANUS WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT USING AN ENDOSCOPE
46604	ANOSCOPY W/DILATION
46606	ANOSCOPY W/BX SINGLE/MULTIPLE
46607	BIOPSIES OF ANUS WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT USING AN ENDOSCOPE
46608	ANOSCOPY W/RMVL FOREIGN BODY
46610	ANOSCOPY W/RMVL LESION CAUTERY
46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ
46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE
46614	ANOSCOPY CONTROL BLEEDING
46615	ANOSCOPY ABLATION LESION
46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT
46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT
46706	REPAIR ANAL FISTULA W/FIBRIN GLUE
46707	REPAIR ANORECTAL FISTULA PLUG
46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR
46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR
46715	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK
46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA
46730	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR
46735	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR
46740	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR
46742	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL
46744	RPR CLOACAL ANOMALY SACROPERINEAL
46746	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL
46748	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF
46750	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT
46751	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD
46754	RMVL THIERSCH WIRE/SUTURE ANAL CANAL
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL
46910	DSTRJ LESION ANUS SMPL ELTRDSICCATION
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY
46917	DSTRJ LESION ANUS SIMPLE LASER SURG
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION
46924	DSTRJ LESION ANUS EXTENSIVE
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY
46940	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST
46942	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS
47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
47010	HEPATOTOMY OPN DRG ABSCESS/CYST 1/2 STAGES
47015	LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS
47100	BIOPSY LIVER WEDGE
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY
47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY
47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY
47133	DONOR HEPATECTOMY CADAVER DONOR
47140	DONOR HEPATECTOMY LIVING DONOR SEG II & III
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII & VI
47143	BKBENCH PREP CADAVER DONOR
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII
47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA
47300	MARSUPIALIZATION CST/ABSC LVR
47350	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ
47360	MGMT LVR HEMRRG CPLX SUTR WND/INJ
47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR
47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING
47370	LAPS SURG ABLTJ 1/> LVR TUM RF
47371	LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG
47380	ABL TJ OPN 1/> LVR TUM RF
47381	ABL TJ OPN 1/> LVR TUM CRYOSURG
47382	ABL TJ 1/> LVR TUM PRQ RF
47383	DESTRUCTION OF 1 OR MORE LIVER GROWTHS, ACCESSED THROUGH THE SKIN
47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1
47420	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP
47425	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP
47460	TRANSDUOL SPHINCTEROT/PLASTY W/VO RMVL CALCULUS
47480	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX
47490	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT
47531	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47532	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47533	PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47534	PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH STUDY OF BILE DUCTS AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
47536	REPLACEMENT OF LIVER DUCT DRAINAGE CATHETER ACCESSED THROUGH THE SKIN WITH IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
47538	PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47539	PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47540	PLACEMENT OF STENT AND DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47541	PLACEMENT OF ACCESS DEVICE INTO BILIARY TRACT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47542	BALLOON DILATION OF BILE DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
47543	BIOPSY OF BILE DUCT OR LIVER DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
47550	BILIARY NDSC INTRAOPERATIVE
47552	BILIARY NDSC PRQ T-TUBE DX W/VO COLLJ SPEC SPX
47553	BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE
47554	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS
47555	BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT
47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY
47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT
47570	LAPAROSCOPY SURG CHOLECYSTOENTEROSTOMY
47600	CHOLECYSTECTOMY
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY
47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY
47620	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP
47700	EXPL CONGENITAL ATRESIA BILE DUCTS
47701	PORTOENTEROSTOMY
47711	EXC BILE DUX TUM W/VO PRIM RPR XTRHEPATC
47712	EXC BILE DUX TUM W/VO PRIM RPR INTRAHEPATC
47715	EXCISION CHOLEDOCHAL CYST
47720	CHOLECYSTOENTEROSTOMY DIRECT
47721	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y
47741	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT
47765	ANAST INTRAHEPATC DUCTS & GI TRACT
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI
47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI
47800	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST
47801	PLACEMENT CHOLEDOCHAL STENT
47802	U-TUBE HEPATICOENTEROSTOMY
47900	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS
48001	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY
48020	REMOVAL PANCREATIC CALCULUS
48100	BIOPSY PANCREAS OPEN
48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE
48105	RESECT/DBRDMT PANCREAS NECROTIZING PANCREATITIS
48120	EXCISION LESION PANCREAS
48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY
48145	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY
48146	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX
48148	EXCISION AMPULLA VATER
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY
48152	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY
48153	PNCRTECT W/PANCREATOJEJUNOSTOMY
48154	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY
48155	PANCREATECTOMY TOTAL
48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY
48500	MARSUPIALIZATION PANCREATIC CYST
48510	XTRNL DRG PSEUDOCYST PANCREAS OPEN
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT
48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y
48545	PANCREATORRHAPHY INJURY
48547	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ
48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX
49002	REOPENING RECENT LAPAROTOMY
49010	EXPL RETROPERITONEUM W/WO BX SPX
49020	DRG PERITONEAL ABSCESS/LOCAL PERITONITIS OPEN
49040	DRG SUBDIAPHRAGMATIC/SUBPHRENIC ABSCESS OPEN
49060	DRG RETROPERITONEAL ABSCESS OPEN

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN
49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE
49084	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE
49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE
49185	INJECTION OF ABNORMAL FLUID ACCUMULATION USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<
49204	EXC/DESTRUCTION OPEN ABDOMNL TUMORS 5.1-10.0 CM
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM
49215	EXC PRESAC/SACROCOCCYGEAL TUMOR
49220	STAGING LAPAROTOMY HODGKINS DISEASE/LYMPHOMA
49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX
49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE
49323	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY
49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER
49325	LAPS W/REVISION INTRAPERITONEAL CATHETER
49326	LAPAROSCOPY W/OMENTOPEXY
49327	LAPS W/INSERTION NTRSTL DEV W/IMG GID 1/MLT
49400	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX
49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY
49405	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN
49406	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH VAGINA OR RECTUM
49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT
49412	PLMT INTRSTL DEV OPN W/IMG GID 1/MLT
49418	INSJ INTRAPERITONEAL CATHETER W/IMG GID
49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT
49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN
49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER
49423	EXCHNG ABSC/CST DRG CATH RAD GID SPX
49424	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX
49425	INSERTION PERITONEAL-VENOUS SHUNT
49426	REVIS PERITONEAL-VENOUS SHUNT
49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT
49428	LIGATION PERITONEAL-VENOUS SHUNT
49429	RMVL PERITONEAL-VENOUS SHUNT

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER
49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER
49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ
49442	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS
49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ
49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS
49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ
49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS
49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE
49491	RPR 1ST INGUN HRNA PRETERM INFT RDC
49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED
49495	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC
49496	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE
49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE
49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED
49520	RPR RECT INGUINAL HERNIA ANY AGE REDUCIBLE
49521	RPR RECT INGUN HERNIA ANY AGE INCARCERATED
49525	RPR INGUN HERNIA SLIDING ANY AGE
49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED
49557	RPR RECT FEM HRNA INCARCERATED
49560	REPAIR FIRST ABDOMINAL WALL HERNIA
49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED
49565	RPR RECT INCAL/VNT HERNIA REDUCIBLE
49566	RPR RECT INCAL/VNT HERNIA INCARCERATED
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE
49572	RPR EPIGASTRIC HERNIA INCARCERATED
49580	RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE
49582	RPR UMBILICAL HERNIA < 5 YRS INCARCERATED
49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED
49605	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH
49606	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH
49610	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG
49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED
49657	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED
49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN
49904	OMENTAL FLAP EXTRA-ABDOMINAL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
49905	OMENTAL FLAP INTRA-ABDOMINAL
49906	FREE OMENTAL FLAP W/MICROVASCULAR ANAST
50010	RNL EXPL X NECESSITATING OTH SPEC PX
50020	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN
50040	NEPHROSTOMY/NEPHROTOMY W/DRAINAGE
50045	NEPHROTOMY W/EXPLORATION
50060	NEPHROLITHOTOMY REMOVAL STAGE 1
50065	NEPHROLITHOTOMY SECONDARY FOR CALCULUS
50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY
50075	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1
50080	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY <2 CM
50081	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY > 2 CM
50100	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSEL SPX
50120	PYELOTOMY W/EXPLORATION
50125	PYELOTOMY W/DRAINAGE PYELOSTOMY
50130	PYELOTOMY W/REMOVAL CALCULUS
50135	PYELOTOMY COMPLICATED
50200	RENAL BIOPSY PRQ TROCAR/NEEDLE
50205	RENAL BIOPSY SURG EXPOSURE KIDNEY
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ
50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL
50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD
50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC
50236	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN
50240	NEPHRECTOMY PARTIAL
50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND
50280	EXCISION/UNROOFING CYST KIDNEY
50290	EXCISION PERINEPHRIC CYST
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE
50382	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ
50384	REMOVAL INDWELLING URETERAL STENT PRQ
50385	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL
50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL
50387	RMVL & RPLCMT XTRNLLY ACCESSIBLE URETERAL STENT
50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE
50400	PYELOPLASTY SIMPLE
50405	PYELOPLASTY COMPLICATED

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
50430	INJECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT (URETER) USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50431	INJECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT (URETER) USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50432	PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
50433	PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE (URETER), ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
50434	CONVERSION OF NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH STUDY OF KIDNEY AND URETER AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
50435	REPLACEMENT OF KIDNEY DRAINAGE CATHETER ACCESSED THROUGH THE SKIN WITH IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY
50520	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA
50525	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR
50526	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR
50540	SYMPHYSIOTOMY HORSESHOE KDN W/VO PLOP UNI/BI
50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS
50542	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY
50544	LAPAROSCOPY SURG PYELOPLASTY
50545	LAPAROSCOPY RADICAL NEPHRECTOMY
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT
50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR
50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY
50551	RENAL ENDOSCOPY NEPHROSTOMY W/VO IRRIGATION
50553	RENAL NDSC NEPHROST W/URETERAL CATH W/VO DILA
50555	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY
50557	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/VO BI
50561	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS
50562	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR
50570	RENAL NDSC NEPHROTOMY W/VO IRRIGATION
50572	RNL NDSC NFROT W/URTRL CATHJ W/VO DILAT URETER
50574	RENAL NDSC NEPHROTOMY W/BIOPSY
50575	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY
50576	RNL NDSC NFROT FULGURATION &/INCISION W/VO BX
50580	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS
50590	LITHOTRIPSY XTRCORP SHOCK WAVE
50592	ABLTI 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY
50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY
50600	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE
50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
50606	BIOPSY OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
50610	URTROLITHOTOMY UPPER ONE-THIRD URETER
50620	URTROLITHOTOMY MIDDLE ONE-THIRD URETER
50630	URTROLITHOTOMY LOWER ONE-THIRD URETER
50650	URETRECTOMY W/BLADDER CUFF SEPARATE PROCEDURE
50660	URETERECTOMY TOT ECTOPIC URETER CMBN APPR
50705	OCCLUSION OF URINARY DUCT (URETER) USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
50706	BALLOON DILATION TREATMENT OF STRICTURE OF URINARY DUCT (URETER) USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION
50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME
50725	URTROLSS RETROCAVAL URTR W/REANAST
50727	REVJ URINARY-CUTANEOUS ANASTAMOSIS
50728	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA
50740	EXC URACHAL CYST/SINUS W/VO UMBILICAL HERNIA RPR
50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX
50760	URETEROURETEROSTOMY
50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR
50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER
50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR
50783	URETERONEOCYSTOSTOMY W/URETERAL TAILORING
50785	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP
50800	URETEROENTEROSTOMY ANAST URETER INTESTINE
50810	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO
50815	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS
50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS
50825	CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN
50830	URINARY UNIDIVERSION
50840	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST
50845	CUTANANEOUS APPENDICO-VESICOSTOMY
50860	URETEROSTOMY TRANSPLANTATION URETER SKIN
50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE
50920	CLOSURE URETEROCUTANEOUS FISTULA
50930	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR
50940	DELIGATION URETER
50945	LAPAROSCOPY URTROLITHOTOMY
50947	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT
50948	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT
50951	URETERAL ENDOSCOPY VIA URETEROSTOMY
50953	URETERAL ENDOSCOPY VIA URETEROST W/VO DIL URETER

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY
50957	URETERAL ENDOSCOPY W/DEST&INC W/WO BIOPSY
50961	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE
50970	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING
50972	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER
50974	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX
50976	URETERAL ENDOSC VIA URETEROT W/DEST&INC W/WO
50980	NDSC URETEROTOMY RMVL FB/CALCULUS
51020	CYSTOTOMY/CYSTOSTOMY FULG&INSJ RADACT MATRL
51030	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES
51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE
51045	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX
51050	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS
51060	TRANSVESICAL URETROLITHOTOMY
51065	CYSTOTOMY W/CALCULUS BASKET XTRJ&FRAGMENTATIO
51080	DRG PRIVESICAL/PREVESICAL SPACE ABSC
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER
51500	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR
51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK
51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM I/MULTIPLE
51530	CYSTOTOMY EXCISION BLADDER TUMOR
51535	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE
51550	CYSTECTOMY PARTIAL SIMPLE
51555	CYSTECTOMY PARTIAL COMPLICATED
51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST
51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE
51575	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY
51580	CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES
51585	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES
51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST
51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC
51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR
51597	PELVIC EXENTERATION COMPLETE MALIGNANCY
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE, AND/OR INSTALLATION
51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK
51800	CSTOPLASTY/CSTOURTP PLSTC ANY
51820	CSTOURTP W/UNI/BI URTRONEOCSTOST
51840	ANT VESICURETHROPEXY/URETHROPEXY SMPL
51841	ANT VESICURETHROPEXY/URETHROPEXY COMP
51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL
51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED
51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH
51920	CLOSURE VESICOUTERINE FISTULA
51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY
51940	CLOSURE EXSTROPHY BLADDER
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS
51980	CUTANEOUS VESICOSTOMY
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)
52001	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
52007	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS
52010	CYSTO W/EJACULATORY DUCT CATHETERIZATION
52204	CYSTOURETHROSCOPY WITH BIOPSY
52214	CYSTO W/DESTRUCTION OF LESIONS
52224	CYSTO W/REMOVAL OF LESIONS SMALL
52234	CYSTO W/REMOVAL OF TUMORS SMALL
52235	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM
52240	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE
52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH
52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA
52270	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE
52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE
52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE
52277	CYSTOURETHROSCOPY W/RESEJ EXTERNAL SPHINCTER
52281	CYSTO CALIBRATION DILAT URTRL STRIX/STENOSIS
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT
52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER
52290	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI
52300	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI
52301	CYSTO W/RESEJ ECTOPIC URETEROCELE UNI/BI
52305	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT
52315	CYSTO W/COMPLEX REMOVAL STONE & STENT
52317	LITHOLAPAXY SMPL/SM <2.5 CM
52318	LITHOLAPAXY COMP/LG > 2.5 CM
52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
52325	CYSTO FRAGMENTATION URETERAL STONE
52327	CYSTO W/SUBURTRIC NJX IMPLT MATRL
52330	CYSTO MANJ W/O RMVL URETERAL STONE
52332	CYSTO W/INSERT URETERAL STENT
52334	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR
52341	CYSTO W/TX URETERAL STRICTURE
52342	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE
52343	CYSTO W/TX INTRA-RENAL STRICTURE
52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE
52345	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX
52346	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE
52351	CYSTO W/URTROSCOPY&/PYELOSOCOPY DX
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY
52354	CYSTO/PYELOSOCOPY BX&/FULGURATION PELVIC LESION
52355	CYSTO/PYELOSOCOPY RESCJ PELVIC TUMOR
52356	CRUSHING OF STONE IN URINARY DUCT (URETER) WITH STENT USING AN ENDOSCOPE
52400	CYSTO INC FULG/RESCJ URTRL VALVES/FOLDS
52402	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS
52441	INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE
52442	INSERTION OF IMPLANT MATERIAL IN BLADDER USING AN ENDOSCOPE
52450	TRANSURETHRAL INCISION PROSTATE
52500	TRANSURETHRAL RESECTION PROSTATE
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION
52700	TRURL DRAINAGE PROSTATIC ABSCESS
53010	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA
53040	DRAINAGE DEEP PERIURETHRAL ABSCESS
53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX
53085	DRG PERINEAL URINARY XTRVASATION COMPLIC
53210	URETHRECTOMY TOT W/CYSTOST FEMALE
53215	URETHRECTOMY TOT W/CYSTOST MALE
53220	EXC/FULGURATION CARCINOMA URETHRA
53230	EXC URETHRAL DIVERTICULUM SPX FEMALE
53235	EXC URETHRAL DIVERTICULUM SPX MALE
53240	MARSUPIALIZATION URTRL DIVERTICULUM MALE/FEMALE
53250	EXCISION OF BULBOURETHRAL GLAND

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA
53265	EXC/FULGURATION URETHRAL CARUNCLE
53270	EXCISION OR FULGURATION SKENES GLANDS
53275	EXCISION/FULGURATION URETHRAL PROLAPSE
53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX
53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA
53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA
53431	URTP W/TUBULARIZATION POST URT&/LWR BLDR
53440	SLING OPERATION CORRJ MALE URINARY INCONTINENCE
53442	RMVL/REVJ SLING MALE URINARY INCONTINENCE
53444	INSERTION TANDEM CUFF
53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER
53446	REMV L INFLATABLE URETHRAL/BLADDER NECK SPHINCTER
53447	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC
53448	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD
53449	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER
53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT
53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM
53500	URETHROLSS TRVG SEC OPN W/CSTO
53502	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE
53505	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE
53510	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL
53515	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS
53520	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH
53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT
54000	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN
54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN
54015	I&D PENIS DEEP
54050	DSTRJ LESION PENIS SIMPLE CHEMICAL
54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION
54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY
54057	DSTRJ LESION PENIS SIMPLE LASER
54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION
54065	DSTRJ LESION PENIS EXTENSIVE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
54100	BIOPSY PENIS SEPARATE PROCEDURE
54105	BIOPSY PENIS DEEP STRUCTURES
54110	EXCISION OF PENILE PLAQUE
54111	EXC PENILE PLAQUE GRAFT & 5 CM LENGTH
54112	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH
54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE
54120	AMPUTATION PENIS PARTIAL
54130	AMPUTAION PENIS RADW/BI INGUINOFEMORAL LMPHADE
54135	AMPUTATION PENIS RADICAL W/LYMPH NODES
54161	CIRCUMCISION AGE >28 DAYS
54162	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS
54163	REPAIR INCOMPLETE CIRCUMCISION
54164	FRENULOTOMY PENIS
54200	INJECTION PEYRONIE DISEASE
54205	NJX PEYRONIE W/SURG EXPOS PLAQUE
54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM
54230	INJECTION CORPORA CAVERNOSOGrapy
54231	DYNAMIC CAVERNOMETRY NJX VASOACTIVE DRUGS
54235	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT
54240	PENILE PLETHYSMOGRAPY
54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST
54300	PENIS STRAIGHTENING CHORDEE
54304	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF
54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS
54322	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT
54324	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS
54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS
54328	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ
54332	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR
54336	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP
54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE
54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP
54348	RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF
54352	RPR HYPOSPADIAS CRIPPLE W/DSJ & EXC & GRFS/FLAP
54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR
54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT
54390	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH
54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH
54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS
54410	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS
54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL
54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT
54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI
54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI
54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM
54437	REPAIR OF PENIS
54438	REPLANTATION OF AMPUTATED PENIS
54440	PLASTIC OPERATION PENIS INJURY
54450	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING
54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE
54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE
54512	EXC XTRPARENCHYMAL LESION TESTIS
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH
54522	ORCHIECTOMY PARTIAL
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH
54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL
54550	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA
54560	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL
54600	RDCTJ TORSION TSTIS W/VO FIXJ CLAT TESTIS
54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE
54640	ORCHIOPEXY INGUINAL APPROACH W/VO HERNIA RPR
54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE
54670	SUTURE/REPAIR TESTICULAR INJURY
54680	TRANSPLANTATION TESTIS TO THIGH
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS
54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE
54800	BIOPSY EPIDIDYMIS NEEDLE
54830	EXCISION LOCAL LESION EPIDIDYMIS
54840	EXCISION SPERMATOCELE W/VO EPIDIDYMECTOMY
54860	EPIDIDYMECTOMY UNILATERAL
54861	EPIDIDYMECTOMY BILATERAL
54865	EXPLORATION EPIDIDYMIS W/VO BIOPSY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI
54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI
55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W/VO NJX MED
55040	EXCISION HYDROCELE UNILATERAL
55041	EXCISION HYDROCELE BILATERAL
55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE
55100	DRAINAGE SCROTAL WALL ABSCESS
55110	SCROTAL EXPLORATION
55120	REMOVAL FOREIGN BODY SCROTUM
55150	RESECTION SCROTUM
55200	VASOTOMY CANNULIZATION W/VO VAS INC UNI/BI SPX
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS
55300	VASOTOMY VASOGRAMS UNI/BI
55400	VASOVASOSTOMY VASOVASORRHAPHY
55450	LIGATION PRQ VAS DEFERENS UNI/BI SPX
55500	EXC HYDROCELE SPERMATIC CORD UNI SPX
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE
55530	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX
55535	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL
55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR
55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE
55600	VESICULOTOMY
55605	VESICULOTOMY COMPLICATED
55650	VESICULECTOMY ANY APPROACH
55680	EXCISION MULLERIAN DUCT CYST
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH
55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH
55706	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID
55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE
55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED
55801	PROSTATECTOMY PERINEAL SUBTOTAL
55810	PROSTATECTOMY PERINEAL RADICAL
55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX
55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES
55831	PROSTATECTOMY RETROPUBIC SUBTOTAL
55840	PROSTATECTOMY RETROPUBIC W/VO NERVE SPARING
55842	PROSTECT RETROPUBIC RAD W/VO NRV SPAR W/LYMPH BX
55845	PROSTECT RETROPUB RAD W/VO NRV SPAR & BI PLV LYM
55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST
55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH
55866	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT
55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED
55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ
55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT
56515	DESTRUCTION LESIONS VULVA EXTENSIVE
56630	VULVECTOMY RADICAL PARTIAL
56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY
56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY
56633	VULVECTOMY RADICAL COMPLETE
56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY
56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY
56640	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY
57010	COLPOTOMY W/DRAINAGE PELVIC ABSCESS
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL
57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T
57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC
57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS
57112	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX
57120	COLPOCLEISIS LE FORT TYPE
57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS
57156	INSERTION VAGINAL RADIATION DEVICE
57200	COLPORRHAPHY SUTURE INJURY VAGINA
57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU
57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH
57230	PLASTIC REPAIR URETHROCELE
57240	ANT COLPORRHAPHY CYSTOCELE W/WO RPR URETHROCELE
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY
57265	CMBND ANTEROPOST COLPORRHAPHY W/ENTEROCELE RPR
57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX
57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX
57280	COLPOPEXY ABDOMINAL APPROACH
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR
57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH
57289	PEREYRA PX W/ANTERIOR COLPORRHAPHY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR
57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH
57307	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST
57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ
57310	CLOSURE URETHROVAGINAL FISTULA
57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH
57330	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR
57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER
57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX
57531	RAD TRACHELECTOMY W/BI PEL LMPHADEC
57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH
57545	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR
57550	EXCISION CERVICAL STUMP VAGINAL APPROACH
57555	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR
57556	EXC CRV STUMP VAG APPR W/RPR NTRCL
57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR
58145	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI
58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING
58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY
58350	CHROMOTUBATION OVIDUCT W/MATERIALS
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GID
58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR
58400	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX
58410	UTERINE SUSP W/WO SHORT LIGAMENTS W/SYMPATHECTOMY
58520	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL
58540	HYSTEROPLASTY RPR UTERINE ANOMALY
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS
58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG
58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE
58670	LAPAROSCOPY FULGURATION OVIDUCTS
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS
58672	LAPAROSCOPY FIMBRIOPLASTY
58673	LAPAROSCOPY SALPINGOSTOMY
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX
58740	LYSIS OF ADHESIONS SALPINX/OVARY
58760	FIMBRIOPLASTY
58770	SALPINGOSTOMY
58800	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR
58805	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL
58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN
58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH
58825	TRANSPOSITION OVARY
58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE
58920	WEDGE RESCJ/BISCTJ OVARY UNI/BI
58925	OVARIAN CYSTECTOMY UNI/BI
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI
58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY
58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO
58952	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING
58957	RESECTJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY
58958	RESECTION RECRT MAL W/OMENECTOMY PEL LMPHADEC
58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2 ND LOOK
59000	AMNIOCENTESIS DIAGNOSIC
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID
59012	CORDOCENTESIS INTRAUTERINE
59015	CHORIONIC VILLUS SAMPLING
59020	FETAL CONTRACTION STRESS TEST

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
59025	FETAL NONSTRESS TEST
59030	FETAL SCALP BLOOD SAMPLING
59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT
59051	FETAL MONITR LABOR PHYS WRITTEN REPRT INTERPJ ONLY
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRASND GUIDANCE
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRASND GUIDNCE
59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE
59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE
59100	HYSTEROTOMY ABDOMINAL
59120	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR
59121	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY
59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY
59135	TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST
59136	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER
59140	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION
59150	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY
59160	CURETTAGE POSTPARTUM
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING
59320	CERCLAGE CERVIX PREGNANCY VAGINAL
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL
59350	HYSTERORRHAPHY RUPTURED UTERUS
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM
59409	VAGINAL DELIVERY ONLY
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE
59412	EXTERNAL CEPHALIC VERSION W/VO TOCOLYSIS
59414	DELIVERY PLACENTA SEPARATE PROCEDURE
59425	ANTEPARTUM CARE ONLY 4-6 VISITS
59426	ANTEPARTUM CARE ONLY 7/> VISITS
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM
59514	CESAREAN DELIVERY ONLY
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE
59525	STOT/TOT HYSTERECTOMY AFTER CESAREN DELIVERY
59610	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY
59614	VAGINAL DELIVERY & POSTPARTUM CARE VBAC
59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC
59620	CESAREAN DELIVERY ATTEMPTED VBAC
59622	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL
59830	TX SEPTIC ABORTION SURGICAL
59840	INDUCED ABORTION DILATION AND CURETTAGE
59841	INDUCED ABORTION DILATION & EVAUCATION
59850	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ
59851	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C
59852	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM
59855	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS
59856	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC
59857	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT
59870	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE
59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA
60000	I&D THYROGLOSSAL DUCT CYST INFECTED
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE
60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS
60210	PRTL THYROID LOBECTOMY UNI W/VO ISTHMUSECTOMY
60212	PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC
60220	TOTAL THYROID LOBECTOMY UNI W/VO ISTHMUSECTOMY
60225	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC
60240	THYROIDECTOMY TOTAL/COMPLETE
60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT
60254	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT
60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL
60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC
60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH
60280	EXCISION THYROGLOSSAL DUCT CYST/SINUS
60281	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT
60300	ASPIRATION AND/OR INJECTION THYROID CYST
60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS
60502	PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR
60505	PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC
60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON
60520	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX
60521	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX
60522	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX
60540	ADRENALECTOMY W/EXPL W/VO BX ABDL/LMBR/DRSAL SPX
60545	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR
60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY
60605	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL
61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT
61001	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ
61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX
61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ
61050	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX
61055	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION
61070	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX
61105	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE
61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE
61108	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA
61120	BURR HOLE VENTRICULAR PUNCTURE
61140	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION
61150	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST
61151	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST
61154	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL
61156	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE
61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH
61250	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG
61253	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI
61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL
61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL
61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL
61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL
61314	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL
61315	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL
61316	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF
61320	CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL
61321	CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL
61322	CRANIECT/CRANIOT W/VO DURAPLASTY W/O LOBECTOMY
61323	CRANIECT/CRANIOT W/VO DURAPLASTY W/LOBECTOMY
61330	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH
61332	EXPLORATION ORBIT TRANSCRANIAL APPROACH W/BIOPSY
61333	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION
61340	SUBTEMPORAL CRANIAL DECOMPRESSION
61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD
61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA
61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION
61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV
61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
61480	CRNEC SUBOCPYL MESENCEPHAL TRCOTOMY/PEDUNCULOTMY
61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL
61501	CRANIECTOMY OSTEOMYELITIS
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR
61514	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR
61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR
61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA
61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA
61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM
61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL
61522	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS
61524	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST
61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM
61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA
61541	CRANIOTOMY TRANSECTION CORPUS CALLOSUM
61543	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY
61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS
61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA
61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR
61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL
61563	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN
61564	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN
61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY
61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/COG
61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN
61571	CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN
61575	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES
61576	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE
61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ
61581	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ
61582	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT
61583	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE
61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ
61585	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ
61586	BICORONAL TRANSZYGMTIC&/LEFORT I W/O BONE GRFT
61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN
61591	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI
61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE
61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV
61596	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/VO MOBIL
61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM
61600	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL
61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/VO GRF
61605	RESCJ/EXC LES INFRA TEMPOR FOSSA SPACE APEX XDRL
61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR
61607	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL
61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL
61610	TRNSXJ/LIG CAROTID ARTERY SINUS W/RPR ANAST/GRFT
61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR
61612	TRNSXJ/LIG CRTD ART PETROUS CANAL RPR ANAST/GRF
61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ
61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL
61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL
61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT
61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP
61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK
61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS
61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS
61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL
61645	REMOVAL OF BLOOD CLOT AND INJECTION TO DISSOLVE BLOOD CLOT FROM HEAD ARTERY USING FLUOROSCOPIC GUIDANCE, ACCESSED THROUGH SKIN
61650	INFUSION OF CHEMICAL AGENT INTO THE ARTERY OF BRAIN WITH INSERTION OF CATHETER AND IMAGING
61651	INFUSION OF CHEMICAL AGENT INTO THE ARTERY OF BRAIN WITH INSERTION OF CATHETER AND IMAGING
61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL
61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL
61684	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL
61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL
61690	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL
61692	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL
61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION
61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ
61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION
61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ
61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART
61705	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
61708	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS
61710	ARYSM VASC MALFRMJ IA EMBOLIZATION
61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES
61720	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS
61735	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN
61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES
61751	STRTCTC BX ASPIR/EXC BURR ICRA LES W/CT&L5178/MR
61770	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL
61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL
61790	CREATE LES STRTCTC PRQ NEUROLYTIC GASSERIAN
61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC
61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS
61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR
62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL
62005	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL
62010	ELVTN DEPRS SKL FX W/RPR DURA&DBRDMT BRN
62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA
62117	RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT
62120	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY
62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE
62140	CRANIOPLASTY SKULL DEFECT </5 CM DIAMETER
62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER
62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL
62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL
62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG
62146	CRANIOPLASTY W/AUTOGRAFT </ 5 CM DIAMETER
62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER
62148	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT
62160	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS
62161	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS
62162	NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG
62163	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY
62164	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY
62165	NUNDSC ICRA EXC PITUITRY TUM TRSNSNL/SPHENOID
62180	VENTRICULOCISTERNOSTOMY
62190	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR
62192	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH
62194	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER
62200	VENTRICULOCISTERNOSTOMY 3 RD VENTRICLE

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
62201	VENTRICULOCISTERNOSTOMY 3 RD VNTRC NEURONDSC
62220	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR
62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS
62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER
62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS
62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT
62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT
62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT
62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX
62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC
62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID
62273	INJECTION EPIDURAL BLOOD/CLOT PATCH
62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC
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
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)
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
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
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)
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH
62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS
62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG
62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
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
63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC
63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL
63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC
63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL
63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC
63283	LAM BX/EXC ISPI NEO IDRL SACRAL
63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC
63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX
63300	VCRPEC LES 1 SGM XDRL CERVICAL
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR
63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC
63306	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC THORACOLMBR
63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG
63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ
63610	STRCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG
63615	STRCTC BX ASPIRAT/EXC LESION SPINAL CORD
63700	REPAIR MENINGOCELE <5 CM DIAMETER
63702	REPAIR MENINGOCELE > 5 CM DIAMETER
63704	REPAIR MYELOMENINGOCELE <5 CM DIAMETER
63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER
63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM
63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM
63710	DURAL GRAFT SPINAL
63740	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM
63741	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM
63744	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT
63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT
64402	INJECTION ANESTHETIC AGENT FACIAL NERVE
64408	INJECTION ANESTHETIC AGENT VAGUS NERVE
64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE
64413	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS
64415	SINGLE NERVE BLOCK INJECTION ARM NERVE
64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH
64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE
64435	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE
64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE
64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH
64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE
64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH
64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH
64455	NJX ANES&/STERIOD PLANTAR COMMON DIGITAL NERVE
64550	APPLICATION SURFACE NEUROSTIMULATOR
64566	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE
64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO
64575	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD
64580	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR
64611	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS
64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE
64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE
64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY
64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT
64704	NEUROPLASTY NERVE HAND/FOOT
64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV
64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS
64714	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS
64716	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW
64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE
64722	DECOMPRESSION UNSPECIFIED NERVE
64726	DECOMPRESSION PLANTAR DIGITAL NERVE
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE
64732	TRANSECTION/AVULSION SUPRAORBITAL NERVE
64734	TRANSECTION/AVULSION INFRAORBITAL NERVE
64736	TRANSECTION/AVULSION MENTAL NERVE
64738	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO
64740	TRANSECTION/AVULSION LINGUAL NERVE
64742	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL
64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE
64746	TRANSECTION/AVULSION PHRENIC NERVE
64755	TRANSECTION/AVULSION VAGUS NERVES
64760	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
64763	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY
64766	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY
64771	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL
64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL
64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT
64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT
64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE
64783	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT
64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC
64786	EXCISION NEUROMA SCIATIC NERVE
64787	IMPLANTATION NERVE END BONE/MUSCLE
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV
64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV
64792	EXC NEUROFIBROMA/NEUROLEMMOMA X10SV
64795	BIOPSY NERVE
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE
64832	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR
64836	SUTURE 1 NERVE ULNAR MOTOR
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT
64840	SUTURE POSTERIOR TIBIAL NERVE
64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS
64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS
64858	SUTURE SCIATIC NERVE
64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE
64861	SUTURE BRACHIAL PLEXUS
64862	SUTURE LUMBAR PLEXUS
64864	SUTURE FACIAL NERVE EXTRACRANIAL
64865	SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL
64872	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE
64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE
64876	SUTURE NERVE REQ SHORTENING BONE EXTREMITY
64885	NERVE GRAFT HEAD/NECK < 4 CM
64886	NERVE GRAFT HEAD/NECK >4 CM
64890	NERVE GRAFT 1 STRAND HAND/FOOT <4 CM
64891	NRV GRF 1 STRAND HAND/FOOT >4 CM
64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
64893	NERVE GRAFT 1 STRAND ARM/LEG >4 CM
64895	NERVE GRAFT MLT STRANDS HAND/FOOT </4 CM
64896	NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM
64897	NERVE GRAFT MLT STRANDS ARM/LEG </4 CM
64898	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM
64901	NERVE GRAFT EACH NERVE 1 STRAND
64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS
64905	NERVE PEDICLE TRANSFER FIRST STAGE
64907	NERVE PEDICAL TRANSFER SECOND STAGE
64910	NERVE REPAIR W/CONDUIT EACH NERVE
64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE
65091	EVISCEATION OCULAR CONTENTS W/O IMPLANT
65093	EVISCEATION OCULAR CONTENTS W/IMPLANT
65101	ENUCLEATION OF EYE W/O IMPLANT
65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT
65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT
65110	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY
65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE
65114	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP
65125	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX
65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL
65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED
65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED
65150	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT
65155	REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE
65175	REMOVAL OCULAR IMPLANT
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL
65210	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP
65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP
65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS
65260	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE
65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ
65270	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR
65272	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION
65273	RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION
65275	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY
65280	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS
65285	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T
65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA
65290	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
65400	EXCISION LESION CORNEA XCP PTERYGIUM
65410	BIOPSY CORNEA
65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT
65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG
65430	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE
65435	RMVL CORNEAL EPITHELIUM W/VO CHEMOCAUTERIZATION
65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT
65450	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION
65600	MULTIPLE PUNCTURES ANTERIOR CORNEA
65710	KERATOPLASTY ANTERIOR LAMELLAR
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA
65750	KERATOPLASTY PENETRAING APHAKIA
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA
65756	KERATOPLASTY ENDOTHELIAL
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM
65778	PLACE AMNIOTIC MEMB OCULAR SURFACE SELF RETAIN
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT
65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT
65800	PARACENTESIS ANT CHAMB EYE ASPIR AQUEOUS SPX
65810	PARACENTESIS ANT CHAM RMVL VITREOUS W/VO AIR INJX
65815	PARACEN ANT CHAM RMVL BLOOD W/VO IRRIG&/AIR IN
65820	GONIOTOMY
65850	TRABECULOTOMY AB EXTERNO
65855	TRABECULOPLASTY LASER SURG 1/> SESSIONS
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX
65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE
65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE
65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL
65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE
65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE
65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE
66020	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX
66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX
66130	EXCISION LESION SCLERA
66150	FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY
66155	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
66160	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT
66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO
66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING
66174	TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT
66175	TRLUML DILAT AQUEOUS CANAL W/DEVICE/STENT
66179	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW
66180	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR
66183	INSERTION OF EYE FLUID DRAINAGE DEVICE
66184	REVISION OF SHUNT TO IMPROVE EYE FLUID FLOW
66185	REVISION AQUEOUS SHUNT EXTRAOCULAR RESERVOIR
66220	REPAIR SCLERAL STAPHYLOMA W/O GRAFT
66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT
66250	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT
66500	IRIDOTOMY STAB INC SPX XCP TRANSFIXION
66505	IRIDOTOMY STAB INC SPX TRANSFIXION
66600	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES
66605	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY
66625	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX
66630	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX
66635	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX
66680	REPAIR IRIS CILIARY BODY
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE
66700	CILIARY BODY DESTRUCTION DIATHERMY
66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL
66711	CILIARY BODY DSTRJ CYCLOPHOTOCOAG ENDOSCOPIC
66720	CILIARY BODY DESTRUCTION CRYOTHERAPY
66740	CILIARY BODY DESTRUCTION CYCLODIAL
66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION
66762	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS
66770	DSTRJ CYST/LESION IRIS/CILIARY BODY
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT
66821	POST-CATARACT LASER SURGERY
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX
66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ
66840	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES
66850	RMVL LENS MATERIAL PHACOFAGMENTATION ASPIR
66852	RMVL LENS MATERIAL PARS PLANA W/VO VITRECTOMY
66920	RMVL LENS MATERIAL INTRACAPSULAR
66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS
66940	REMOVAL LENS MATERIAL EXTRACAPSULAR
66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG
66984	CATARACT REMOVAL INSERTION OF LENS
66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL
66986	EXCHANGE INTRAOCULAR LENS
66990	USE OPHTHALMIC ENDOSCOPE
67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL
67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT
67015	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL
67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX
67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX
67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH
67031	SEVERING VITREOUS STRANS LASER 1/> STAGES
67036	VITRECTOMY MECHANICAL PARS PLANA
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC
67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE
67101	RPR RETINAL DTCHMNT 1/>SES CRYOTX/DTHRM W/WO DR
67105	RPR RETINAL DTCHMNT 1/> SES PC W/WO DRG SUBRETI
67107	RPR RETINAL DTCHMNT SCLERAL BUCKLING W/WO IMPLT
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH
67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS
67113	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL
67115	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR
67141	PROPH RTA DTCHMNT W/O DRG 1/> SESS CRTX DTHRM
67145	PROPH RTA DTCHMNT W/O DRG 1/> SESS
67208	DSTRJ LOCLZD LES RETINA 1/> SESS CRTX DTHRM
67210	DSTRJ LOCLZD LES RETINA 1/> SESS PC
67218	DSTRJ LES RETINA 1/> SESS RADJ IMPLTJ
67220	DSTRJ LES CHOROID PC 1/> SESS
67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY
67225	DSTRJ LESION CHOROID PDT 2 ND EYE 1 SESSION
67227	DESTRUCTION RETINOPATHY 1/> SESS DIATHERMY
67228	EXTENSIVE RETINOPATHY 1/> SESS PHOTOCOAGULATION
67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT
67250	SCLERAL REINFORCEMENT SPX W/O GRAFT
67255	SCLERAL REINFORCEMENT SPX W/GRAFT

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
67311	STRABISMUS RECESSIION/RESCJ 1 HRZNTL MUSC
67312	STRABISMUS RECESSIION/RESCJ 2 HRZNTL MUSC
67314	STRABISMUS RECESSIION/RESCJ 1 VER MUSC
67316	STRABISMUS RECESSIION/RESCJ 2/MORE VER MUSC
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE
67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC
67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY
67334	STRABISMUS POST FIXJ SUTR TQ W/VO MUSC RECESSIION
67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS
67340	STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC
67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX
67345	CHEMODENERVATION EXTRAOCULAR MUSCLE
67346	BIOPSY EXTRAOCULAR MUSCLE
67400	ORBITOTOMY W/O BONE FLAP EXPL W/VO BIOPSY
67405	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY
67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION
67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY
67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN
67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS
67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION
67430	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB
67440	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG
67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN
67450	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/VO BX
67500	RETROBULBAR INJECTION MEDICATION SPX
67505	RETROBULBAR INJECTION ALCOHOL
67515	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE
67550	ORBITAL IMPLANT INSERTION
67560	ORBITAL IMPLANT REMOVAL/REVISION
67570	OPTIC NERVE DECOMPRESSION
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID
67710	SEVERING TARSORRHAPHY
67715	CANTHOTOMY SEPARATE PROCEDURE
67800	EXCISION CHALAZION SINGLE
67801	EXCISION CHALAZION MULTIPLE SAME LID
67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT
67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN
67820	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY
67825	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
67830	CORRECTION TRICHIASIS INCCISION LID MARGIN
67835	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF
67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE
67850	DESTRUCTION LESION LID MARGIN </ 1 CM
67875	TEMPORARY CLOSURE EYELIDS SUTURE
67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY
67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS
67930	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK
67935	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID
68020	INCISION CONJUNCTIVA DRAINAGE OF CYST
68040	EXPRESSION CONJUNCTIVAL FOLLICLES
68100	BIOPSY CONJUNCTIVA
68110	EXCISION LESION CONJUNCTIVA <1 CM
68115	EXCISION LESION CONJUNCTIVA > 1 CM
68130	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA
68135	DESTRUCTION LESION CONJUNCTIVA
68200	SUBCONJUNCTIVAL INJECTION
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT
68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT
68328	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT
68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT
68335	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB
68340	RPR & DIV SYMBLEPHARON W/VO CONFORM/CONTACT LE
68360	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX
68362	CONJUNCTIVAL FLAP TOTAL
68371	HARVESTING CONJUNCTIVAL ALLOGRAPHY LIVING DONOR
68400	INCISION DRAINAGE LACRIMAL GLAND
68420	INCISION DRAINAGE LACRIMAL SAC
68440	SNIP INCISION LACRIMAL PUNCTUM
68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL
68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL
68510	BIOPSY LACRIMAL GLAND
68520	EXCISION LACRIMAL SAC
68525	BIOPSY LACRIMAL SAC
68530	RMVL FB/DACRYOLITH LACRIMAL PASSAGES
68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH
68550	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY
68700	PLASTIC REPAIR CANALICULI
68705	CORRECTION EVERTED PUNCTUM CAUTERY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
68720	DACRYOCSTORHINOSTOMY
68745	CONJUNCTIVORHINOSTOMY W/O TUBE
68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT
68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER
68761	CLSR LACRIMAL PUNCTUM PLUG EACH
68770	CLOSURE LACRIMAL FISTULA SPX
68801	DILATION LACRIMAL PUNCTUM W/WO IRRIGATION
68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES
68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION
68840	PROBE LACRIMAL CANALICULI W/WO IRRIGATION
68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY
69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE
69005	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMLX
69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS
69100	BIOPSY EXTERNAL EAR
69105	BIOPSY EXTERNAL AUDITORY CANAL
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR
69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION
69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL
69145	EXCISION SOFT TIS LES EXTERNAL AUDITORY CANAL
69150	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ
69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES
69205	RMVL FB XTRNL AUDITORY CANAL ANES
69209	REMOVAL OF IMPACTED EAR WAX BY WASHING
69210	RMVL IMPACTED CERUMEN SPX 1/BOTH EARS
69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMLX
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX
69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG
69420	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ
69421	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES
69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES
69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA
69436	TYMPANOSTOMY GENERAL ANESTHESIA
69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC
69450	TYMPANOLYSIS TRANSCANAL
69501	TRANSMASTOID ANTROTOMY
69502	MASTOIDECTOMY COMPLETE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
69505	MASTOIDECTOMY MODIFIED RADICAL
69511	MASTOIDECTOMY RADICAL
69530	PETROUS APICECTOMY RADICAL MASTOIDECTOMY
69535	RESCJ TEMPORAL BONE EXTERNAL APPROACH
69540	EXCISION AURAL POLYP
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL
69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID
69554	EXCISION AURAL GLOMUS TUMOR EXTENDED
69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY
69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC
69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY
69604	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY
69605	REVJ MASTOIDECTOMY W/APICECTOMY
69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH
69620	MYRINGOPLASTY
69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ
69632	TYMPNOPLSTY W/O MSTDC 1 ST /REVJ W/OSICLE RECNSTJ
69633	TYMPANOPLASTY W/O MASTOIDECT 1 ST /REVJ PROSTH TORP
69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ
69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ
69637	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP
69641	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ
69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ
69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR
69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR
69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR
69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR
69650	STAPES MOBILIZATION
69660	STAPEDECTOMY/STAPEDOTOMY
69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT
69662	REVISION STAPEDECTOMY/STAPEDOTOMY
69666	REPAIR OVAL WINDOW FISTULA
69667	REPAIR ROUND WINDOW FISTULA
69670	MASTOID OBLITERATION SEPARATE PROCEDURE
69676	TYMPANIC NEURECTOMY
69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX
69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION
69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE
69740	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE
69745	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE
69801	LABYRINTHOTOMY TRANSCANAL

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
69805	ENDOLYMPHATIC SAC W/O SHUNT
69806	ENDOLYMPHATIC SAC SHUNT
69820	FENESTRATION SEMICIRCULAR CANAL
69840	REVISION FENESTRATION OPERATION
69905	LABYRINTHECTOMY TRANSCANAL
69910	LABYRINTHECTOMY W/MASTOIDECTOMY
69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR
69955	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR
69960	DECOMPRESSION INTERNAL AUDITORY CANAL
69970	REMOVAL TUMOR TEMPORAL BONE
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE
70010	MYELOGRAPHY POST FOSSA RS&I
70015	CISTERNOGRAPHY POSITIVE CONTRAST RS&I
70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY
70100	RADIOLOGIC EXAMINATION MANDIBLE PRTL <4 VIEWS
70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS
70120	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE
70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE
70134	RADEX INTERNAL AUDITORY MEATI COMPLETE
70140	RADEX FACIAL BONES < 3 VIEWS
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS
70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS
70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I
70190	RADEX OPTIC FORAMINA
70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS
70210	RADEX SINUSES PARANASAL <3 VIEWS
70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS
70240	RADIOLOGIC EXAMINATION SELLA TURCICA
70250	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS
70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW
70310	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH
70328	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT
70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I
70336	MRI TEMPOROMANDIBULAR JOINT
70350	CEPHALOGRAM ORTHODONTIC
70355	ORTHOPANTOGRAM
70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE
70370	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
70371	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS
70390	SIALOGRAPHY RS&I
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
70540	MRI ORBIT FACE &/NECK W/O CONTRAST
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL
70543	MRI ORBIT FACE & NCK W/O & W/CONTRAST MATRL
70544	MRA HEAD W/O CONTRST MATERIAL
70545	MRA HEAD W/CONTRAST MATERIAL
70546	MRA HEAD W/O & W/CONTRAST MATERIAL
70547	MRA NECK W/O CONTRST MATERIAL
70548	MRA NECK W/CONTRAST MATERIAL
70549	MRA NECK W/O &W/CONTRAST MATERIAL
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION
70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL
70558	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL
70559	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST
71010	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL
71015	RADIOLOGIC EXAMINATION CHEST STERO FRONTAL
71020	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL
71021	RADEX CH 2 VIEWS FRNT & LAT APICAL LORDOTIC PX
71022	RADEX CH 2 VIEWS FRONTAL & LATERAL OBLIQUE PRJCJ
71023	RADEX CH 2 VIEWS FRONTAL & LATERAL W/FLUORO
71030	RADEX CHEST COMPLETE MINIMUM 4 VIEWS

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
71034	RADEX CHEST COMPLETE MINIMUM 4 VIEWS W/FLUORO
71035	RADEX CHEST SPECIAL VIEWS
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS
71100	RADEX RIBS UNILATERAL 2 VIEWS
71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS
71110	RADEX RIBS BILATERAL 3 VIEWS
71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS
71120	RADEX STERNUM MINIMUM 2 VIEWS
71130	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS
71250	CT THORAX W/O CONTRAST MATERIAL
71260	CT THORAX W/CONTRAST MATERIAL
71270	CT THORAX W/O & W/CONTRAST MATERIAL
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
71550	MRI CHEST W/O CONTRAST MATERIAL
71551	MRI CHEST W/CONTRAST MATERIAL
71552	MRI CHEST W/O & W/CONTRAST MATERIAL
71555	MRA CHEST W/O & W/CONTRAST MATERIAL
72020	RADEX SPINE 1 VIEW SPECIFY LEVEL
72040	RADEX SPINE CERVICAL 3 VIEWS OR LESS
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS
72070	RADEX SPINE THORACIC 2 VIEWS
72072	RADEX SPINE THORACIC 3 VIEWS
72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS
72080	RADEX SPINE THORACOLUMBAR 2 VIEWS
72081	X-RAY OF SPINE, 1 VIEW
72082	X-RAY OF SPINE, 2 OR 3 VIEWS
72083	X-RAY OF SPINE, 4 OR 5 VIEWS
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS
72114	RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN 6
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL
72127	CT CERVICAL SPINE W/O & W/CONTRAST MATERIAL
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL
72129	CT THORACIC SPINE W/CONTRAST MATERIAL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL
72159	MRA SPINAL CANAL W/VO CONTRAST MATERIAL
72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
72192	CT PELVIS W/O CONTRAST MATERIAL
72193	CT PELVIS W/CONTRAST MATERIAL
72194	CT PELVIS W/O & W/CONTRAST MATERIAL
72195	MRI PELVIS W/O CONTRAST MATERIAL
72196	MRI PELVIS W/CONTRAST MATERIAL
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL
72198	MRA PELVIS W/VO CONTRAST MATERIAL
72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS
72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS
72240	MYELOGRAPHY CERVICAL RS&I
72255	MYELOGRAPHY THORACIC RS&I
72265	MYELOGRAPHY LUMBOSACRAL RS&I
72270	MYELOGRAPHY 2/MORE REGIONS RS&I
72275	EPIDUROGRAPHY RS&I
72285	DISKOGRAPHY CERVICAL/THORACIC RS&I
72295	DISKOGRAPHY LUMBAR RS&I
73000	RADEX CLAVICLE COMPLETE
73010	RADEX SCAPULA COMPLETE
73020	RADEX SHOULDER 1 VIEW
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS
73040	RADEX SHOULDER ARTHROGRAPHY RS&I
73050	RADEX A-C JOINTS BI W/VO WEIGHTED DISTRCJ
73060	RADEX HUMERUS MINIMUM 2 VIEWS

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
73070	RADEX ELBOW 2 VIEWS
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS
73085	RADEX ELBOW ARTHROGRAPHY RS&I
73090	RADEX FOREARM 2 VIEWS
73092	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS
73100	RADEX WRIST 2 VIEWS
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS
73115	RADEX WRIST ARTHROGRAPHY RS&I
73120	RADEX HAND 2 VIEWS
73130	RADEX HAND MINIMUM 3 VIEWS
73140	RADEX FINGR MINIMUM 2 VIEWS
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL
73201	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL
73206	CT ANGIOGRAPHY UPPER EXTREMITY
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS
73525	RADEX HIP ARTHROGRAPHY RS&I
73551	X-RAY OF FEMUR, 1 VIEW
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS
73564	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS
73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST
73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I
73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS
73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS
73615	RADEX ANKLE ARTHROGGRAHY RS&I

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS
73650	RADEX CALCANEUS MINIMUM 2 VIEWS
73660	RADEX TOE MINIMUM 2 VIEWS
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL
73706	CT ANGIOGRAPHY LOWER EXTREMITY
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL
73725	MRA LOWER EXTREMITY W/VO CONTRAST MATERIAL
74000	RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW
74010	RADEX ABD ANTEROPOST&ADDL OBLQ&CONE VIEWS
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS
74020	RADEX ABDOMEN COMPL W/DCBTS&/ERC VIEWS
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS
74022	RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH
74150	CT ABDOMEN W/O CONTRAST MATERIAL
74160	CT ABDOMEN W/CONTRAST MATERIAL
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL
74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/VO CNTRST IMG
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL
74177	CT ABDOEN & PELVIS W/CONTRAST MATERIAL
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE
74181	MRI ABDOMEN W/O CONTRAST MATERIAL
74182	MRI ABDOMEN W/CONTRAST MATERIAL
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL
74185	MRA ABDOMEN W/VO CONTRAST MATERIAL
74190	PERITONEOGRAM RS&I
74210	RADEX PHARYNX&/CERVICAL ESOPHAGUS
74220	RADEX ESOPHAGUS
74230	SWALLOWING FUNCJ W/CINERADIOGRAPY/VIDRADIOG
74235	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I
74240	RADEX GI TRACT UPPER W/VO DELAYED FILMS W/O KUB
74241	RADEX GI TRACT UPPER W/VO DELAYED FILMS W/KUB

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
74245	RADEX GI TRACT UP R W/SM INT W/MULT SERIAL FLMS
74246	RADEX UPPER GI W/VO GLUCAGON/DELAY FILMS W/O KUB
74247	RADEX UPPER GI W/VO GLUCAGON/DELAY FILMS W/KUB
74249	RADEX GI UP R W/VO GLUCOSE W/SM INTEST FOLLW-THRU
74250	RADEX SMALL INTESTINE W/MULTIPLE SERIAL FILMS
74251	RADEX SM INT W/MLT SRL FLMS VIA ENTEROCLSS TUBE
74260	DUODENOGRAPY HYPOTONIC
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING
74270	RADEX COLON BARIUM ENEMA W/WOKUB
74280	RADEX COLON W/SPEC HI DNS BARIUM W/VO GLUCAGON
74283	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCTJ
74290	CHOLECYSTOGRAPHY ORAL CONTRST
74300	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I
74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS
74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I
74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I
74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I
74340	INTRO LONG GI TUBE W/MULT FLUORO&FILMS RS&
74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I
74360	INTRALUMINAL DILATION STRICTURES&/OBSTRCTJS RS&I
74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I
74400	UROGRAPHY IV W/VO KUB W/VO TOMOGRAPHY
74410	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE
74415	UROGRAPY INFUSION DRIP &/BOLUS TECHQ W/VO TOMO
74420	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL
74425	UROGRAPHY ANTEGRADE RS&I
74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I
74440	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I
74445	CORPORA CAVERNOSOGRAPY RS&I
74450	URETHROCYSTOGRAPHY RETROGRADE RS&I
74455	URETHROCYSTOGRAPHY VOIDING RS&I
74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I
74485	DILATION NEPHROSTOMY/URETER/URETHRA RS&I
74710	PELVIMETRY W/WOPLACENTAL LOCALIZATION
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY
74713	MAGNETIC RESONANCE IMAGING OF FETUS, EACH ADDITIONAL PREGNANCY
74740	HYSTEROSALPINGOGRAPHY RS&I
74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I
74775	PERINEOGRAM

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST
75559	CARDIAC MRI W/O CONTRAST W STRESS IMAGING
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ
75563	CARDIAC MRI W/W/O CONTRAST W STRESS
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST
75600	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I
75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP
75658	ANIOGRAPHY BRACHIAL RETROGRADE RS&I
75705	ANGIOGRAPHY SPINAL SELECTIVE RS&I
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I
75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I
75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I
75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I
75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I
75746	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I
75756	ANGIOGRAPHY INTERNAL MAMMARY RS&I
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I
75791	ANGIOGRPHY AV SHUNT COMPLETE EVAL FLUOR S&I
75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I
75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I
75805	ANGRPH CATH F/U STUDY THER/EMBOLIZATION/INFUSION
75807	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I
75809	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I
75810	SPLENOPORTOGRAPY RS&I
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I
75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I
75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I
75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I
75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I
75872	VENOGRAPHY EPIDURAL RS&I
75880	VENOGRAPHY ORBITAL RS&I
75885	PRQ TRANSHEPATIC PORTOGRAPHY HEMODYN EVAL RS&I
75887	PRQ TRANSHEPATIC PORTOGRAPHY W/O HEMODYN EVAL INTRP
75889	HEPATIC VNGRAPHY W/DG/FR HEMODYN EVAL RS&I
75891	HEPATIC VNGRAPHY W/DG/FR W/O HEMODYN EVAL RS&I
75893	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&
75894	TRANSCATHETER EMBOLIZATION ANY METHOD RS&I
75898	ANGIOGRAPHY CATH F-UP STD TECH OTHER THAN THROMBOLYSIS
75901	MECHANICAL REMOVAL PERICATHETER OBSTRUCTIVE MATERIAL RS&I
75902	MECHANICAL REMOVAL INTRALUMINAL OBSTRUCTIVE MATERIAL RS&I
75952	EVASC RPR INFRARENAL AAA/DISSECTION RS&I
75953	PLMT XTN PROSTH EVASC RPR INFRARENAL RS&I
75954	EVASC RPR ILIAC ART W/ILIO-ILIAC PROSTH RS&I
75956	EVASC RPR DESCENDING THORACIC AORTA SUBCLAVIAN ORIGIN RS&I
75957	EVASC RPR DESCENDING THORACIC AORTA CELIAC ORIGIN RS&I
75958	PLMT PROX XTN PROSTH EVASC DESCENDING THORACIC AORTA RS&I
75959	PLMT DISTAL XTN PROSTH EVASC DESCENDING THORACIC AORTA RS&I
75962	TRANSLUMINAL BALLOON ANGIOPLASTY PERIPHERAL ARTERY RSI
75964	TRANSLUMINAL BALLOON ANGIOPLASTY PERIPHERAL EXTRAADRENAL ARTERY RSI
75966	TRANSLUMINAL BALLOON ANGIOPLASTY RENAL/OTHER VISCERAL ARTERY RS&
75968	TRANSLUMINAL BALLOON ANGIOPLASTY EXTRAADRENAL VISCERAL ARTERY RS&I
75970	TRANSCATHETER BIOPSY RS&I
75978	TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS RS&I
75984	CHANGE PORT TUBE/DRAINAGE CATH W CONTRAST RS&I
75989	RADIOLOGICAL GUIDANCE PORT DRAINAGE W/PLMT CATH RS&I
76000	FLUOROSCOPY SPX UP TO 1 HOUR PHYS/QHP TIME
76001	FLUOROSCOPY SPX >1 HOUR PHYS/QHP TIME
76010	RADEX FROM NOSE TO RECTUM FOREIGN BODY 1 VIEW CHILD
76080	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I
76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN
76100	RADEX 1 PLANE BODY SECTION OTHER/THIN W/UROGRAPHY
76101	RADEX COMPLEX MOTION BODY SECTION OTHER/THIN UROGRAPHY UNI
76102	RADEX COMPLEX MOTION BODY SECTION OTHER/THIN UROGRAPHY BI
76120	CINERADIOGRAPHY/VIDEO RADIOGRAPHY XRAY WHERE SPEC
76125	CINERADIOGRAPHY/VIDEO RADIOGRAPHY ROUTINE EXAMINATION
76140	CONSULT X-RAY XRAY MADE ELSEWHERE WRITTEN REPORT
76376	3D RENDERING W/INTERPRETATION & POSTPROCESS SUPERVISION

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY
76390	MRI SPECTROSCOPY
76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING
76510	OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR
76511	OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY
76512	OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN
76513	OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM
76514	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI
76516	OPHTHALMIC BIOMETRY US ECHOGRAPHY A-SCAN
76519	OPH BMTRY US ECHOGRAPHY A-SCAN IO LENS PWR CAL
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMG DOCM
76604	US CHEST REAL TIME W/IMAGE DOCUMENTATION
76641	ULTRASOUND OF ONE BREAST
76642	ULTRASOUND OF ONE BREAST
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION
76705	ULTRASOUND ABDOMINAL REAL TIME W/IMAGE LIMITED
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE
76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED
76776	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN
76800	ULTRASOUND SPINAL CANAL & CONTENTS
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1 ST GESTAT
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION
76805	US PREG UTERUS AFTER 1 ST TRIMEST 1/1 ST GESTATION
76810	US PREG UTERUS > 1 ST TRIMESTER ABDL EA GESTATIO
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1 ST GESTATION
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT
76813	US FETAL NUCHAL TRANSLUCENCY 1 ST GESTATION
76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART
76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING
76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE
76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT
76830	ULTRASOUND TRANSVAGINAL
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U
76870	ULTRASOUND SCROTUM & CONTENTS
76872	ULTRASOUND TRANSRECTAL
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX
76881	US EXTREMITY NON-VASC REAL-TIME IMG COMPL
76882	US EXTREMITY NON-VASC REAL-TIME IMG LMTD
76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ
76886	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ
76930	US GUIDANCE PERICARDIOCENTESIS RS&I
76932	US ENDOMYOCARDIAL BIOPSY RS&I
76936	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY
76940	US &MNTR PARENCHYMAL TISSUE ABLATION
76941	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I
76942	US GUIDANCE NEEDLE PLACEMENT RS&I
76945	US GUIDANCE CHORIONIC VILLUS SAMPLING RS&I
76946	US GUIDANCE AMNIOCENTESIS RS&I
76948	US GUIDANCE ASPIRATION OVA RS&I
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION
76970	US STUDY FOLLOW UP
76975	GI ENDOSCOPIC ULTRASOUND RS&I
76977	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE
77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT
77003	FLUORO NEEDLE/CATH SPINE/PARASPINAL DX/THER
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION
77012	CT GUIDANCE NEEDLE PLACEMENT
77013	CT GUIDANCE &MONITORING VISC TISS ABLATION
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT
77021	MR GUIDANCE NEEDLE PLACEMENT
77022	MR GUIDANCE &MONITORING TISSUE ABLATION
77051	COMPUTER-AIDED DETECTION DX MAMMOGRAPHY
77052	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
77055	MAMMOGRAPHY UNILATERAL
77056	MAMMOGRAPHY BILATERAL
77057	SCREENING MAMMOGRAPHY BILATERAL
77058	MRI BREAST UNILATERAL
77059	MRI BREAST BILATERAL
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED
77071	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS
77072	BONE AGE STUDIES
77073	BONE LENGTH STUDIES
77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL
77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT
77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL
77081	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL
77084	BONE MARROW BLOOD SUPPLY
77085	BONE DENSITY MEASUREMENT USING DEDICATED X-RAY MACHINE
77086	FRACTURE ASSESSMENT OF SPINE BONES USING DEDICATED X-RAY MACHINE FOR BONE DENSITY MEASUREMENT
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION
77295	THER RAD SIMULAJ-AIDED FLD SETTING 3-DIMENSIONAL
77300	BASIC RADIATION DOSIMETRY CALCULATION
77306	RADIATION THERAPY PLAN
77307	RADIATION THERAPY PLAN
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS
77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE
77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE
77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ
77387	GUIDANCE FOR LOCALIZATION OF TARGET DELIVERY OF RADIATION TREATMENT DELIVERY
77401	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA
77402	RADJ DLVR 1 AREA 1/PRLL OPSD PORTS SMPL <5MEV
77407	RADJ DLVR 2 AREAS 3/>PORTS 1 MLT BLKS <5MEV
77412	RADJ DLVR 3/> AREAS CUSTOM BLKING <5MEV
77417	THERAPEUTIC RADIOLOGY PORT FILMS
77422	HIGH ENERGY NEUTRON RADJ TX DLVR 1 TX AREA
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER
77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION
77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS
77427	RADIATION AND PROTON BEAM THERAPY
77431	RADIATION AND PROTON BEAM THERAPY
77432	RADIATION AND PROTON BEAM THERAPY
77435	RADIATION AND PROTON BEAM THERAPY
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT
77470	RADIATION AND PROTON BEAM THERAPY
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP
77610	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS
77615	HYPERTHERMIA INTERSTITIAL PROBE 5/> APPLICATORS
77620	HYPERTHERMIA INTRACAVITARY PROBES
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE
77789	SURFACE APPLICATION RADIATION SOURCE
78012	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT
78013	THYROID IMAGING WITH VASCULAR FLOW
78014	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS
78015	THYROID CARCINOMA METASTASES IMG LMTD AREA
78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY
78020	THYROID CARCINOMA METASTASES UPTAKE
78070	PARATHYROID PLANAR IMAGING
78071	PARATHYROID PLANAR IMAGING W/VO SUBTRACTION
78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT
78075	ADRENAL IMAGING CORTEX &/MEDULLA
78102	BONE MARROW IMAGING LIMITED AREA
78103	BONE MARROW IMAGING MULTIPLE AREAS
78104	BONE MARROW IMAGING WHOLE BODY
78110	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE
78111	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES
78120	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
78121	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS
78122	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU
78130	RED CELL SURVIVAL STUDY
78135	RBC SURVIVAL STUDY DIFFERNTL ORGAN/TISS KINETICS
78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE
78185	SPLEEN IMAGING ONLY W/VO VASCULAR FLOW
78190	KINETICS PLATELET W/VO DIFFRNTL ORGAN/TIS LOCLZJ
78191	PLATELET SURVIVAL STUDY
78195	LYMPHATICS & LYMPH NODES IMAGING
78201	LIVER IMAGING STATIC ONLY
78202	LIVER IMAGING W/VASCULAR FLOW
78205	LIVER IMAGING SPECT
78206	LIVER IMAGING SPECT W/VASCULAR FLOW
78215	LIVER & SPLEEN IMAGING STATIC ONLY
78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW
78226	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER
78227	HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ
78230	SALIVARY GLAND IMAGING
78231	SALIVARY GLAND IMAGING SERIAL IMAGES
78232	SALIVARY GLAND FUNCTION STUDY
78258	ESOPHAGEAL MOTILITY
78261	GASTRIC MUCOSA IMAGING
78262	GASTROESOPHAGEAL REFLUX STUDY
78264	GASTRIC EMPTYING STUDY
78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY
78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS
78270	VITAMIN B-12 ABSRPJ STUDY W/O INTRINSIC FACTOR
78271	VITAMIN B-12 ABSRPJ STUDY W/INTRINSIC FACTOR
78272	VITAMIN B-12 ABSRPJ STDY W/VO INTRINSIC FACT
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING
78282	GASTROINTESTINAL PROTEIN LOSS
78290	INTESTINE IMAGING
78291	PERITONEAL-VEINUS SHUNT PATENCY TEST
78300	BONE &/JOINT IMAGING LIMITED AREA
78305	BONE &/JOINT IMAGING MULTIPLE AREAS
78306	BONE &/JOINT IMAGING WHOLE BODY
78315	BONE &/JOINT IMAGING 3 PHASE STUDY
78320	BONE &/JOINT IMAGING TOMOGRAPHIC SPECT
78350	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
78351	BONE DENSITY 1/> SITES DUAL PHOTON ABSORPTIOMETR
78414	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM
78428	CARDIAC SHUNT DETECTION
78445	NONCARDIAC VASCULAR FLOW IMAGING
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS
78452	MYOCARDIAL SPECT MULTIPLE STUDIES
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES
78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN
78468	MYOCARD IMG INFARCT AVID PLNR EJEC FXJ 1 ST PS TQ
78469	MYOCARD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJECT FRCT
78496	CARD BL POOL GATED 1 STDY REST RT VENT EJECT FRCT
78579	PULMONARY VENTILATION IMAGING
78580	PULMONARY PERFUSION IMAGING PARTICULATE
78582	PULMONARY VENTILATION & PERFUSION IMAGING
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING
78598	QUANT DIFF PULM PERFUSION & VENTILATION W/WO IMAGING
78600	BRAIN IMAGING <4 STATIC VIEWS
78601	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW
78607	BRAIN IMAGING TOMOGRAPHIC SPECT
78610	BRAIN IMAGING VASCULAR FLOW ONLY
78630	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY
78635	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICULOGRAPHY
78645	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ
78647	CEREBROSPINAL FLUID FLOW W/O MATL TOMOG SPECT
78650	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATION
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY
78700	KIDNEY IMAGING MORPHOLOGY
78701	KIDNEY IMAGING MORPHOLOGY W/VASCULAR FLOW
78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE
78710	KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY
78730	URINARY BLADDER RESIDUAL STUDY
78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM
78761	TESTICULAR IMAGING WITH VASCULAR FLOW
78800	RP LOCLZJ TUMOR/DSTRBJ AGENT LIMITED AREA
78801	RP LOCLZJ TUMOR/DSTRBJ AGENT MULTIPLE AREAS
78802	RP LOCLZJ TUMOR/DSTRBJ AGENT WHOLE BDY 1 DAY
78803	RP LOCLZJ TUMOR/DSTRBJ AGENT TOMOG SPECT
78804	RP LOCLZJ TUMOR/DSTRBJ AGT WHOL BDY REQ 2/> DAY
78805	RP LOCLZJ INFLAMMATORY PROCESS LIMITED AREA
78806	RP LOCLZJ INFLAMMATORY PROCESS WHOLE BODY
78807	RP LOCLZJ INFLAMMATORY PROCESS TOMOG SPECT
78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS
79005	RP THERAPY ORAL ADMINISTRATION
79101	RP THERAPY INTRAVENOUS ADMINISTRATION
79200	RP THERAPY INRACAVITARY ADMINISTRATION
79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN
79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS
79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN
80047	BASIC METABOLIC PANEL CALCIUM IONIZED
80048	BASIC METABOLIC PANEL CALCIUM TOTAL
80050	GENERAL HEALTH PANEL
80051	ELECTROLYTE PANEL
80053	COMPREHENSIVE METABOLIC PANEL
80055	OBSTETRIC PANEL
80061	LIPID PANEL
80069	RENAL FUNCTION PANEL
80074	ACUTE HEPATITIS PANEL
80076	HEPATIC FUNCTION PANEL
80081	BLOOD TEST PANEL FOR OBSTETRICS (CBC, DIFFERENTIAL WBC COUNT, HEPATITIS B, HIV, RUBELLA, SYPHILIS, ANTIBODY SCREENING, RBC, BLOOD TYPING)
80150	DRUG SCREEN QUALITATIVE AMIKACIN
80155	CAFFEINE LEVEL
80156	DRUG SCREEN QUALITATIVE CARBAMAZEPINE TOTAL
80157	DRUG SCREEN QUALITATIVE CARBAMAZEPINE FREE
80158	DRUG SCREEN QUALITATIVE CYCLOSPORINE
80159	CLOZAPINE LEVEL
80162	DRUG SCREEN QUALITATIVE DIGOXIN

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
80163	DIGOXIN LEVEL
80164	DRUG SCREEN QUALITATIVE DIPROPYLACETIC ACID
80165	VALPROIC ACID LEVEL
80168	DRUG SCREEN QUALITATIVE ETHOSUXIMIDE
80169	EVEROLIMUS LEVEL
80170	DRUG SCREEN QUALITATIVE GENTAMICIN
80171	GABAPENTIN LEVEL
80173	DRUG SCREEN QUALITATIVE HALOPRIDOL
80175	LAMOTRIGINE LEVEL
80176	DRUG SCREEN QUALITATIVE LIDOCAINE
80177	LEVETIRACETAM LEVEL
80178	DRUG SCREEN QUALITATIVE LITHIUM
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL
80183	OXCARBAZEPINE LEVEL
80184	DRUG SCREEN QUALITATIVE PHENOBARBITAL
80185	DRUG SCREEN QUALITATIVE PHENYTOIN TOTAL
80186	DRUG SCREEN QUALITATIVE PHENYTOIN FREE
80188	DRUG SCREEN QUALITATIVE PRIMIDONE
80190	DRUG SCREEN QUALITATIVE PROCAINAMIDE
80192	DRUG SCREEN QUALITATIVE PROCAINAMIDE METABOLITES
80194	DRUG SCREEN QUALITATIVE QUINIDINE
80195	DRUG SCREEN QUALITATIVE SIROLIMUS
80197	DRUG SCREEN QUALITATIVE TACROLIMUS
80198	DRUG SCREEN QUALITATIVE THEOPHYLLINE
80199	TIAGABINE LEVEL
80200	DRUG SCREEN QUALITATIVE TOBRAMYCIN
80201	DRUG SCREEN QUALITATIVE TOPIRAMATE
80202	DRUG SCREEN QUALITATIVE VANCOMYCIN
80203	ZONISAMIDE LEVEL
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED
80300	DRUG SCREEN
80301	DRUG SCREEN
80302	DRUG SCREEN
80303	DRUG SCREEN
80304	DRUG SCREEN
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES (EG, IMMUNOASSAY); CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG, DIPSTICKS, CUPS, CARDS, CARTRIDGES) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES (EG, IMMUNOASSAY); READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION (EG, DIPSTICKS, CUPS, CARDS, CARTRIDGES), INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES, BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EITHER WITH OR WITHOUT CHROMATOGRAPHY, (EG, DART, DESI, GC-MS, GC- MS/MS, LC-MS, WITHOUT CHROMATOGRAPHY, (EG, DART, DESI, GC-MS, GC-MS/MS, LC-MS, PER DATE OF SERVICE
80320	ALCOHOLS LEVELS
80321	ALCOHOLS LEVELS
80322	ALCOHOLS LEVELS
80323	ALKALOIDS LEVELS
80324	AMPHETAMINES LEVELS
80325	AMPHETAMINES LEVELS
80326	AMPHETAMINES LEVELS
80327	ANABOLIC STEROIDS LEVELS
80328	ANABOLIC STEROIDS LEVELS
80329	ANALGESICS LEVELS
80330	ANALGESICS LEVELS
80331	ANALGESICS LEVELS
80332	ANTIDEPRESSANTS LEVELS
80333	ANTIDEPRESSANTS LEVELS
80334	ANTIDEPRESSANTS LEVELS
80335	ANTIDEPRESSANTS LEVELS
80336	ANTIDEPRESSANTS LEVELS
80337	ANTIDEPRESSANTS LEVELS
80338	ANTIDEPRESSANTS LEVELS
80339	ANTIPILEPTICS LEVELS
80340	ANTIPILEPTICS LEVELS
80341	ANTIPILEPTICS LEVELS
80342	ANTIPSYCHOTICS LEVELS
80343	ANTIPSYCHOTICS LEVELS
80344	ANTIPSYCHOTICS LEVELS
80345	BARBITURATES LEVELS
80346	BENZODIAZEPINES LEVELS
80347	BENZODIAZEPINES LEVELS
80348	BUPRENORPHINE LEVEL
80349	CANNABINOIDS LEVELS
80350	CANNABINOIDS LEVELS
80351	CANNABINOIDS LEVELS
80352	CANNABINOIDS LEVELS
80353	COCAINE LEVEL
80354	FENTANYL LEVEL
80355	GABAPENTIN LEVEL NON-BLOOD
80356	HEROIN METABOLITE LEVEL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
80357	KETAMINE AND NORKETAMINE LEVELS
80358	METHADONE LEVEL
80359	METHYLENEDIOXYAMPHETAMINES LEVELS
80360	METHYLPHENIDATE LEVEL
80361	OPIATES LEVELS
80362	OPIOIDS LEVELS
80363	OPIOIDS LEVELS
80364	OPIOIDS LEVELS
80365	OXYCODONE LEVELS
80366	PREGABALIN LEVEL
80367	PROPOXYPHENE LEVEL
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES) LEVELS
80369	SKELETAL MUSCLE RELAXANTS LEVELS
80370	SKELETAL MUSCLE RELAXANTS LEVELS
80371	SYNTHETIC STIMULANTS LEVELS
80372	TAPENTADOL LEVEL
80373	TRAMADOL LEVEL
80374	STEREISOIMER (ENANTIOMER) DRUG ANALYSIS
80375	DRUGS OR SUBSTANCES MEASUREMENT
80376	DRUGS OR SUBSTANCES MEASUREMENT
80377	DRUGS OR SUBSTANCES MEASUREMENT
80400	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY
80402	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY
80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL
80410	CALCITONIN STIMULATION PANEL
80412	CORTICOTROPIC RELEASING HORM STIMJ PANEL
80414	CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE
80415	CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE
80416	RENAL VEIN RENIN STIMULATION PANEL
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL
80418	COMBINED RAPID ANT PITUITARY EVALUATION PANEL
80420	DEXMETHASONE SUPPRESSION PANEL 48 HR
80422	GLUCOSE TOLERANCE PANEL INSULINOMA
80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA
80426	GONADOTROPIN RELEASING HORMONE STIMJ PANEL
80428	GROWTH HORMONE STIMULATION PANEL
80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL
80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY
80435	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
80436	METYRAPONE PANEL
80438	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR
80439	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR
80500	CLINICAL PATHOLOGY CONSULTATION LIMITED
80502	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCP
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY
81005	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS
81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK
81015	URINALYSIS MICROSCOPIC ONLY
81020	URINALYSIS 2/3 GLASS TEST
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS
81050	VOLUME MEASUREMENT TIMED COLLECTION EACH
81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP
81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, HCG [ANY FORM], DIA) UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE.
81528	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 10 DNA MARKERS (KRAS MUTATIONS, PROMOTER METHYLATION OF NDRG4 AND BMP3) AND FECAL HEMOGLOBIN, UTILIZING STOOL, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT
82009	KETONE BODIES SERUM QUALITATIVE
82010	KETONE BODIES SERUM QUANTITATIVE
82013	ASSAY OF ACETYLCHOLINESTERASE
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN
82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN
82024	ADRENOCORTICOTROPIC HORMONE ACTH
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC
82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD
82042	ALBUMIN URINE/OTHER SOURCE QUAN EACH SPECIMEN
82043	ALBUMIN URINE MICROALBUMIN QUANTIATIVE
82044	ALBUMIN URINE MICROALBUMIN SEMIQUANTITATIVE
82045	ALBUMIN ISCHEMIA MODIFIED
82075	ASSAY OF ALCOHOL BREATH
82085	ASSAY OF ALDOLASE
82088	ASSAY OF ALDOSTERONE
82103	ALPHA-1-ANTITRYPSIN TOTAL
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE
82105	ALPHA-FETOPROTEIN SERUM
82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
82108	ASSAY OF ALUMINUM
82120	AMINES VAGINAL FLUID QUALITATIVE
82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN
82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN
82135	AMINOLEVULINIC ACID DELTA
82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC
82139	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE
82140	ASSAY OF AMMONIA
82143	AMNIOTIC FLU SCAN
82150	ASSAY OF AMYLASE
82154	ANDROSTANEDIOL GLUCURONIDE
82157	ANDROSTENEDIONE
82160	ANDROSTERONE
82163	ANGIOTENSIN II
82164	ANGIOTENSIN I-CONVERTING ENZYME
82172	APOLIPOPROTEIN EACH
82175	ASSAY OF ARSENIC
82180	ASSAY OF ASCORBIC ACID BLOOD
82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE
82232	BETA-2 MICROGLOBULIN
82239	BILE ACIDS TOTAL
82240	BILE ACIDS CHOLYLGLYCINE
82247	BILIRUBIN TOTAL
82248	BILIRUBIN DIRECT
82252	BILIRUBIN FECES QUALITATIVE
82261	BIOTINIDASE EACH SPECIMEN
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER
82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3
82286	BRADYKININ
82300	CADMIUM
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED
82308	CALCITONIN
82310	CALCIUM TOTAL
82330	CALCIUM IONIZED
82331	CALCIUM AFTER CALCIUM INFUSION TEST
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN
82355	CALCULUS QUALITATIVE ANALYSIS
82360	CALCULUS QUANTITATIVE CHEMICAL

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No Prior Authorization Code	Description
82365	CALCULUS INFRARED SPECTROSCOPY
82370	CALCULUS XRAY DIFFRACTION
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN
82374	CARBON DIOXIDE BICARBONATE
82375	CARBOXYHEMOGLOBIN QUANTITATIVE
82376	CARBOXYHEMOGLOBIN QUALITATIVE
82378	CARCINOEMBRYONIC ANTIGEN CEA
82379	CARNITINE QUANTITATIVE EACH SPECIMEN
82380	CAROTENE
82382	CATECHOLAMINES TOTAL URINE
82383	CATECHOLAMINES BLOOD
82384	CATECHOLAMINES FRACTIONATED
82387	CATHEPSIN-D
82390	CERULOPLASMIN
82397	CHEMILUMINESCENT ASSAY
82415	CHLORAMPHENICOL
82435	CHLORIDE BLD
82436	CHLORIDE URINE
82438	CHLORIDE OTHER SOURCE
82441	CHLORINATED HYDROCARBONS SCREEN
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL
82480	CHOLINESTERASE SERUM
82482	CHOLINESTERASE RBC
82485	CHONDROITIN B SULFATE QUANTITATIVE
82495	ASSAY OF CHROMIUM
82507	ASSAY OF CITRATE
82523	COLLAGEN CROSS LINKS ANY METHOD
82525	ASSAY OF COPPER
82528	CORTICOSTERONE
82530	CORTISOL FREE
82533	CORTISOL TOTAL
82540	ASSAY OF CREATINE
82542	COL-CHR/MS QUAN 1 STATIONARY&MOBILE PHASE NES
82550	CREATINE KINASE TOTAL
82552	CREATINE KINASE ISOENZYMES
82553	CREATINE KINASE MB FRACTION ONLY
82554	CREATINE KINASE ISOFORMS
82565	CREATININE BLOOD
82570	CREATININE OTHER SOURCE
82575	CREATININE CLEARANCE
82585	ASSAY OF CRYOFIBRN

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
82595	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE
82600	ASSAY OF CYANIDE
82607	CYANOCOBALAMIN VITAMIN B-12
82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY
82610	CYSTATIN C
82615	CSTINE&HOMOCSTINE URINE QUALITATIVE
82626	DEHYDROEPIANDROSTERONE
82627	DEHYDROEPIANDROSTERONE-SULFATE
82633	DESOXYCORTICOSTERONE 11-
82634	DEOXYCORTISOL 11-
82638	ASSAY OF DIBUCAINE NUMBER
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED
82656	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN
82657	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA
82658	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA
82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED
82668	ASSAY OF ERYTHROPOIETIN
82670	ASSAY OF ESTRADIOL
82671	ASSAY OF ESTROGENS FRACTIONATED
82672	ASSAY OF ESTROGENS TOTAL
82677	ASSAY OF ESTRIOL
82679	ASSAY OF ESTRONE
82693	ASSAY OF ETHYLENE GLYCOL
82696	ASSAY OF ETIOCHOLANOLONE
82705	FAT/LIPIDS FECES QUALITATIVE
82710	FAT/LIPIDS FECES QUANTITATIVE
82715	FAT DIFFIAL FECES QUANTITATIVE
82725	FATTY ACIDS NONESTERIFIED
82726	VERY LONG CHAIN FATTY ACIDS
82728	ASSAY OF FERRITIN
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN
82735	ASSAY OF FLUORIDE
82746	ASSAY OF FOLIC ACID SERUM
82747	ASSAY OF FOLIC ACID RBC
82757	ASSAY OF FRUCTOSE SEMEN
82759	ASSAY OF GALACTOKINASE RBC
82760	ASSAY OF GALACTOSE
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN
82777	GALECTIN 3
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
82785	ASSAY OF GAMMAGLOBULIN IGE
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES
82800	GASES BLOOD PH ONLY
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY
82810	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS
82820	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN
82930	GASTRIC ACID ANALYSIS W/PH EACH SPECIMEN
82938	GASTRIN AFTER SECRETIN STIMULATION
82941	ASSAY OF GASTRIN
82943	ASSAY OF GLUCAGON
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD
82946	GLUCOSE TOLERANCE TEST
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP
82948	GLUCOSE BLOOD REAGENT STRIP
82950	GLUCOSE POST GLUCOSE DOSE
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE
82963	ASSAY OF GLUCOSIDASE BETA
82965	ASSAY OF GLUTAMATE DEHYDROGENASE
82977	ASSAY OF GLUTAMYLTRASE GAMMA
82978	ASSAY OF GLUTATHIONE
82979	ASSAY OF GLUTATHIONE REDUCTASE RBC
82985	ASSAY OF GLYCATED PROTEIN
83003	ASSAY OF GROWTH HORMONE HUMAN
83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE
83012	ASSAY OF HAPTOGLOBIN PHENOTYPES
83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE
83014	HPYLORI DRUG ADMINISTRATION
83015	HEAVY METAL SCREEN
83018	HEAVY METAL QUANTIATIVE EACH
83020	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY
83026	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED
83030	HEMOGLOBIN F FETAL CHEMICAL
83033	HEMOGLOBIN F FETAL QUALITATIVE
83036	HEMOGLOBIN GLYCOSYLATED A1C

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
83037	HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE
83051	ASSAY OF HEMOGLOBIN PLASMA
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE
83065	HEMOGLOBIN THERMOLABILE
83068	HEMOGLOBIN UNSTABLE SCREEN
83069	ASSAY OF HEMOGLOBIN URINE
83070	ASSAY OF HEMOSIDERIN QUALITATIVE
83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY
83088	ASSAY OF HISTAMINE
83090	ASSAY OF HOMOCYSTEINE
83150	ASSAY OF HOMOVANILLIC ACID
83491	HYDROXYCORTICOSTEROIDS 17
83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA
83498	ASSAY OF HYDROXYPROGESTERONE 17-D
83499	ASSAY OF HYDROXYPROGESTERONE 20-
83500	ASSAY OF HYDROXYPROLINE FREE
83505	ASSAY OF HYDROXYPROLINE TOTAL
83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP
83518	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP
83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS
83525	ASSAY OF INSULIN TOTAL
83527	ASSAY OF INSULIN FREE
83528	ASSAY OF INTRINSIC FACTOR
83540	ASSAY OF IRON
83550	IRON BINDING CAPACITY
83570	ISOCITRIC DEHYDROGENASE
83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATION
83586	ASSAY OF KETOSTEROIDS 17- TOTAL
83593	KETOSTEROIDS 17- FRACTIONATION
83605	ASSAY OF LACTATE
83615	LACTATE DEHYDROGENASE LDH
83625	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN
83630	LACTOFERRIN FECAL QUALITATIVE
83631	LACTOFERRIN FECAL QUANTITATIVE
83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN
83633	LACTOSE URINE QUALITATIVE
83655	ASSAY OF LEAD
83661	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
83662	FETAL LUNG MATURITY FOAM STABILITY TEST
83663	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION
83664	FETAL LUNG MATURITY LAMELLAR BODY DENSITY
83670	LEUCINE AMINOPEPTIDASE LAP
83690	ASSAY OF LIPASE
83695	LIPOPROTEIN A
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS
83704	LIPOPROTEIN BLOOD QUAN NUMBERS&SUBCLASSES
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL
83719	LIPOPROTEIN DIRECT MEASSUREMENT VLDL CHOLESTEROL
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL
83727	LUTEINIZING RELEASING FACTOR
83735	ASSAY OF MAGNESIUM
83775	ASSAY OF MALATE DEHYDROGENASE
83785	ASSAY OF MANGANESE
83789	MASS SPECT&TANDEM MASS SPECT ANAL QUAN EA SPEC
83825	ASSAY OF MERCURY QUANTITATIVE
83835	METANEPHRINES
83857	METHEMALBUMIN
83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE
83872	MUCIN SYNOVIAL FLUID ROPES TEST
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID
83874	MYOGLOBIN
83876	MYELOPEROXIDASE MPO
83880	NATRIURETIC PEPTIDE
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES
83885	ASSAY OF NICKEL
83915	ASSAY OF NUCLEOTIDASE 5'-
83916	OLIGOCLONAL IMMUNE
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN
83921	ORGANIC ACID 1 QUANTITATIVE
83930	ASSAY OF OSMOLALITY BLOOD
83935	ASSAY OF OSMOLALITY URINE
83937	ASSAY OF OSTEOCALCIN
83945	ASSAY OF OXALATE
83950	ONCOPROTEIN HER-2/NEU
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP

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No Prior Authorization Code	Description
83970	ASSAY OF PARATHORMONE
83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED
83987	PH EXHALED BREATH CONDENSATE
83992	ASSAY OF PHENCYCLIDINE
83993	ASSAY OF CALPROTECTIN FECAL
84030	ASSAY OF PHENYLALANINE BLOOD
84035	ASSAY OF PHENYLKETONES QUALITATIVE
84060	ASSAY OF PHOSPHATASE ACID TOTAL
84061	PHOSPHATASE ACID FORENSIC EXAMINATION
84066	ASSAY OF PHOSPHATASE ACID PROSTATIC
84075	ASSAY OF PHOSPHATASE ALKALINE
84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE
84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES
84081	PHOSPHATIDYLGLYCEROL
84085	PHOSPHOGLUCONATE 6-DEHYD RBC
84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE
84100	ASSAY OF PHOSPHORUS INORGANIC
84105	ASSAY OF PHOSPHORUS INORGANIC URINE
84106	PORPHOBILINOGEN URINE QUALITATIVE
84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE
84112	PLACENTAL ALPHA MICROGLOBULIN C/V QUAL
84119	PORPHYRINS URINE QUALITATAIVE
84120	PORPHYRINS URINE QUANTITATION & FRACTIONATION
84126	PORPHYRINS FECES QUANTITATIVE
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD
84133	POTASSIUM URINE
84134	PREALBUMIN
84135	PREGNANEDIOL
84138	PREGNANETRIOL
84140	PREGNENOLONE
84143	17-HYDROXPREGNENOLONE
84144	ASSAY OF PROGESTERONE
84145	PROCALCITONIN (PCT)
84146	ASSAY OF PROLACTIN
84150	ASSAY OF PROSTAGLNDIN EACH
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE
84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE
84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A
84165	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM
84166	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI
84181	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID
84182	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL
84202	PROTOPORPHYRIN RBC QUANTITATIVE
84203	PROTOPORPHYRIN RBC SCREEN
84206	ASSAY OF PROINSULIN
84207	ASSAY OF PYRIDOXAL PHOSPHATE
84210	ASSAY OF PYRUVATE
84220	ASSAY OF PYRUVATE KINASE
84228	ASSAY OF QUININE
84233	ASSAY OF RECEPTOR ASSAY ESTROGEN
84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE
84235	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST
84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR
84244	ASSAY OF RENIN
84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2
84255	ASSAY OF SELENIUM
84260	ASSAY OF SEROTONIN
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN
84275	ASSAY OF SIALIC ACID
84285	ASSAY OF SILICA
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD
84300	ASSAY OF URINE SODIUM
84302	ASSAY OF SODIUM OTHER SOURCE
84305	ASSAY OF SOMATOMEDIN
84307	ASSAY OF SOMATOSTATIN
84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED
84315	SPECIFIC GRAVITY EXCEPT URINE
84375	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY
84376	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC
84377	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE
84378	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC
84379	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC
84392	ASSAY OF SULFATE URINE
84402	ASSAY OF TESTOSTERONE FREE
84403	ASSAY OF TESTOSTERONE TOTAL
84410	TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)
84425	ASSAY OF THIAMINE-VITAMIN B-1

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
84430	ASSAY OF THIOCYANATE
84431	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE
84432	ASSAY OF THYROGLOBULIN
84436	ASSAY OF THYROXINE TOTAL
84437	ASSAY OF THYROXINE REQUIRING ELUTION
84439	ASSAY OF FREE THYROXINE
84442	ASSAY OF THYROXINE BINDING GLOBULIN
84443	ASSAY OF THYROID STIMULATING HORMONE TSH
84445	THYROID STIMULATING IMMUNE GLOBULINS TSI
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E
84449	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN
84450	TRANSFERASE ASPARTATE AMINO AST SGOT
84460	TRANSFERASE ALANINE AMINO ALT SGPT
84466	ASSAY OF L7383TRANSFERRIN
84478	ASSAY OF TRIGLYCERIDES
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE
84482	TRIIODOTHYRONINE T3 REVERSE
84484	ASSAY OF TROPONIN QUANTITATIVE
84485	ASSAY OF TRYPSIN DUODENAL FLUID
84488	ASSAY OF TRYPSIN FECES QUALITATIVE
84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION
84510	ASSAY OF TYROSINE
84512	ASSAY OF TROPONIN QUALITATIVE
84520	ASSAY OF UREA NITROGEN QUANTITATIVE
84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE
84540	ASSAY OF UREA NITROGEN URINE
84545	UREA NITROGEN CLEARANCE
84550	ASSAY OF BLOOD/URIC ACID
84560	ASSAY OF URIC ACID OTHER SOURCE
84577	ASSAY OF UROBILINOGEN FECES QUANTITATIVE
84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE
84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN
84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE
84585	ASSAY OF VANILLYLMADELIC ACID URINE
84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE
84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE
84590	ASSAY OF VITAMIN A
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED
84597	ASSAY OF VITAMIN K

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
84600	ASSAY OF VOLATILES
84620	XYLOSE ABSORPTION TEST BLOOD &/URINE
84630	ASSAY OF ZINC
84681	ASSAY OF C-PEPTIDE
84702	GONADOTROPIN CHORIONIC QUANTITATIVE
84703	GONADOTROPIN CHORIONIC QUALITATIVE
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN
84830	OVULATION TEST VISUAL COLOR COMPARISON HLH
85002	BLEEDING TIME TEST
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT
85008	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT
85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT
85013	BLOOD COUNT SPUN MICROHEMATOCRIT
85014	BLOOD COUNT HEMATOCRIT
85018	BLOOD COUNT HEMOGLOBIN
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC
85027	BLOOD COUNT COMPLETE AUTOMATED
85032	BLOOD COUNT MANUAL CELL COUNT EACH
85041	BLOOD COUNT RED BLOOD CELL AUTOMATED
85044	BLOOD COUNT RETICULOCYTE AUTOMATED
85045	BLOOD COUNT RETICULOCYTE AUTOMATED
85046	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED
85049	BLOOD COUNT PLATELET AUTOMATED
85055	RETICULATED PLATELET ASSAY
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT
85097	BONE MARROW SMEAR INTERPRETATION
85130	CHROMOGENIC SUBSTRATE ASSAY
85170	BLOOD CLOT RETRACTION
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION
85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC
85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR
85230	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR
85240	CLOTTING FACTOR VIII AHG 1 STAGE
85244	CLOTTING FACTOR VIII RELATED ANTIGEN
85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN
85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS
85250	CLOTTING FACTOR IX PTC/CHRISTMAS
85260	CLOTTING FACTOR X STUART-PROWER

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
85270	CLOTTING FACTOR XI PTA
85280	CLOTTING FACTOR XII HAGEMAN
85290	CLOTTING FACTOR XIII FIBRIN STABILIZING
85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY
85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY
85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY
85305	CLOTTING INHIBITORS PROTEIN S TOTAL
85306	CLOTTING INHIBITORS PROTEIN S FREE
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY
85335	FACTOR INHIBITOR TEST
85337	THROMBOMODULIN
85345	COAGULATION TIME LEE AND WHITE
85347	COAGULATION TIME ACTIVATED
85348	COAGULATION TIME OTHER METHODS
85360	EUGLOBULIN LYSIS
85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN
85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ
85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE
85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE
85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE
85384	FIBRINOGEN ACTIVITY
85385	FIBRINOGEN ANTIGEN
85390	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR
85396	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY
85397	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL
85400	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN
85410	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN
85415	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR
85420	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS
85421	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY
85441	HEINZ BODIES DIRECT
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE
85460	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS
85461	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE
85475	HEMOLYSIN ACID
85520	HEPARIN ASSAY

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
85525	HEPARIN NEUTRALIZATION
85530	HEPARIN-PROTAMINE TOLERANCE TST
85536	IRON STAIN PERIPHERAL BLOOD
85540	WBC ALKALINE PHOSPHATASE COUNT
85547	MECHANICAL FRAGILITY RBC
85549	MURAMIDASE
85555	OSMOTIC FRAGILITY RBC UNINCUBATED
85557	OSMOTIC FRAGILITY RBC INCUBATED
85576	PLATELET AGGREGATION IN VITRO EACH AGENT
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL
85610	PROTHROMBIN TIME
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH
85612	RUSSELL VIPER VENON TIME UNDILUTED
85613	RUSSELL VIPER VENOM TIME DILUTED
85635	REPTILASE TEST
85651	SEDIMENTATION RATE RBC NON-AUTOMATED
85652	SEDIMENTATION RATE RBC AUTOMATED
85660	SICKLING RBC REDUCTION
85670	THROMBIN TIME PLASMA
85675	THROMBIN TIME TITER
85705	THROMBOPLASTIN INHIBITION TISSUE
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD
85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA
85810	VISCOSITY
86000	AGGLUTININS FEBRILE EACH ANTIGEN
86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN
86003	ALLERGEN SPECIFIC IGE QUAN/SEMIQUAN EA ALLERGEN
86005	ALLERGEN SPECIFIC IGE QUAL MULTIALLERGEN SCREEN
86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, RECOMBINANT OR PURIFIED COMPONENT, EACH
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES
86023	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY
86038	ANTINUCLEAR ANTIBODIES ANA
86039	ANTINUCLEAR ANTIBODIES ANA TITER
86060	ANTISTREPTOLYSIN O TITER
86063	ANTISTREPTOLYSIN O SCREEN
86077	BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP
86078	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT
86079	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
86140	C-REACTIVE PROTEIN
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY
86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC
86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP
86155	CHEMOTAXIS ASSAY SPECIFY METHOD
86156	COLD AGGLUTININ SCREEN
86157	COLD AGGLUTININ TITER
86160	COMPLEMENT ANTIGEN EACH COMPONENT
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT
86162	COMPLEMENT TOTAL HEMOLYTIC
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN
86185	CNTERIMMUNOELECTROPHORESIS EACH ANTIGEN
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY
86215	DEOXYRIBONUCLEASE ANTIBODY
86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED
86226	DNA ANTIBODY SINGLE STRANDED
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD
86243	FC RECEPTOR
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY
86277	GROWTH HORMONE HUMAN ANTIBODY
86280	HEMAGGLUTINATION INHIBITION TEST HAI
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)
86308	HETEROPHILE ANTIBODIES SCREEN
86309	HETEROPHILE ANTIBODIES TITER
86310	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS
86318	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP
86320	IMMUNOELECTROPHORESIS SERUM
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION
86327	IMMUNOELECTROPHORESIS CROSSED
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED
86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
86332	IMMUNE COMPLEX ASSAY
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS
86336	INHIBIN A
86337	INSULIN ANTIBODIES
86340	INTRINSIC FACTOR ANTIBODIES
86341	ISLET CELL ANTIBODY
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR
86344	LEUKOCYTE PHAGOCYTOSIS
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE
86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS
86355	B CELLS TOTAL COUNT
86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA
86357	NATURAL KILLER CELLS TOTAL COUNT
86359	T CELLS TOTAL COUNT
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO
86361	T CELLS ABSOLUTE CD4 COUNT
86367	STEM CELLS TOTAL COUNT
86376	MICROSOMAL ANTIBODIES EACH
86378	MIGRATION INHIBITORY FACTOR TEST MIF
86382	NEUTRALIZATION TEST VIRAL
86384	NITROBLUE TETRAZOLIUM DYE TEST NTD
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY
86430	RHEUMATOID FACTOR QUALITATIVE
86431	RHEUMATOID FACTOR QUANTITATIVE
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP
86485	SKIN TEST CANDIDA
86486	SKIN TEST UNLISTED ANTIGEN EACH
86490	SKIN TEST COCCIDIOIDOMYCOSIS
86510	SKIN TEST HISTOPLASMOSIS
86580	SKIN TEST TUBERCULOSIS INTRADERMAL
86590	STREPTOKINASE ANTIBODY
86592	SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL
86593	SYPHILIS TEST QUANTITATIVE
86602	ANTIBODY ACTINOMYCES
86603	ANTIBODY ADENOVIRUS
86606	ANTIBODY ASPERGILLUS
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
86611	ANTIBODY BARTONELLA
86612	ANTIBODY BLASTOMYCES
86615	ANTIBODY BORDETELLA
86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST
86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE
86619	ANTIBODY BORRELIA RELAPSING FEVER
86622	ANTIBODY BRUCELLA
86625	ANTIBODY CAMPYLOBACTER
86628	ANTIBODY CANDIDA
86631	ANTIBODY CHLAMYDIA
86632	ANTIBODY CHLAMYDIA IGM
86635	ANTIBODY COCCIDIOIDES
86638	ANTIBODY COXIELLA BURNETII Q FEVER
86641	ANTIBODY CRYPTOCOCCUS
86644	ANTIBODY CYTOMEGALOVIRUS CMV
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM
86648	ANTIBODY DIPHTHERIA
86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE
86653	ANTIBODY ENCEPHALITIS ST. LOUIS
86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE
86658	ANTIBODY ENTEROVIRUS
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA
86666	ANTIBODY EHRlichia
86668	ANTIBODY FRANCISELLA TULARENSIS
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED
86674	ANTIBODY GIARDIA LAMBLIA
86677	ANTIBODY HELICOBACTER PYLORI
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED
86684	ANTIBODY HAEMOPHILUS INFLUENZA
86687	ANTIBODY HTLV-I
86688	ANTIBODY HTLV-II
86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST
86692	ANTIBODY HEP DELTA AGENT
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST
86695	ANTIBODY HERPES SMPLX TYPE 1
86696	ANTIBODY HERPES SMPLX TYPE 2
86698	ANTIBODY HISTOPLASMA
86701	ANTIBODY HIV-1

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
86702	ANTIBODY HIV-2
86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY
86706	HEPATITIS B SURF ANTIBODY HBSAB
86707	HEPATITIS BE ANTIBODY HBEAB
86708	HEPATITIS ANTIBODY HAAB TOTAL
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY
86710	ANTIBODY INFLUENZA VIRUS
86711	ANTIBODY JOHN CUNNINGHAM VIRUS
86713	ANTIBODY LEGIONELLA
86717	ANTIBODY LEISHMANIA
86720	ANTIBODY LEPTOSPIRA
86723	ANTIBODY LISTERIA MONOCYTOGENES
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS
86729	ANTIBODY LYMPHOGRANULOMA VENEREUM
86732	ANTIBODY MUCORMYCOSIS
86735	ANTIBODY MUMPS
86738	ANTIBODY MYCOPLSM
86741	ANTIBODY NEISSERIA MENINGITIDIS
86744	ANTIBODY NOCARDIA
86747	ANTIBODY PARVOVIRUS
86750	ANTIBODY PLASMODIUM MALARIA
86753	ANTIBODY PROTOZOA NES
86756	ANTIBODY RESPIRATORY SYNCYTIAL VIRUS
86757	ANTIBODY RICKETTSIA
86759	ANTIBODY ROTAVIRUS
86762	ANTIBODY RUBELLA
86765	ANTIBODY RUBEOLA
86768	ANTIBODY SALMONELLA
86771	ANTIBODY SHIGELLA
86774	ANTIBODY TETANUS
86777	ANTIBODY TOXOPLASMA
86778	ANTIBODY TOXOPLASMA IGM
86780	ANTIBODY TREPONEMA PALLIDUM
86784	ANTIBODY TRICHINELLA
86787	ANTIBODY VARICELLA-ZOSTER
86788	ANTIBODY WEST NILE VIRUS IGM
86789	ANTIBODY WEST NILE VIRUS
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED
86793	ANTIBODY YERSINIA

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
86794	ANTIBODY; ZIKA VIRUS, IGM
86800	THYROGLOBULIN ANTIBODY
86803	HEPATITIS C ANTIBODY
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ
86806	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT
86807	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH
86808	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH
86812	HLA TYPING A/B/C SINGLE ANTIGEN
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS
86816	HLA TYPING DR/DQ SINGLE ANTIGEN
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED
86822	HLA TYPING LYMPHOCYTE CULTURE PRIMED
86825	HLA CROSSMATCH NONCYTOTOXIC 1 ST SERUM/DILUTION
86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION
86828	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL
86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL
86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE
86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE
86860	ANTIBODY ELUTION RBC EACH ELUTION
86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ
86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM
86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL
86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER
86890	AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED
86891	AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE
86900	BLOOD TYPING ABO
86901	BLOOD TYPING RH D
86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH
86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT
86905	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH
86906	BLOOD TYPING RH PHENOTYPING COMPLETE
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN
86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS
86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
86921	COMPATIBILITY EACH UNIT INCUBATION
86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN
86923	COMPATIBILITY EACH UNIT ELECTRONIC
86927	FRESH FROZEN PLASMA THAWING EACH UNIT
86930	FROZEN BLOOD EACH UNIT FREEZING
86931	FROZEN BLOOD EACH UNIT THAWING
86932	FROZEN BLOOD EACH UNIT FREEZING & THAWING
86940	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH
86941	HEMOLYSINS&AGGLUTININS INCUBATED
86945	IRRADIATION BLOOD PRODUCT EACH UNIT
86950	LEUKOCYTE TRANSFUSION
86960	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT
86965	POOLING PLATELETS/OTHER BLOOD PRODUCTS
86970	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA
86971	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH
86972	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP
86975	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH
86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION
86977	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA
86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ
86985	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT
87003	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ
87015	CONCENTRATION INFECTIOUS AGENTS
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL
87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL
87081	CUL PRSMPTV PTHGNC ORGANISM SCR N W/COLONY ESTIMJ
87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE
87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD
87103	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD
87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST
87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
87109	CULTURE MYCOPLASMA ANY SOURCE
87110	CULTURE CHLAMYDIA ANY SOURCE
87116	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL
87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM
87143	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY
87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES
87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM
87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM
87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE
87158	CULTURE TYPING OTHER METHODS
87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION
87166	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT
87168	MACROSCOPIC EXAMINATION ARTHROPOD
87169	MACROSCOPIC EXAMINATION PARASITE
87172	PINWORM EXAMINATION
87176	HOMOGENIZATION TISSUE CULTURE
87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION&
87181	SUSCEPTILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ
87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD
87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ
87186	SUSCEPTILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ
87187	SUSCEPTILTY STDY ANTMCRB MICRO/AGAR DILUTJ EA
87188	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT
87190	SUSCEPTILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD
87197	SERUM BACTERICIDAL TITER
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL
87206	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT
87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS
87210	SMR PRIM SRC WET MOUNT NFCT AGT
87220	TISS KOH SLIDE SAMPs SKN/HR/NLS FNGI/ECTOPARASIT
87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE
87250	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ
87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT
87253	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA
87255	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC
87260	IAADI ADENOVIRUS
87265	IAADI BORDETELLA PRUSSIS/PARAPRUSIS

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY
87269	IAADI GIARDIA
87270	IAADI CHLAMYDIA TRACHOMATIS
87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY
87272	IAADI CRYPTOSPORIDIUM
87273	IAADI HERPES SMPLX VIRUS TYPE 2
87274	IAADI HERPES SMPLX VIRUS TYPE 1
87275	IAADI INFLUENZA B VIRUS
87276	IAADI INFFLUENZA A VIRUS
87277	IAADI LEGIONELLA MICDADEI
87278	IAADI LEGIONELLA PNEUMOPHILA
87279	IAADI PARAINFLUENZA VIRUS EACH TYPE
87280	IAADI RESPIRATORY SYNCTIAL VIRUS
87281	IAADI PNEUMOCUSTIS CARINII
87283	IAADI RUBEOLA
87285	IAADI TREPONEMA PALLIDUM
87290	IAADI VARICELLA ZOSTER VIRUS
87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM
87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM
87301	IAAD EIA ADENOVIRUS ENTERIC TYP 40/41
87305	IAAD EIA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS
87320	IAAD EIA CHLAMYDIA TRACHOMATIS
87324	IAAD EIA CLOSTRIDIUM DIFFICILE TOXIN
87327	IAAD EIA CRYPTOCOCCUS NEOFORMANS
87328	IAAD EIA CRYPTOSPORIDIUM
87329	IAAD EIA GIARDIA
87332	IAAD EIA CYTOMEGALOVIRUS
87335	IAAD EIA ESCHERICHIA COLI 0157
87336	IAAD EIA ENTAMOEBA HISTOLYTICA DISPAR GRP
87337	IAAD EIA ENTAMOEBA HISTOLYTICA GRP
87338	IAAD EIA HPYLORI STOOL
87339	IAAD EIA HPYLORI
87340	IAAD EIA HEPATITIS B SURFACE ANTIGEN
87341	IAAD EIA HEPATITIS B SURFACE AG NEUTRALIZATION
87350	IAAD EIA HEPATITIS BE ANTIGEN
87380	IAAD EIA HEPATITIS DELTA ANTIGEN
87385	IAAD EIA HISTOPLASM CAPSULATUM
87389	IAAD EIA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE
87390	IAAD EIA HIV-1
87391	IAAD EIA HIV-2
87400	IAAD EIA INFLUENZA A/B EACH

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
87420	IAAD EIA RESPIRATORY SYNCYTIAL VIRUS
87425	IAAD EIA ROTAVIRUS
87427	IAAD EIA SHIGA-LIKE TOXIN
87430	IAAD EIA STREPTOCOCCUS GROUP A
87449	IAAD EIA MULT STEP METHOD NOS EACH ORGANISM
87450	IAAD EIA SINGLE STEP METHOD NOS EA ORGANISM
87451	IAAD EIA POLYV MLT ORGANISMS EA POLYV ANTISERUM
87470	IADNA BARTONELLA DIRECT PROBE TECHNIQUE
87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE
87472	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ
87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ
87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ
87477	IADNA BORRELIA BURGDORFERI QUANTIFICATION
87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ
87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ
87482	IADNA CANDIDA SPECIES QUANTIFICATION
87483	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MENINGITIDIS, STREPTOCOCCUS PNEUMONIAE, LISTERIA, HAEMOPHILUS INFLUENZAE, E. COLI, STREPTOCOCCUS AGALACTIAE, ENTEROVIRUS, HUMAN PARECHOVIRUS, HERPES SIMPLEX VIRUS TYPE 1 AND 2, HUMAN HERPESVIRUS 6, CYTOMEGALOVIRUS, VARICELLA ZOSTER VIRUS, CRYPTOCOCCUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS
87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ
87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ
87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ
87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION
87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE
87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ
87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION
87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP
87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE
87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE
87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1 ST 2 TYPES
87503	NFCT AGENT DNA/RNA INFLUENZA 1/> TYPES EA ADDL
87505	DETECTION TEST FOR DIGESTIVE TRACT PATHOGEN
87506	DETECTION TEST FOR DIGESTIVE TRACT PATHOGEN
87507	DETECTION TEST FOR DIGESTIVE TRACT PATHOGEN
87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ
87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ
87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
87515	IADNA HEPATITIS B VIRUS DIRECT PROBE TECHNIQUE
87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ
87517	IADNA HEPATITIS B VIRUS QUANTIFICATION
87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE
87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION
87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE
87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE
87527	IADNA HEPATITIS G QUANTIFICATION
87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ
87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION
87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ
87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ
87533	IADNA HERPES VIRUS-6 QUANTIFICATION
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE
87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRIPJ
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION
87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE
87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ
87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION
87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ
87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION
87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ
87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ
87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION
87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB
87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB
87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION
87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB
87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB
87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT
87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ
87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION
87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ
87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION
87623	DETECTION TEST FOR HUMAN PAPILLOMAVIRUS (HPV)
87624	DETECTION TEST FOR HUMAN PAPILLOMAVIRUS (HPV)

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
87625	DETECTION TEST FOR HUMAN PAPILLOMAVIRUS (HPV)
87631	IADNA RESPIRATORY PROBE & REV TRNSCR 3-5 TARGETS
87632	IADNA RESPIRATORY PROBE & REV TRNSCR 6-11 TARGETS
87633	IADNA RESPIRATORY PROBE & REV TRNSCR 12-25 TARGET
87634	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY SYNCYTIAL VIRUS, AMPLIFIED PROBE TECHNIQUE
87640	IADNA S AUREUS AMPLIFIED PROBE TQ
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ
87661	DETECTION TEST FOR TRICHOMONAS VAGINALIS (GENITAL PARASITE)
87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ZIKA VIRUS, AMPLIFIED PROBE TECHNIQUE
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM
87799	IADNA NOS QUANTIFICATION EACH ORGANISM
87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ
87802	IAADIADOO STREPTOCOCCUS GROUP B
87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN
87804	IAADIADOO INFLUENZA
87806	DETECTION TEST FOR HIV-1
87807	IAADIADOO RESPIRATORY SYNCYTIAL VIRUS
87808	IAADIADOO TRICHOMONAS VAGINALIS
87809	INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS
87810	CHLAMYDIA TRACHOMATIS
87850	IAADIADOO NEISSERIA GONORRHOEAE
87880	IAADIADOO STREPTOCOCCUS GROUP A
87899	IAADIADOO NOT OTHERWISE SPECIFIED
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS
87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS
87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS
87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION
87910	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS
87912	NFCT AGENT GENOTYPE HEPATITIS B VIRUS

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No Prior Authorization Code	Description
88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS
88005	NECROPSY GROSS EXAMINATION W/BRAIN
88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD
88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN
88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN
88016	NECROPSY GROSS EXAM MACERATED STILLBORN
88020	NECROPSY GROSS & MICROSCOPIC W/O CNS
88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN
88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD
88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN
88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN
88036	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL
88037	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN
88040	NECROPSY FORENSIC EXAMINATION
88045	NECROPSY CORONER CALL
88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ
88106	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ
88108	CYTP CONCENTRATION SMEARS & INTERPRETATION
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA
88125	CYTOPATHOLOGY FORENSIC
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES
88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR
88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN
88143	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS
88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV
88148	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS
88150	CYTP SLIDES C/V MNL SCR UNDER PHYS
88152	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS
88153	CYTP SLIDES C/V MNL SCR&RESCR PHYS
88154	CYTP SLIDES C/V MNL SCR&CPTR-RESCR CELL S&I
88155	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL
88160	CYTP SMRS ANY OTH SRC SCR&INTERPJ
88161	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ
88162	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES
88164	CYTP SLIDES CERV/VAG MNL SCR PHYSICIAN SUPV
88165	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV
88166	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV
88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I

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No Prior Authorization Code	Description
88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1 ST
88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT
88174	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS
88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL
88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS
88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY
88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM
88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXA
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM
88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM
88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM
88311	DECALCIFICATION PROCEDURE
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R
88313	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT
88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU
88319	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS
88321	CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE
88323	CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES
88325	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL
88329	PATHOLOGY CONSULTATION DURING SURGERY
88331	PATH CONSLTJ SURG 1 ST BLK FROZEN SCTJ 1 SPEC
88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION
88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE
88334	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE
88341	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE
88342	IMCYTCHM TISS IMMUNOPROXIDASE EA ANTIBODY
88344	SPECIAL STAINED SPECIMEN SLIDES TO EXAMINE TISSUE
88346	IMMUNOFLUORESCENT STUDY EA ANTIBODY DIR METHOD
88348	ELECTRON MICROSCOPY DIAGNOSTIC
88350	ANTIBODY EVALUATION
88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE
88356	MORPHOMETRIC ANALYSIS NERVE
88358	MORPHOMETRIC ANALYSIS TUMOR
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL
88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBODY CMPTR ASST
88362	NERVE TEASING PREPARATIONS
88363	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI
88364	CELL EXAMINATION
88365	IN SITU HYBRIDIZATION EACH PROBE
88366	CELL EXAMINATION

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No Prior Authorization Code	Description
88367	M/PHMTRC ALYS ISH EA PRB CPTR-ASST TECHNOLOGY
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL
88369	MICROSCOPIC GENETIC EXAMINATION MANUAL
88371	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO
88372	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA
88373	MICROSCOPIC GENETIC EXAMINATION USING COMPUTER-ASSISTED TECHNOLOGY
88374	MICROSCOPIC GENETIC EXAMINATION USING COMPUTER-ASSISTED TECHNOLOGY
88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT
88377	MICROSCOPIC GENETIC EXAMINATION MANUAL
88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL
88387	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA
88388	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE
88720	BILIRUBIN TOTAL TRANSCUTANEOUS
88738	HGB QUANTITATIVE TRANSCUTANEOUS
88740	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN
88741	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN
89049	CAFFEINE HALOTHANE CONTRACTURE TEST
89050	CELL COUNT MISCELLANEOUS BODY FLUIDS
89051	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT
89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE
89060	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID
89125	FAT STAIN FECES URINE/RESPIR SECRETIONS
89160	MEAT FIBERS FECES
89190	NASAL SMEAR EOSINOPHILS
89220	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX
89230	SWEAT COLLECTION IONTOPHORESIS
90281	IMMUNE GLOBULIN IG HUMAN IM USE
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE
90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV
90296	DIPHThERIA ANTITOXIN EQUINE ANY ROUTE
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM
90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ
90376	RABIES IG HEAT-TREATED HUMAN IM/SUBQ
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E
90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM
90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM
90386	RHO(D) IMMUNE GLOBULIN HUMAN IV

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM
90393	VACCINIA IMMUNE GLOBULIN HUMAN IM
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM
90460	IM ADM THRU 18YR ANY RTE 1 ST /ONLY COMPT VAC/TOX
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VACCINE
90472	IMADM PRQ ID SUBQ/IM NJXS EA VACCINE
90473	IMADM INTRANSL/ORAL 1 VACCINE
90474	IMADM INTRANSL/ORAL EA VACCINE
90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL
90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL
90581	ANTHRAX VACCINE SUBCUTANEOUS/IM USE
90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ
90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL
90620	VACCINE FOR MENINGOCOCCUS FOR INJECTION INTO MUSCLE
90621	VACCINE FOR MENINGOCOCCUS FOR INJECTION INTO MUSCLE
90625	VACCINE FOR CHOLERA FOR ORAL ADMINISTRATION
90630	VACCINE FOR INFLUENZA FOR INJECTION INTO SKIN
90632	HEPATITIS A VACCINE ADULT FOR INTRAMUSCULAR USE
90633	HEPATITIS A VACCINE PEDIATRIC 2 DOSE SCHEDULE IM
90634	HEPATITIS A VACCINE PEDIATRIC 3 DOSE SCHEDULE IM
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM
90644	MENINGOCOCCAL & HIB-MENCY VACCINE 4 DOSE IM
90647	HEMOPHILUS INFLUENZA B VACCINE PRP-OMP 3 DOSE IM
90648	HEMOPHILUS INFLUENZA B VACCINE PRP-T 4 DOSE IM
90649	HUMAN PAPILOMA VIRUS VACCINE QUADRIV 3 DOSE IM
90650	HUMAN PAPILOMA VIRUS BIVALENT VACCINE 3 DOSE IM
90651	VACCINE FOR HUMAN PAPILOMA VIRUS (3 DOSE SCHEDULE) INJECTION INTO MUSCLE
90653	INFLUENZA VACCINE INACT SUBUNIT ADJUVANT IM
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID
90655	INFLUENZA VACC TRIVALENT PRSRV FREE 6-35 MO IM
90656	INFLUENZA VIRUS VACC SPLIT PRSRV FREE 3 YRS/> IM
90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MO IM
90658	INFLUENZA VIRUS VACCINE SPLIT VIRUS 3/> YRS IM
90660	INFLUENZA VIRUS VACCINE LIVE INTRANASAL
90661	INFLUENZA VACCINE CELL CULT PRSRV FREE IM
90662	INFLUENZA VACCINE SPLT PRSRV FREE INC ANTIGEN IM
90664	INFLUENZA VAC PANDEMIC FORMULA LIVE INTRANASAL
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM
90667	INFLUENZA VACCINE PANDEMIC SPLT ADJUVANT IM
90668	INFLUENZA VACCINE PANDEMIC SPLT IM

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
90670	PNEUMOCOCCAL CONJ VACCINE 13 VALENT IM
90672	INFLUENZA VIRUS VAC QUADRIVALENT LIVE INTRANASAL
90673	FLU VACC RIV3 NO PRESERV
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90675	RABIES VACCINE INTRAMUSCULAR
90676	RABIES VACCINE INTRADERMAL
90680	ROTAVIRUS VACCINE PENTAVALENT 3 DOSE LIVE ORAL
90681	ROTAVIRUS VACC HUMAN ATTENUATED 2 DOSE LIVE ORAL
90682	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR
90685	INFLUENZA VAC QUADRIVALENT PRSRV FREE 6-35 MO IM
90686	INFLUENZA VAC 4 VALENT PRSRV FREE 3 YRS PLUS IM
90687	INFLUENZA VACCINE QUADRIVALENT 6-35 MO IM
90688	INFLUENZA VACCINE QUADRIVALENT 3 YRS PLUS IM
90690	TYPHOID VACCINE LIVE ORAL
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM
90696	DTAP-IPV INACTIVATED ADMIN PTS AGE 4-6 YRS IM
90697	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPIING COUGH), HAEMOPHILUS INFLUENZA TYPE B, HEPATITIS B AND POLIO FOR INJECTION INTO MUSCLE
90698	DTAP-HIB-IPV INACTIVATED VACCINE IM
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM
90702	DIPHTHERIA TETANUS TOXOID ADSORBED >7 YR IM
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM
90714	TD TOXOIDS ADSORBED PRSRV FR 7 YR/> IM
90715	TDAP VACCINE 7 YRS/> IM
90716	VARICELLA VIRUS VACCINE LIVE SUBQ
90717	YELLOW FEVER VACCINE LIVE SUBQ
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR
90732	PNEUMOCOCCAL POLYSAC VACCINE 23-V 2 YRS/>SUBQ/IM
90733	MENINGOCOCCAL POLYSAC VACCINE SUBCUTANEOUS
90734	MENINGOCOCCAL CONJ VACCINE TETRAVALENT IM
90736	ZOSTER SHINGLES VACCINE LIVE SUBCUTANEOUS
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM
90739	HEPATITIS B VACCINE ADULT 2 DOSE IM
90740	HEPATITIS B VACCINE DIALYSIS DOSAGE 3 DOSE IM
90743	HEPATITIS B VACCINE ADOLESCENT 2 DOSE IM
90744	HEPATITIS B VACCINE PEDIATRIC3 DOSE IM
90746	HEPATITIS B VACCINE ADULT 3 DOSE IM

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No Prior Authorization Code	Description
90747	HEPATITIS B VACCINE DIALYSIS DOSAGE 4 DOSE IM
90748	HEPB-HIB VACCINE INTRAMUSCULAR
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUB- UNIT, ADJUVANTED, FOR INTRAMUSCULAR INJECTION
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED FROM CELL CULTURES, SUBUNIT, ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES
90845	PSYCHOANALYSIS
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY
90853	GROUP PSYCHOTHERAPY
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY
90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN
90870	ELECTROCONVULSIVE THERAPY
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN
90880	HYPNOTHERAPY
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX
90940	HEMODIALYSIS ACCESS FLOW STUDY
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE
91010	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT
91013	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION
91020	GASTRIC MOTILITY MANOMETRIC STUDIES
91022	DUODENAL MOTILITY MANOMETRIC STUDY
91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS
91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT

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No Prior Authorization Code	Description
91035	GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD
91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG
91040	ESOPHGL BALO DISTENSION PROVOCATION STD
91065	BREATH HYDROGEN TEST
91110	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R
91111	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R
91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R
91120	RECTAL SESATION TONE & COMPLIANCE TEST
91122	ANORECTAL MANOMETRY
91132	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS
91133	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG
91200	MEASURING THE STIFFNESS IN THE LIVER VIA ELASTOGRAPHY
92002	OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT
92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST
92012	OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>
92018	OPHTH XM&EVAL ANES W/WO MANJ GLOBE COMPL
92019	OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD
92020	GONIOSCOPY SEPARATE PROCEDURE
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI
92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX
92065	ORTHOPTIC &/PLEOPTIC TRAINING W/MEDICAL DIRECTJ
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS
92081	VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM
92082	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM
92083	VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM
92100	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA
92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL
92140	PROVOCATIVE TESTS GLAUCOMA I&R W/O TONOGRAPHY
92145	CORNEAL HYSTERESIS DETERMINATION
92225	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R 1 ST
92226	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R SBS
92227	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/B
92228	REMOTE IMAGING MGT RETINAL DISEASE W/I&R UNI/B
92230	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT
92235	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT

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No Prior Authorization Code	Description
92240	INDOCYANINE GREEN ANGIOGRAPHY W/INTERP & REPOR
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT
92260	OPHTHALMODYNAMOMETRY
92265	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R
92270	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT
92275	ELECTRORETINOGRAPY W/INTERPRETATION & REPORT
92283	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV
92284	DARK ADAPTATION XM W/INTERPRETATION & REPORT
92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MEDICAL PROGRE
92286	ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY
92287	ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R
92311	RX&FITG CONTACT CORNEAL LENS APHAKIA 1 EYE
92312	RX&FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES
92313	RX&FITG CORNEOSCLERAL LENS
92315	RX CONTACT CORNEAL LENS APHAKIA 1 EYE
92316	RX CONTACT CORNEAL LENS APHAKIA BOTH EYES
92317	RX CONTACT CORNEOSCLERAL LENS
92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION
92326	REPLACEMENT CONTACT LENS
92358	PROSTHESIS SERVICE APHAKIA TEMPORARY
92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA
92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV
92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX
92512	NASAL FUNCTION STUDIES
92516	FACIAL NERVE FUNCTION STUDIES
92520	LARYNGEAL FUNCTION STUDIES
92521	EVALUATION OF SPEECH FLUENCY
92522	EVALUATION OF SPEECH SOUND PRODUCTION
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING
92531	SPONTANEOUS NYSTAGMUS W/GAZE
92532	POSITIONAL NYSTAGMUS TEST
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION
92534	OPTOKINETIC NYSTAGMUS TEST
92537	ASSESSMENT AND RECORDING OF BALANCE SYSTEM DURING HOT AND COLD IRRIGATION OF BOTH EARS
92538	ASSESSMENT AND RECORDING OF BALANCE SYSTEM DURING IRRIGATION OF BOTH EARS

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No Prior Authorization Code	Description
92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK
92541	SPONTANEOUS NYSTAGMUS TEST
92542	POSITIONAL NYSTAGMUS TEST
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC
92545	OSCILLATING TRACKING TEST W/RECORDING
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING
92547	USE VERTICAL ELECTRODES
92548	COMPUTERIZED DYNAMIC POSTUROGRAPY
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS
92551	SCREENING TEST PURE TONE AIR ONLY
92552	PURE TONE AUDIOMETRY AIR ONLY
92553	PURE TONE AUDIOMETRY AIR & BONE
92555	SPEECH AUDIOMETRY THRESHOLD
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS
92559	AUDIOMETRIC TESTING GROUPS
92560	BEKESY AUDIOMETRY SCREENING
92561	BEKESY AUDIOMETRY DIAGNOSTIC
92562	LOUDNESS BALANCE BINAURAL/MONAURAL
92563	TONE DECAY TEST
92564	SHORT INCREMENT SENSITIVITY INDEX
92565	STENGER TEST PURE TONE
92567	TYMPANOMETRY
92568	ACOUSTIC REFLEX THRESHOLD
92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY
92571	FILTERED SPEECH TEST
92572	STAGGERED SPONDAIC WORD
92575	SENSORINEURAL ACUITY LEVEL
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST
92577	STENGER TEST SPEECH
92579	VISUAL REINFORCEMENT AUDIOMETRY
92582	CONDITIONING PLAY AUDIOMETRY
92583	SELECT PICTURE AUDIOMETRY
92584	ELECTROCOCHLEOGRAPY
92585	AUDITORY EVOKED POTENTIALS COMPREHENSIVE
92586	AUDITORY EVOKED POTENTIALS LIMITED
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD
92588	DISTR PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL
92590	HEARING AID EXAMINATION & SELECTION MONAURAL
92591	HEARING AID EXAMINATION & SELECTION BINAURAL

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
92592	HEARING AID CHECK MONAURAL
92593	HEARING AID CHECK BINAURAL
92594	ELECTROACOUS EVAL HEARING AID MONAURAL
92595	ELECTROACOUS EVAL HEARING AID BINAURAL
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS
92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC
92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG
92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG
92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG
92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG
92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1 ST HR
92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1 ST HR
92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN
92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ
92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC
92612	FLX FIBOPT NDSC EVAL SWLNG C/V REC
92613	FLX FIBOPT NDSC EVAL SWLNG C/V REC PHYS I&R
92614	FLX FIBOPT NDSC EVAL LARYN SENS C/V REC
92615	FLX FIBOPT NDSC EVAL LARYN SENS PHYS I&R
92616	FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS C/V REC
92617	FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS PHYS I&R
92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1 ST 60 MIN
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN
92625	ASSESSMENT TINNITUS
92626	EVALUATION AUDITORY REHAB STATUS 1 ST HR
92627	EVALUATION AUDITORY REHAB STATUS EA 15 MIN
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS
92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH
92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH
92925	PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH
92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH
92934	PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL
92938	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL

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No Prior Authorization Code	Description
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL
92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL
92950	CARDIOPULMONARY RESUSCITATION
92953	TEMPORARY TRANSCUTANEOUS PACING
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY
92974	TCAT PLMT RADJ DLVR DEV SBSQ C IV BRACHYTX
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION
92978	INTRAVASC US CORONARY INTERP&RPT INITIAL VESSE
92979	INTRAVASC US CORONARY INTERP&RPT ADDL VESSEL
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE
92992	ATRIAL SEPTECT/SEPTOST TRANSVENOUS BALLOON
92993	ATRIAL SEPTECT/SEPTOSTOMY BLADE METHOD
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL
92998	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY
93024	ERGONOVINE PROVOCATION TST
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R
93042	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPT ON
93050	ANALYSIS OF PRESSURE OF UPPER LIMB ARTERY WITH INTERPRETATION AND REPORT
93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I
93225	XTRNL ECG & 48 HR RECORDING
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
93260	PROGRAMMING DEVICE EVALUATION OF HEART MONITORING SYSTEM WITH ADJUSTMENT OF PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT
93261	EVALUATION OF DEFIBRILLATOR WITH ANALYSIS, REVIEW, AND REPORT
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS
93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER
93282	PROGRAM EVAL IMPLANTABLE IN PERSN 1 LD CARD/DFB
93283	PROGRM EVAL IMPLANTABLE IN PRSN DUAL L CARD/DFB
93284	PROGRM EVAL IMPLANTABLE IN PRSN MLT LD CARD/DFB
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM
93286	PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM
93287	PERI-PX EVAL&PROGRAM CARDIOVERTER/DEFIBRILLATOR
93288	INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM
93289	INTERROGATION EVAL F2F 1/DUAL/MLT LEADS CVDFB
93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL
93294	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LEAD PM
93295	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD ICD
93296	INTERROGATION REMOTE </90 D TECHNICIAN REVIEW
93297	INTERROGATION EVAL REMOTE </30 D CV MNTR SYS
93298	INTERROGATION EVALUATION REMOTE </30 D ILR SYS
93299	INTERROGATION EVAL REMOTE </30 D TECH REVIEW
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R
93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING
93350	ECHO TTHRC R-T 2D W/VO M-MODE COMPLETE REST&ST
93351	ECHO TTHRC R-T 2D W/VO M-MODE REST&STRS CONT ECG
93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO
93355	INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPU
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I
93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I
93454	CATH PLMT & NJX CORONARY ART ANGIO IMG S&I
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE
93463	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT
93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING
93505	ENDOMYOCARDIAL BIOPSY
93530	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY
93531	CMBN R HRT & RETROGRADE L HRT CATHJ CGEN ANOMA
93532	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN
93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN
93561	INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS
93562	INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEA
93563	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I
93564	NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I
93565	NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I
93566	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I
93568	NJX PULMONARY ANGIO HRT CATH W/S&I
93571	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1 ST VSL
93572	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT
93582	CLOSURE OF CONGENITAL HEART DEFECT FROM PULMONARY (LUNG) ARTERY TO AORTA VIA CATHETER ACCESSED THROUGH THE SKIN

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
93583	THERAPY FOR REDUCTION OF LOWER HEART CHAMBER DEFECT VIA CATHETER ACCESSED THROUGH THE SKIN
93600	BUNDLE OF HIS RECORDING
93602	INTRA-ATRIAL RECORDING
93603	RIGHT VENTRICULAR RECORDING
93609	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA
93610	INTRA-ATRIAL PACING
93612	INTRAVENTRICULAR PACING
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING
93615	ESOPHGL REC ATRIAL W/VO VENTRICULAR ELECTROGRAMS
93616	ESOPHGL REC ATRIAL W/VO VENTR ELECTRGRAMS W/PACG
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION
93621	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC
93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC
93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT
93631	INTRAOP EPICAR& ENDOCAR PACG& MAPG
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS
93644	EVALUATION IMPLANTABLE DEFIBRILLATOR
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION
93653	EPHYS EVAL W/ ABLATION SUPRAVENT ARRHYTHMIA
93654	EPHYS EVAL W/ ABLATION VENTRICULAR TACHYCARDIA
93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN
93657	ABLATE L/R ATRIAL FIBRIL W/ ISOLATED PULM VEIN
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION
93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS
93702	LYMPHEDEMA ASSESSMENT FOR EXTRACELLULAR FLUID ANALYSIS
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM
93745	1 ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB
93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS
93770	DERMINATION OF VENOUS PRESSUE
93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R
93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL
93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPR

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No Prior Authorization Code	Description
93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY
93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL
93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD
93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY
93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT
93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ
93895	EVALUATION OF THICKNESS OF COMMON CAROTID ARTERY (NECK) BOTH SIDES
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY
93965	N-INVAS PHYSIOLOGIC STD XTR VEINS COMPL BI STD
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD
93980	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL
93981	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD S
93982	IMPLANT WIRELESS PRESS SENSOR STUDY ANEURYSM SAC
93990	DUPLEX SCAN HEMODIALYSIS ACCESS
94002	VENTILATION ASSIST & MGMT INPATIENT 1 ST DAY
94003	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA
94004	VENTILATION ASSIST & MGMT NURSING FAC PR DAY
94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>
94010	SPMTRY W/VC EXPIRATORY FLO W/VO MXML VOL VNTJ
94011	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y
94012	MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS
94013	MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS
94014	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I
94015	PATIENT-INITIATED SPIROMETRIC RECORDING
94016	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN

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No Prior Authorization Code	Description
94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ
94250	EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX
94375	RESPIRATORY FLOW VOLUME LOOP
94400	BREATHING RESPONSE TO CO2
94450	BREATHING RESPONSE TO HYPOXIA
94452	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT
94453	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION
94610	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP
94617	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY, ELECTROCARDIOGRAPHIC RECORDING(S), AND PULSE OXIMETRY
94618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND OXYGEN TITRATION, WHEN PERFORMED
94620	PULMONARY STRESS TESTING SIMPLE
94621	PULMONARY STRESS TESTING COMPLEX
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT
94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH
94644	CONTINUOUS INHALATION TREATMENT 1 ST HR
94645	CONTINUOUS INHALATION TREATMENT EA ADDL HR
94660	CPAP VENTILATION CPAP INITIATION&MGMT
94662	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM
94664	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP
94667	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL
94668	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ
94669	MECHANICAL CHEST WALL MANIPULATION FOR IMPROVEMENT IN LUNG FUNCTION
94680	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP
94681	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC
94690	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX
94726	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST
94727	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY
94729	CO DIFFUSING CAPACITY
94750	PULMONARY COMPLIANCE STUDY
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER
94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER
94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR
94770	CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER
94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT
94774	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R
94775	PEDIATRIC APNEA MONITOR ATTACHMENT

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No Prior Authorization Code	Description
94776	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER
94777	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW
94780	CAR SEAT/BED TESTING W/INTERP & REPORT 60 MIN
94781	CAR SEAT/BED TESTNG W/INTERP & REPORT ADDL 30MIN
95004	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION
95017	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/ I&R
95018	ALLG TEST PERQ & IC DRUG/BIOLOGICAL IMMEDIATE REACT W/ I&R
95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS
95027	INTRACUTANEOUS TESTS W/ALLERGENIC XTRACTS AIRBORNE
95028	IQ TSTS W/ALLGIC XTRACTS DLYD TYP RXN W/READING
95044	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS
95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS
95056	PHOTO TESTS
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS
95065	DIRECT NASAL MUCOUS MEMBRANE TEST
95070	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL
95071	INHLJ BRNCL CHALLENGE TSTG W/AGS/GASES
95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES
95079	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES
95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRACTS 1 NJX
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRACTS NJXS
95120	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX
95125	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX
95130	PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT
95131	PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT
95132	PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT
95133	PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT
95134	PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT
95144	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO
95145	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT
95146	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT
95147	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT
95148	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT
95149	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT
95165	PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN
95170	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE
95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR
95249	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; PATIENT-PROVIDED EQUIPMENT, SENSOR PLACEMENT, HOOK-UP, CALIBRATION OF MONITOR, PATIENT TRAINING, AND PRINTOUT OF RECORDING

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No Prior Authorization Code	Description
95250	GLUC MNTR CONT REC FROM INTERSTITIAL TISS FLUID
95251	GLUC MNTR CONT REC FROM NTRSTL TISS FLU I&R
95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND
95783	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN
95813	ELECTROENCEPHALOGRAM EXTND MNTR >1 HR
95816	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY
95819	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP
95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY
95824	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY
95827	ELECTROENCEPHALOGRAM ALL NIGHT RECORDING
95829	ELECTROCORTICOGRAM SURGERY SPX
95830	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP
95831	MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK
95832	MUSC TSTG MNL W/REPRT HAND W/VO CMPRSN NRML SIDE
95833	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY EX HANDS
95834	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY W/HANDS
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST
95860	NDL EMG 1 XTR W/VO RELATED PARASPINAL AREAS
95861	NDL EMG 2 XTR W/VO RELATED PARASPINAL AREAS
95863	NDL EMG 3 XTR W/VO RELATED PARASPINAL AREAS
95864	NDL EMG 4 XTR W/VO RELATED PARASPINAL AREAS
95865	NEEDLE ELECTROMYOGRAPHY LARYNX
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI
95872	NEEDLE EMG W/I FIBER ELECTRODE QUAN MEAS JITTER
95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION
95874	NEEDLE EMG GUID W/CHEMODENERVATION
95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB

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No Prior Authorization Code	Description
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES
95913	NERVE CONDUCTION STUDIES 13/> STUDIES
95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP
95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ
95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION
95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS
95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS
95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD
95928	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS
95929	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS
95930	VISUAL EP TSTG CNS CHECKERBOARD/FLASH
95933	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH
95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR
95943	PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY
95954	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE
95955	EEG NONINTRACRANIAL SURGERY
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM
95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY
95967	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL
95974	ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV 1 ST HR
95975	ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV EA 30 MIN
95978	ELEC ALYS NSTIM PLS GEN CPLX DP BRN 1 ST HR
95979	ELEC ALYS NSTIM PLS GEN CPLX DP BRN EA 30 MIN
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG
95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN
95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP
95992	CANALITH REPOSITIONING PROCEDURE
96000	COMPRE CPTR MTN ALYS VIDEO TAPING 3-D KINEMATICS
96001	COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG
96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC
96003	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC
96004	PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR
96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES
96101	PSYCHOLOGICAL TESTING PR HR WITH PATIENT
96102	PSYCHOLOGICAL TESTING ADMN BY TECH PR HR
96103	PSYCHOLOGICAL TESTING COMPUTER W/PROF I&R
96105	ASSESSMENT PHASIA W/INTERP & REPORT PER HOUR
96110	DEVELOPMENTAL SCREENING W/INTERP&REPRT STD FOR
96111	DEVELOPMENTAL TESTING W/INTERP & REPORT
96116	NUBHVL STATUS XM PR HR W/PT INTERPJ&PREPJ
96118	NUROPSYC TESTING PR HR W/PT & INTERPJ TIME
96119	NUROPSYC TSTG WPROF I&R ADMN BY TECH PR HR
96120	NEUROPSYCHOLOG TESTING COMPUTER W/PROF I&R
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING
96127	BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT
96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1 ST ASSMT
96151	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT RE-ASSMT
96152	HLTH&BEHAVIOR IVNTJ EA 15 MIN INDIV
96153	HLTH&BEHAVIOR IVNTJ EA 15 MIN GRP 2/>PTS
96154	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/PT
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1 ST TO 1 HR
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR
96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR
96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM
96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL
96374	THER PROPH/DX NJX IV PUSH SINGLE/1 ST SBST/DRUG
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC
96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO
96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO
96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <7
96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7
96409	CHEMOTX ADMN IV PUSH TQ 1/1 ST SBST/DRUG
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1 ST SBST/DRUG
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR
96420	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ
96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR
96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR
96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP
96440	CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS
96446	CHEMOTX ADMN PRTL CAVITY PORT/CATH
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE
96521	REFILLING & MAINTENANCE PORTABLE PUMP
96522	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC
96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST
96542	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT
96549	UNLISTED CHEMOTHERAPY PROCEDURE
96567	PDT XTRNL APPL LIGHT DSTR LES SKN BY ACTIVJ RX
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY
96910	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB
96912	PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION
96920	LASER SKIN DISEASE PSORIASIS TOT AREA <250 SQ C
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM
96922	LASER SKIN DISEASE PSORIASIS >500 SQ CM
96931	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT – FIRST LESION
96932	MICROSCOPY OF LESION OF SKIN – FIRST LESION
96933	INTERPRETATION AND REPORT OF MICROSCOPY OF LESION OF SKIN – FIRST LESION
96934	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT
96935	MICROSCOPY OF LESION OF SKIN
96936	INTERPRETATION AND REPORT OF MICROSCOPY OF LESION OF SKIN
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY
97026	APPLICATION MODALITY 1/> AREAS INFRARED
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET
97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN
97033	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN
97034	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MI
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINJ W/STAIR
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE
97127	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
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN
97532	DEVELOPMENT OF COGNITIVE SKILLS EACH 15 MINUTES
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS
97605	NEGATIVE PRESSURE WOUND THERAPY <= 50 SQ CM
97606	NEGATIVE PRESSURE WOUND THERAPY >50 SQ CM
97607	NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS PER SESSION
97608	NEGATIVE PRESSURE WOUND THERAPY SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS
97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER DAY
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN
97760	ORTHOTIC MGMT&TRAINJ UXTR LXTR&/TRNK EA 15
97761	PROSTHETIC TRAINING UPPR&/LOWER EXTREM EA 15 M
97762	CHECKOUT ORTHOTIC/PROSTHETIC ESTAB PT EA 15 MIN
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
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M
97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION
99091	COLLJ&INTERPJ PHYS/QHP PHYSIO COMPUTR DATA 30 MI
99100	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<
99116	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA
99135	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION
99140	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY
99143	MODERATE SEDATJ SAME PHYS/QHP <5 YRS INIT 30 MIN
99144	MODERATE SEDATJ SAME PHYS/QHP 5/>YRS INIT 30 MIN
99145	MODERATE SEDATJ SAME PHYS/QHP EACH ADDL 15 MIN
99148	MOD SEDATJ DIFF PHYS/QHP <5 YRS INIT 30 MIN
99149	MODERATE SEDATJ DIFF PHYS/QHP 5/>YRS INIT 30 MIN
99150	MODERATE SEDATJ DIFF PHYS/QHP EA ADDL 15 MIN
99170	ANOGENITAL XM W/COLPOSCOPY CHILD/SUSPECT TRAUMA
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT
99174	INSTRUMENT BASED OCULAR SCREENING BILATERAL
99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED
99177	INSTRUMENT BASED EYE SCREENING OF BOTH EYES WITH ANALYSIS
99184	INITIATION OF LOWERING HEAD OR TOTAL BODY TEMPERATURE IN NEONATE
99190	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR
99191	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI
99192	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI
99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE
99201	OFFICE OUTPATIENT NEW 10 MINUTES
99202	OFFICE OUTPATIENT NEW 20 MINUTES
99203	OFFICE OUTPATIENT NEW 30 MINUTES
99204	OFFICE OUTPATIENT NEW 45 MINUTES
99205	OFFICE OUTPATIENT NEW 60 MINUTES
99211	OFFICE OUTPATIENT VISIT 5 MINUTES
99212	OFFICE OUTPATIENT VISIT 10 MINUTES
99213	OFFICE OUTPATIENT VISIT 15 MINUTES
99214	OFFICE OUTPATIENT VISIT 25 MINUTES
99215	OFFICE OUTPATIENT VISIT 40 MINUTES
99217	OBSERVATION CARE DISCHARGE MANAGEMENT
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES
99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES
99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES
99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES
99224	SBSQ OBSERVATION CARE/DAY 15 MINUTES
99225	SBSQ OBSERVATION CARE/DAY 25 MINUTES
99226	SBSQ OBSERVATION CARE/DAY 35 MINUTES
99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES
99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES
99235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES
99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<
99239	HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN
99241	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN
99242	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN
99244	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN
99245	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN
99251	INITL INPATIENT CONSULT NEW/ESTAB PT 20 MIN
99252	INITL INPATIENT CONSULT NEW/ESTAB PT 40 MIN
99253	INITL INPATIENT CONSULT NEW/ESTAB PT 55 MIN
99254	INITL INPATIENT CONSULT NEW/ESTAB PT 80 MIN
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY
99285	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ
99288	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN
99304	INITIAL NURSING FACILITY CARE/DAY 25 MINUTES
99305	INITIAL NURSING FACILITY CARE/DAY 35 MINUTES
99306	INITIAL NURSING FACILITY CARE/DAY 45 MINUTES
99307	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN
99308	SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN
99309	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN
99310	SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN
99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES
99318	E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN
99324	DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN
99325	DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN
99326	DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES
99327	DOMICIL/REST HOME NEW PT VISIT HI SEVER 60 MIN
99328	DOM/R-HOME E/M NEW PT SIGNIF NEW PROB 75 MINUTES
99334	DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES
99335	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES
99336	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES
99337	DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES
99339	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 15-29 MIN
99340	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 30 MIN/>
99341	HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES
99342	HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES
99343	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES
99344	HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES
99345	HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN
99347	HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES
99348	HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES
99349	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES
99350	HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS
99354	PROLNG SVC OFFICE O/P DIR CONTACT 1 ST HR
99355	PROLNG SVC OFFICE O/P DIR CONTACT EA 30 MINUTES
99356	PROLONGED SERVICE I/P REQ UNIT/FLOOR TIME 1 ST HR
99357	PROLONGED SVC I/P REQ UNIT/FLOOR TIME EA 30 MIN
99358	PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1 ST HR
99359	PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES
99360	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES
99363	ANTICOAGULANT MGMT OUTPATIENT INIT 90 DAYS
99364	ANTICOAGULANT MGMT OUTPATIENT EA SBSQ 90 DAYS
99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN
99367	TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN
99368	TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN
99377	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN
99378	SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>
99379	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN
99380	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 M
99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 M
99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 M
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN
99411	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M
99412	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M
99415	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF – FIRST HOUR
99416	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF – EACH ADDITIONAL 30 MINUTES
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN
99444	PHYS/QHP ONLINE EVALUATION & MANAGEMENT SERVICE
99446	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 5-10 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99447	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 11-20 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99448	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 21-30 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99449	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 31 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99460	1 ST HOSP/BIRTHING CENTER CARE PER DAY NML NB
99461	1 ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN
99463	1 ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT
99464	ATTN AT DELIVERY 1 ST STABILIZATION OF NEWBORN
99465	DELIVERY/BIRTHING ROOM RESUSCITATION
99466	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
99467	CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN
99468	1 ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<
99469	SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<
99471	INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS
99472	SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO
99475	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS
99476	SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS
99477	INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL
99478	SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS
99479	SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS
99480	SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS
99485	SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN
99486	SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN
99487	COMPLX CHRON CARE COORD W/O PT VST 1 ST HR PER MO
99489	COMPLX CHRON CARE COORD EA ADDL 30 MIN PER MONTH
0001M	INFECTIOUS DIS HCV 6 ASSAYS SERUM LIVER
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH
0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH
0005F	OSTEOARTHRITIS COMPOSITE
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME
0051T	IMPLTJ TOT RPLCMT HRT SYS W/RCP CARDIECTOMY
0052T	RPLCMT/RPR THRC UNIT TOT RPLCMT HRT SYS
0053T	RPLCMT/RPR IMPLTBL COMPNT TOT RPLCMT HRT EX THRC
0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES
0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI
0071T	US ABLATJ UTERINE LEIOMYOMATA < 200 CC TISSUE
0072T	US ABLATJ UTERINE LEIOMYOMAT >/EQUAL 200 CC TISS
0075T	TCAT PLMT XTRC VRT CRTD STENT RS&I PRQ 1 ST VSL
0076T	TCAT PLMT XTRC VRT CRTD STENT RS&IPRQ EA VSL
0085T	BREATH TEST HEART TRANSPLANT REJECTION
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC
0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC
0100T	PLMT SCJNCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY
0102T	EXTRCRPL SHOCK WAVE W/ANES LAT HUMERL EPICONDYLE
0106T	QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI
0107T	QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI
0108T	QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI
0109T	QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI
0110T	QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI
0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY
0159T	COMPUTER AIDED DETECTION BREAST MRI
0163T	TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA
0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC
0165T	REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC
0174T	CAD CHEST RADIOGRAPH CONCURRENT W/INTERPRETATION
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ
0178T	64 LEAD ECG W/INTERPRETATION & REPORT
0179T	64 LEAD ECG W/TRACING & GRAPHICS
0180T	64 LEAD ECG W/INTERPRETATION & REPORT ONLY
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC
0188T	VIDEOCONFERENCED CRITICAL CARE FIRST 30- 74 MIN
0189T	VIDEOCONFERENCED CRITICAL CARE EA ADDL 30 MIN
0190T	INTRAOCULAR RADIATION SRC APPLICATOR PLACEMENT
0191T	ANT SEGMENT INSERTION DRAINAGE W/O RESERVOIR INT
0195T	ARTHRODESIS PRESACRAL INTERBODY
0196T	ARTHRODESIS PRESACRAL INTERBODY EA INTERSPACE
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/I&R
0200T	PERQ SAC AGMNTJ UNI W/VO BALO/MCHNL DEV 1/> NDL
0201T	PERQ SAC AGMNTJ BI W/VO BALO/MCHNL DEV 2/> NDLS
0202T	POST VERT ARTHRPLSTY W/VO BONE CEMENT 1 LUMB LVL
0205T	IV CATH CORONARY VESSEL/GRAFT SPECTROSCOPY EA VSL
0206T	RMT ALGRTHMC ALYS ECG W/CPTR PRBLTY ASSMT
0207T	EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR & BONE
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED
0211T	SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION
0212T	COMPRE AUDIOM THRESHOLD EVAL & SPEECH RECOG
0213T	NJX DX/THER PARAVER FCT JT W/US CER/THOR 1 LVL
0214T	NJX DX/THER PARAVER FCT JT W/US CER/THOR 2 ND LVL
0215T	NJX PARAVERTBRL FACET JT W/US CER/THOR 3 RD &> LVL
0216T	NJX DX/THER PARAVER FCT JT W/US LUMB/SAC 1 LVL
0217T	NJX DX/THER PARAVER FCT JT W/US LUMB/SAC LVL 2
0218T	NJX PARAVERTBRL FCT JT W/US LUMB/SAC 3 RD &> LVL
0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG & GRFT CERV
0220T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT THOR
0221T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT LUMB
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT
0228T	NJX ANES/STEROID TFRML EDRL W/US CER/THOR 1 LVL
0229T	NJX ANES/STERD TFRML EDRL W/US CER/THOR EA ADDL

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
0230T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL
0231T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION
0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA
0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA
0236T	TRLUML PERIPH ATHRC W/RS&I ABDOM AORTA
0237T	TRLUML PERIPH ATHRC W/RS&I BRCHIOCPHL EA VSL
0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA
0249T	LIGATION HEMORRHOID BUNDLE W/US
0253T	INSJ ANT SGM FLUID DRG DEV W/O RSVR INT APPR
0254T	EVASC ILIAC ART BIFURC W/ENDOPROSTH UNI
0255T	EVASC ILIAC ART BIFURC W/ENDOPROSTH UNI RS&I
0266T	IM/REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST
0267T	IM/REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY
0268T	IM/REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY
0269T	REV/REMLV CARTD SINS BARREFLX ACT DEV TOT SYSTEM
0270T	REV/REMLV CARTD SINS BARREFLX ACT DEV LEAD ONLY
0271T	REV/REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W/I&R
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W/PRGRM
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS
0290T	CORNEA INCISNS RECIPIENT CORNEA W/LASR KERTPLSTY
0293T	INS LT ATRL HEMODYN MOTR CMPLTE SYST W/S&I
0294T	INS LT ATRL HEMDYN MTR PRSR SENSR LEAD W/S&I
0295T	EXT ECG > 48HR TO 21 DAY RCRD SCAN ANLYS REP R&I
0296T	EXT ECG > 48HR TO 21 DAY RCRD W/CONECT INTL RCRD
0297T	EXT ECG > 48HR TO 21 DAY SCAN ANALYSIS W/REPORT
0298T	EXT ECG > 48HR TO 21 DAY REVIEW AND INTERPRETATN
0299T	ESW HI ENERGY W/TOPCAL APP &DRESNG CARE 1 ST WND
0300T	ESW HI ENERGY W/TOPCAL APP &DRESNG CARE ADL WND
0301T	DEST/REDUC MALIG BRST TUMR W/US THRMORX GUIDANCE
0302T	INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS COMPL
0303T	INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS ELTRD
0304T	INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS DEVICE
0305T	PROGRAM EVAL ICAR ISCHM MNTRNG SYS
0306T	INTERROGATION EVAL ICAR ISCHM MNTRNG SYS
0307T	RMVL INTRACARDIAC ISCHEMIA MONITORING DEVICE
0308T	INSJ OCULAR TELESCOPE PROSTH
0309T	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L4/L5
0310T	MOTOR FUNCTION MAPPING NAVIGATED TMS TX PLAN
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY&PLS GEN VAGUS NRV

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
0313T	LAPS REVJ/REPLCMT NSTIM ELTRD ARRAY VAGUS NRV
0314T	LAPS RMVL NSTIM ELTRD ARRAY & PLS GEN VAGUS NRV
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W/REPRGRMG
0329T	MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER
0330T	TEAR FILM IMAGING OF ONE OR BOTH EYES
0331T	IMAGING OF HEART MUSCLE
0332T	IMAGING OF HEART MUSCLE WITH SPECT
0333T	AUTOMATED SCREENING OF VISUAL ACUITY
0335T	INSERTION OF FOOT JOINT IMPLANT
0337T	NONINVASIVE UPPER LIMBS BLOOD VESSEL STUDY
0338T	DESTRUCTION OF NERVES OF ARTERIES OF BOTH KIDNEYS ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
0339T	DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
0340T	DESTRUCTION OF GROWTHS IN ONE LUNG OR CHEST WALL ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE
0341T	MEASUREMENT OF PUPIL DIAMETER AND RESPONSES TO LIGHT WITH INTERPRETATION AND REPORT
0342T	MECHANICAL SEPARATION AND REINFUSION OF PLATELET CELLS FROM BLOOD
0345T	REPLACEMENT OF AORTIC VALVE ACCESSED THROUGH THE SKIN
0346T	ULTRASOUND WITH ELASTOGRAPHY
0347T	INSERTION OF DEVICES IN BONE FOR VISUALIZATION AND MEASUREMENT USING RADIOSTEREOMETRIC ANALYSIS (RSA)
0348T	X-RAY OF SPINE WITH RADIOSTEREOMETRIC ANALYSIS (RSA)
0349T	X-RAY OF ARMS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)
0350T	X-RAY OF LEGS WITH RADIOSTEREOMETRIC ANALYSIS (RSA)
0351T	INTRAOPERATIVE TOMOGRAPHY OF BREAST OR LYMPH NODES OR TISSUE
0353T	INTRAOPERATIVE TOMOGRAPHY OF BREAST
0355T	X-RAY OF LARGE BOWEL WITH INTERPRETATION AND REPORT
0356T	INSERTION OF DRUG DELIVERY IMPLANT INTO TEAR DUCTS
0371T	MULTIPLE-FAMILY GROUP BEHAVIOR TREATMENT GUIDANCE ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0373T	BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION FIRST 60 MINUTES
0374T	BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADDITIONAL 30 MINUTES
0375T	INSERTION OF ARTIFICIAL UPPER SPINE DISCS ANTERIOR APPROACH
0376T	INSERTION OF EYE DRAINAGE DEVICE
0377T	INJECTION OF ANUS FOR FECAL INCONTINENCE USING AN ENDOSCOPE
0378T	ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS
0379T	TECHNICAL COMPONENT FOR ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS
0380T	COMPUTER-AIDED ANIMATION AND ANALYSIS OF RETINAL IMAGES

No Prior Authorization Codes for Together with CCHP



Please use “Ctrl (or ⌘) + F” to locate your code.

No Prior Authorization Code	Description
0381T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW, REPORTING AND INTERPRETATION
0382T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW AND INTERPRETATION
0383T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW REPORTING AND INTERPRETATION
0384T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW AND INTERPRETATION
0385T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW, REPORTING AND INTERPRETATION
0386T	MEASUREMENT AND RECORDING OF HEART RATE TO ASSESS CHANGES IN HEART RATE AND MONITOR MOTION ANALYSIS FOR THE DIAGNOSIS OF EPILEPTIC SEIZURE WITH REVIEW AND INTERPRETATION
0387T	IMPLANTATION OR REPLACEMENT OF PERMANENT VENTRICULAR PACEMAKER
0388T	REMOVAL OF PERMANENT VENTRICULAR PACEMAKER
0389T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF HEART PACEMAKER WITH PHYSICIAN ANALYSIS, REVIEW, AND REPORT
0390T	EVALUATION, ANALYSIS, REVIEW, REPORT, AND PROGRAMMING OF LEADLESS PACEMAKER SYSTEM
0391T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF LEADLESS HEART PACEMAKER SYSTEM
0396T	INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR JOINT IMPLANT STABILITY DURING KNEE REPLACEMENT SURGERY
0397T	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE
0398T	DESTRUCTION OF TISSUE OF BRAIN USING MRI GUIDANCE
0399T	NUCLEAR MEDICINE STUDY OF HEART MUSCLE
0400T	DIGITAL ANALYSIS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DETECTION OF MELANOMA, ONE TO FIVE LESIONS
0401T	DIGITAL ANALYSIS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DETECTION OF MELANOMA, SIX OR MORE LESIONS
0402T	COLLAGEN CROSS LINKING TREATMENT OF DISEASE OF CORNEA
0403T	HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60 MINUTES, PER DAY
0404T	DESTRUCTION OF GROWTHS IN UTERUS WITH ULTRASOUND GUIDANCE USING AN ENDOSCOPE
0405T	SUPERVISION OF PATIENT WITH EXTRACORPOREAL LIVER ASSIST SYSTEM
0406T	EXAMINATION OF NASAL PASSAGE AND SINUS USING AN ENDOSCOPE WITH PLACEMENT OF IMPLANT
0407T	EXAMINATION OF NASAL PASSAGE AND SINUS USING AN ENDOSCOPE WITH PLACEMENT OF IMPLANT, BIOPSY AND REMOVAL OF POLYPS
0500F	INITIAL PRENATAL CARE VISIT
0502F	SUBSEQUENT PRENATAL CARE VISIT
0503F	POSTPARTUM CARE VISIT
9001F	AORTIC ANEURYSM<5CM DIAM CT
9002F	AORTIC ANEURYSM 5-5.4CM DIAM
9003F	AORTIC ANRYSM5.5-5.9CM DIAM
9004F	AORTIC ANRYSM 6/> CM DIAM
9005F	ASYMPT CAROT/VRTBRBAS STEN

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
9006F	SYMPT STEN-TIA/STRK<120DAYS
9007F	OTHER CAROT STEN 120 DAYS/>
A0382	BLS ROUTINE DISPOSABLE SUPPLIES
A0384	BLS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB
A0392	ALS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB
A0394	ALS SPECIALIZED SERVICE DISPBL SPL; IV DRUG TX
A0396	ALS SPCLIZED SERVICE DISPBL SPL; ESOPH INTUBAT
A0398	ALS ROUTINE DISPOSABLE SUPPLIES
A0420	AMBULANCE WAITING TIME ONE-HALF HOUR INCREMENTS
A0422	AMB OXYGEN&O2 SUPPLIES LIFE SUSTAINING SITUATION
A0424	EXTRA AMBULANCE ATTENDANT GROUND OR AIR ;
A0425	GROUND MILEAGE PER STATUTE MILE
A0427	AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1
A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT
A0432	PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER
A0433	ADVANCED LIFE SUPPORT LEVEL 2
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE
A0998	AMBULANCE SERVICE WIHTOUT TRANSPORTATION IS CONSIDERED EMERGENCY SERVICE
A4206	SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH
A4207	SYRINGE WITH NEEDLE STERILE 2 CC EACH
A4208	SYRINGE WITH NEEDLE STERILE 3 CC EACH
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH
A4210	NEEDLE-FREE INJECTION DEVICE EACH
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS
A4212	NONCORING NEEDLE OR STYLET W/WO CATHETER
A4213	SYRINGE STERILE 20 CC OR GREATER EACH
A4215	NEEDLE STERILE ANY SIZE EACH
A4216	STERIL WATER SALINE & OR DXT DILUENT/FLUSH 10 ML
A4217	STERILE WATER/SALINE 500 ML
A4218	STERILE SALINE/WATER METERED DOSE DISPNS 10 ML
A4221	SUPPLIES MAINT DRUG INFUS CATHETER PER WEEK
A4230	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE
A4231	INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE
A4232	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC
A4233	REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT
A4234	REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA
A4235	REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA
A4236	REPL BATT SILVER OXIDE HOM BG MON OWND PT EA
A4244	ALCOHOL OR PEROXIDE PER PINT

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
A4253	BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50
A4255	PLATFORMS HOME BLOOD GLUCOSE MONITOR 50 PER BOX
A4256	NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS
A4258	SPRING-POWERED DEVICE FOR LANCET EACH
A4259	LANCETS PER BOX OF 100
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE
A4262	TEMPORARY ABSORBABLE LACRIMAL DUCT IMPLANT EACH
A4263	PERM LONG-TERM NONDISSOLVABLE LAC DUCT IMPL EA
A4264	PERM IMPL CONTRACEPTIVE TUBAL OCCL DEV & DEL SYS
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE
A4270	DISPOSABLE ENDOSCOPE SHEATH EACH
A4280	ADHES SKN SUPPORT ATTCH USE W/EXT BRST PROSTH EA
A4290	SACRAL NERVE STIMULATION TEST LEAD EACH
A4300	IMPLANTABLE ACCESS CATHETER EXTERNAL ACCESS
A4301	IMPLANTABLE ACCESS TOTAL CATHETER PORT/RESERVOIR
A4305	DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML/>-HOUR
A4306	DISPOSABL DRUG DEL SYS FLOW RATE <50 ML PER HOUR
A4310	INSERTION TRAY W/O DRAIN BAG&W/O CATHETER
A4311	INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX
A4312	INSRTION TRAY W/O DRN BAG W/CATH 2-WAY SILCON
A4313	INSRT TRAY W/O DRN BAG W/CATH 3-WAY CONT IRRIG
A4314	INSRTION TRAY W/DRN BAG W/CATH 2-WAY LATX W/COAT
A4315	INSRTION TRAY W/DRN BAG W/CATH2-WAY ALL SILCON
A4316	INSRTION TRAY W/DRN BAG W/CATH 3-WAY CONT IRRIG
A4320	IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS
A4321	THERAPEUTIC AGENT URINARY CATHETER IRRIGATION
A4322	IRRIGATION SYRINGE BULB OR PISTON EACH
A4326	MALE EXT CATH W/INTEGRAL CLCT CHAMB ANY TYPE EA
A4327	FE EXTERNAL URIN COLLECTION DEVICE; METAL CUP EA
A4328	FE EXTERNAL URINARY COLLECTION DEVICE; POUCH EA
A4330	PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH
A4331	EXT DRN TUBING W/CNCTOR/ADAPTR FOR LEG BAG EA
A4332	LUBRICANT INDIVIDUAL STERILE PACKET EACH
A4333	URIN CATHETER ANCHR DEVICE ADHES SKIN ATTCH EA
A4334	URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS
A4336	INCONTINENCE SUPPLY URETHRAL INSERT ANY TYPE EA
A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH
A4338	INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W/COAT EA
A4340	INDWELLING CATHETER; SPECIALTY TYPE EACH
A4344	INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
A4346	INDWELL CATH; FOLY TYPE 3-WAY CONT IRRIGATION EA
A4349	MALE EXTERNAL CATHETER W/WO ADHES DISPOSABLE EA
A4351	INTERMIT URIN CATH; STRAIGHT TIP W/WO COAT EA
A4352	INTERMITTENT URINARY CATHETER; COUDE TIP EACH
A4353	INTERMIT URINARY CATHETER W/INSERTION SUPPLIES
A4354	INSERTION TRAY W/DRAIN BAG BUT WITHOUT CATHETER
A4355	IRRIG TUBING CONT BLADD IRRIG 3-WAY CATH EA
A4356	EXTERNAL URETHRAL CLAMP/COMPRESSION DEVICE EACH
A4357	BEDSID DRN BAG DAY/NGT W/WO ANTI-REFLX DEVC EA
A4358	URINARY LEG BAG; VINYL W/WO TUBE EACH
A4360	DISPSBL EXT URETHRAL CLAMP/COMP DEV PAD POUCH EA
A4361	OSTOMY FACEPLATE EACH
A4362	SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH
A4363	OSTOMY CLAMP ANY TYPE REPLACEMENT ONLY EACH
A4364	ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE
A4366	OSTOMY VENT ANY TYPE EACH
A4367	OSTOMY BELT EACH
A4368	OSTOMY FILTER ANY TYPE EACH
A4369	OSTOMY SKIN BARRIER LIQUID PER OZ
A4371	OSTOMY SKIN BARRIER POWDER PER OZ
A4372	OST SKIN BARR SOL 4X4/EQUV STD WEAR CONVXITY EA
A4373	OST SKN BARR W/FLNGE W/BUILT-IN CONVXITY SZ EA
A4375	OSTOMY POUCH DRAINABLE W/FCEPLATE ATTCH PLSTC EA
A4376	OSTOMY POUCH DRAINABLE W/FACEPLATE ATTCH RUBR EA
A4377	OSTOMY POUCH DRAINABLE USE FACEPLATE PLASTIC EA
A4378	OSTOMY POUCH DRAINABLE USE FACEPLATE RUBBER EACH
A4379	OSTOMY POUCH URINARY W/FACEPLATE ATTCH PLSTC EA
A4380	OSTOMY POUCH URINARY W/FACEPLATE ATTCH RUBBER EA
A4381	OSTOMY POUCH URINARY USE FACEPLATE PLASTIC EACH
A4382	OSTOMY POUCH URIN USE FACEPLATE HEAVY PLSTC EA
A4383	OSTOMY POUCH URINARY USE FACEPLATE RUBBER EACH
A4384	OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH
A4385	OST SKN BARRIER SOLID 4X4 EXT W/O CONVXITY EA
A4387	OSTOMY POUCH CLOSED W/BARR BUILT-IN CONVEXITY EA
A4388	OST POUCH DRAINABLE W/EXT WEAR BARRIER ATTCH EA
A4389	OST POUCH DRNABLE W/BARR W/BUILT-IN CONVXITY EA
A4390	OST POUCH DRNABLE W/EXT BARRIER W/CONVXITY EA
A4391	OSTOMY POUCH URINARY W/EXT WEAR BARRIER ATTCH EA
A4392	OST POUCH URIN W/STD WEAR BARRIER W/CONVXITY EA
A4393	OST POUCH URIN W/EXT WEAR BARRIER W/CONVXITY EA
A4394	OSTOMY DEODORANT W/WO LUBRICANT POUCH PER FL OZ

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
A4395	OSTOMY DEODORANT USE OSTOMY POUCH SOLID PER TAB
A4396	PERISTOMAL HERNIA SUPPORT BELT
A4397	IRRIGATION SUPPLY; SLEEVE EACH
A4398	OSTOMY IRRIGATION SUPPLY; BAG EACH
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATH W/WO BRUSH
A4400	OSTOMY IRRIGATION SET
A4402	LUBRICANT PER OUNCE
A4404	OSTOMY RING EACH
A4405	OSTOMY SKIN BARRIER NONPECTIN-BASED PASTE-OZ
A4406	OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE
A4407	OST SKN BARRIER W/BUILT-IN CONVXITY 4X4 IN/< EA
A4408	OST SKN BARRIER W/BUILT-IN CONVXITY > 4X4 IN EA
A4409	OST SKN BARR EXT W/O BUILT-IN CONVXTY 4X4 IN/<EA
A4410	OST SKN BARR EXT W/O BUILT-IN CONVXITY>4X4 IN EA
A4411	OST SKN BARRIER SOLID 4X4/EQ W/BUILT-IN CONVXITY
A4412	OST POUCH DRNABLE BARRIER W/FLNGE W/O FLTR EA
A4413	OST POUCH DRNABLE HI OP BARRIER W/FLNGE/FLTR EA
A4414	OST SKN BARRIER W/O BUILT-IN CONVXITY 4X4 IN/<EA
A4415	OST SKN BARRIER W/O BUILT-IN CONVXITY >4X4 IN EA
A4416	OSTOMY POUCH CLOSED W/BARRIER ATTCH W/FILTER EA
A4417	OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVXIT
A4418	OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTER EA
A4419	OST POUCH CLOS; BARRIER W/NON-LOCK FLNGE W/FLTR
A4420	OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA
A4421	OSTOMY SUPPLY; MISCELLANEOUS
A4422	OST ABSORBNT MATL POUCH THICKEN LQD STOMAL OP EA
A4423	OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA
A4424	OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA
A4425	OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA
A4426	OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA
A4427	OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA
A4428	OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE
A4429	OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE
A4430	OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA
A4431	OST POUCH URIN; W/BARR W/FAUCET TAP W/VALVE EA
A4432	OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV
A4433	OST POUCH URIN; FOR BARR W/LOCKING FLANGE EA
A4434	OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE
A4435	OST POUCH DRAIN HI OP EXT WEAR BARR W/WO FLTR EA
A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIES, REUSABLE, ANY TYPE

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH
A4565	SLINGS
A4566	SHOULDER SLING/VEST ABDUCTION RESTRAINER PREFAB
A4570	SPLINTS
A4580	CAST SUPPLIES
A4590	SPECIAL CASTING MATERIAL
A4605	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH
A4606	OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT
A4608	TRANSTRACHEAL OXYGEN CATHETER EACH
A4614	PEAK EXPIRATORY FLOW RATE METER HAND HELD
A4615	CANNULA NASAL
A4616	TUBING PER FOOT
A4617	MOUTHPIECE
A4618	BREATHING CIRCUITS
A4619	FACE TENT
A4620	VARIABLE CONCENTRATION MASK
A4623	TRACHEOSTOMY INNER CANNULA
A4624	TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY
A4626	TRACHEOSTOMY CLEANING BRUSH EACH
A4627	SPACR BAG/RESRVOR W/VO MASK W/METRD DOSE INHAL
A4628	OROPHARYNGEAL SUCTION CATHETER EACH
A4629	TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH
A4671	DISPBL CYCLER SET USED W/CYCLER DIALYSIS MACH EA
A4672	DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH
A4673	EXT LINE W/EASY LOCK CONNECTORS USED W/DIALYSIS
A4674	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH
A4690	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH
A4706	BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON
A4707	BICARBONATE CONCENTRATE POWDER HEMODIAL-PACKET
A4708	ACTAT CONCENTRATE SOLUTION HEMODIAL PER GALLON
A4709	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON
A4714	TREATED WATER FOR PERITONEAL DIALYSIS PER GALLON
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS
A4720	DIALYSATE DXTROS FL >249<=999 CC PERITON DIALYS
A4721	DIALYSATE DXTROS FL >999<=1999CC PERITON DIALYS
A4722	DIALYSATE DXTROS FL>1999<=2999CC PERITON DIALYS
A4723	DIALYSATE DXTROS FL>2999<=3999CC PERITON DIALYS
A4724	DIALYSATE DXTROS FL>3999<=4999CC PERITON DIALYS

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No Prior Authorization Code	Description
A4725	DIALYSATE DXTROS FL>4999</=5999CC PERITON DIALYS
A4726	DIALYSATE DEXTROSE FLUID > 5999 CC PD
A4728	DIALYSATE SOLUTION NON-DXTROS CONTAINING 500 ML
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS EACH
A4736	TOPICAL ANESTHETIC FOR DIALYSIS PER G
A4737	INJECTABLE ANESTHETIC FOR DIALYSIS PER 10 ML
A4740	SHUNT ACCESSORY HEMODIALYSIS ANY TYPE EACH
A4750	BLOOD TUBING ARTERIAL/VENOUS HEMODIALYSIS EACH
A4755	BLOOD TUBING ART&VENOUS COMBINED HEMODIALYSIS EA
A4760	DIALYSATE SOL TST KIT PERITON DIALYSIS TYPE EA
A4765	DIALYSATE CONC POWDER ADD PERITON DIALYSIS-PCKET
A4766	DIALYSATE CONC SOL ADD PERITON DIALYSIS-10 ML
A4770	BLOOD COLLECTION TUBE VACUUM FOR DIALYSIS PER 50
A4771	SERUM CLOTTING TIME TUBE FOR DIALYSIS PER 50
A4772	BLOOD GLUCOSE TEST STRIPS FOR DIALYSIS PER 50
A4773	OCCULT BLOOD TEST STRIPS FOR DIALYSIS PER 50
A4774	AMMONIA TEST STRIPS FOR DIALYSIS PER 50
A4802	PROTAMINE SULFATE FOR HEMODIALYSIS PER 50 MG
A4860	DISPBL CATHETER TIPS PERITONEAL DIALYSIS PER 10
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS EACH
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS
A4918	VENOUS PRESSURE CLAMP FOR HEMODIALYSIS EACH
A5051	OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH
A5052	OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA
A5053	OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH
A5054	OSTOMY POUCH CLOSED; USE BARRIER W/FLANGE EACH
A5055	STOMA CAP
A5056	OST POUCH DRAINABLE EXT WEAR BARRIER W/FILTER EA
A5057	OST POUCH DRAINABL EXT WEAR BARR CONVXYTY FLTR EA
A5061	OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH
A5062	OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA
A5063	OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA
A5071	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH
A5072	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA
A5073	OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA
A5083	CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA
A5093	OSTOMY ACCESSORY; CONVEX INSERT
A5102	BEDSID DRAIN BOTTLE W/VO TUBING RIGD/XPNDABLE EA
A5105	URINARY SUSPENSORY WITH LEG BAG W/VO TUBE EACH

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No Prior Authorization Code	Description
A5112	URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH
A5113	LEG STRAP; LATEX REPLACEMENT ONLY PER SET
A5114	LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET
A5120	SKIN BARRIER WIPES OR SWABS EACH
A5121	SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH
A5122	SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD
A5131	APPLINC CLNR INCONT&OSTOMY APPLINCS PER 16 OZ
A5200	PERCUT CATH/TUBE ANCHR DEVICE ADHES SKIN ATTCH
A6010	COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G
A6011	COLLEGEN BASED WOUND FILLR GEL/PASTE STERL PER G
A6021	COLLAGEN DRESSING STERILE SIZE 16 SQ IN/LESS EA
A6022	COLL DRSG STERL PAD SIZE>16 SQ IN BUT/=48 SQ EA
A6023	COLLAGEN DRESSING STERILE SIZE >48 SQ IN EACH
A6024	COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN
A6025	GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH
A6154	WOUND POUCH EACH
A6196	ALGINAT/OTH FIBER GELL DRESS STERIL PAD 16 SQ/<
A6197	ALGINATE/OTH FIBER GELL DRESS PAD >16</=48 SQ EA
A6198	ALGINATE/OTH FIBER GELL DRESS WND PAD > 48 SQ EA
A6199	ALGINATE/OTH FIBER GEL DRESS WND FIL STERL 6 IN
A6203	COMPOS DRESS STERL PAD 16 SQ/< W/ADHES BORDR EA
A6204	COMPOS DRESS >16SQ BUT </=48 SQ W/ADHES BORDR EA
A6205	COMPOS DRESS STERL PAD > 48 SQ W/ADHES BORDR
A6206	CONTACT LAYER STERL 16 SQ IN/LESS EA DRESSING
A6207	CNTC LAYER > 16 SQ BUT </EQUAL 48 SQ EA DRESSING
A6208	CONTACT LAYER STERL > 48 SQ IN EACH DRESSING
A6209	FOAM DRESS STERL PAD 16 SQ/< NO ADHES BORDR EA
A6210	FOAM DRESS > 16 BUT </= 48 SQ W/O ADHES BORDR EA
A6211	FOAM DRESS STERL PAD >48 SQ NO ADHES BORDR EA
A6212	FOAM DRESS STERL PAD SZ 16 SQ/> W/ADHES BORDR EA
A6213	FOAM DRESS >16 SQ BUT </= 48 SQ W/ADHES BORDR EA
A6214	FOAM DRESS STERL PAD SZ > 48 SQ W/ADHES BORDR EA
A6215	FOAM DRESSING WOUND FILLER STERILE PER G
A7000	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH
A7002	TUBING USED WITH SUCTION PUMP EACH
A7003	ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL
A7004	SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL
A7005	ADMN SET W/SM VOL NONFILTR NEBULIZR NON-DISPBL
A7006	ADMIN SET W/SMALL VOLUME FILTR PNEUMAT NEBULIZR
A7007	LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS

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No Prior Authorization Code	Description
A7008	LG VOL NEBULIZR DISPBL PREFIL W/AROSL COMPRS
A7009	RESRVOR BOTTLE NON-DISPBL W/LG VOL US NEBULIZR
A7010	CORUGATD TUBING DISPBL W/LG VOL NEBULIZR 100 FT
A7011	CORRG TUBING NON-DISP/NEB USE 10 FT
A7012	WATER COLLEC DEV USE W/LG VOL NEB
A7013	FILTER DISPOSABL W/AREOSOL COMPRESS/US GENERATOR
A7014	FILTER NON-DISPBL USED W/AROSL COMPRS/US GEN
A7015	AREO MASK USED W/ DME NEB
A7016	DOME&MOUTHPIECE USED W/SMALL VOLUME US NEBULIZR
A7017	NEB GLASS/AUTOCLAV NOT USE W/O2
A7018	H2O DIST USE W/LG VOL NEB 1000 ML
A7020	INTERFACE COUGH STIMULAT DEVC REPLACEMENT ONLY
A7027	COMB ORAL/NASAL MASK USED W/CPAP DEVICE EACH
A7028	ORAL CUSHION COMB ORAL/NASAL MASK REPL ONLY EACH
A7029	NASAL PILLOWS COMB ORAL/NASL MASK REPL ONLY PAIR
A7030	FULL FACE MASK USED W/POS ARWAY PRESS DEVICE EA
A7031	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA
A7032	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH
A7033	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR
A7034	NASL INTRFCE POS ARWAY PRSS DEVC W/NO HEAD STRAP
A7035	HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE
A7036	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE
A7038	FILTER DISPBL USED W/POS ARWAY PRESSURE DEVICE
A7039	FILTER NON DISPBL USED W/POS ARWAY PRESS DEVICE
A7040	ONE WAY CHEST DRAIN VALVE
A7041	WATER SEAL DRAINAGE CONTAINER & TUBING
A7042	IMPLANTED PLEURAL CATHETER EACH
A7044	ORAL INTERFACE USED W/POS ARWAY PRESS DEVICE EA
A7045	EXHALATION PORT W/NO SWIVEL REPLACEMENT ONLY
A7046	WATR CHAMB HUMDIFIR USED W/POS ARWAY PRSS DEVC R
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH
A7502	REPL DIAPHRAGM/FCEPLATE TRACHEOSTOMA VALVE EA
A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA
A7504	FLTR USE TRACHEOSTOMA HEAT&MOISTR EXCHG SYS EA
A7505	HOUSING REUSABL W/O ADHES EXCHG SYS&/ VALV EA
A7506	ADHES DISC EXCHG SYS &/ W/TRACHEOSTOMA VALV EA
A7507	FLTR HLDR&INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG

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No Prior Authorization Code	Description
A7508	HOUS&INTGR ADHES TRACHEOSTOMA EXCHG SYS &/ VALV
A7509	FLTR HLDR&INTGR FLTR HOUS&ADHES TRACHEOSTOMA
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL
A7521	TRACHEOST/LARYNGECT TUBE CUFFD PVC SILICONE/= EA
A7522	TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH
A7525	TRACHEOSTOMY MASK EACH
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH
A8000	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES
A8001	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES
A9500	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE
A9501	TECHNETIUM TC-99M TEBOROXIME DX PER STUDY DOSE
A9502	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE
A9503	TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI
A9504	TECHNETIUM TC-99M APCITIDE DX UP TO 20 MCI
A9505	THALLIUM TL-201 THALLOUS CHLORID DX PER MCI
A9507	INDIUM IN-111 CAPROMAB PENDETIDE DX UP TO 10 MCI
A9508	IODINE I-131 IOBENGUANE SULFATE DX PER 0.5 MCI
A9509	IODINE I-123 SODIUM IODIDE DX PER MILLICURIE
A9510	TECHNETIUM TC-99M DISOFENIN DX UP TO 15 MCI
A9512	TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE
A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY DOSE UP TO 20 MILLICURIES
A9516	IODINE I-123 SODIUM IODIDE DX PER 100 UCI TO 999
A9517	IODINE I-131 SODIUM IODIDE CAPS THERAPEUTIC MCI
A9520	TECHNETIUM TC-99M TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES
A9521	TECHNETIUM TC-99M EXETAZIME DX UP TO 25 MCI
A9524	IODINE I-131 IODINATD SERUM ALBUMIN DX PER 5 UCI
A9526	NITROGEN N-13 AMMONIA DX STDY DOSE UP TO 40 MCI
A9527	IODINE I-125 SODIUM IODIDE SOL TX PER MCI
A9528	IODINE I-131 SODIUM IODIDE CAPSULES DX PER MCI
A9529	IODINE I-131 SODIUM IODIDE SOLIODINE I-131 SODIU
A9530	IODINE I-131 SODIUM IODIDE SOLUTION TX PER MCI
A9531	IODINE I-131 SODIM IODIDE DX TO 100 MICROCURIE
A9532	IODINE I-125 SERUM ALBUMIN DX PER 5 MICROCURIES
A9536	TECHNETIUM TC-99M DEPREOTIDE DX UP TO 35 MCI
A9537	TECHNETIUM TC-99M MEBROFENIN DX UP TO 15 MCI
A9538	TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI
A9539	TECHNETIUM TC-99M PENTETATE DX UP TO 25 MCI

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A9540	TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI
A9541	TECHNETIUM TC-99M SULFUR COLLOID DX UP TO 20 MCI
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI
A9544	IODINE I-131 TOSITUMOMAB DX PER STUDY DOSE
A9545	IODINE I-131 TOSITUMOMAB THERAPEUTIC PER TX DOSE
A9546	COBALT CO-57/58 CYANOCOBALAMN DX TO 1 MICROCURIE
A9547	INDIUM IN-111 OXYQUINOLINE DX PER 0.5 MILLICURIE
A9548	INDIUM IN-111 PENTETATE DX PER 0.5 MILLICURIE
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE DX TO 25 MCI
A9551	TECHNETIUM TC-99M SUCCIMER DX UP TO 10 MCI
A9552	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI
A9553	CHROMIUM CR-51 SODIUM CHROMATE DX UP TO 250 UCI
A9554	IODINE I-125 SODIUM IOTHALAMATE DX UP TO 10 UCI
A9555	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI
A9556	GALLIUM GA-67 CITRATE DIAGNOSTIC PER MILLICURIE
A9557	TECHNETIUM TC-99M BICISATE DX UP TO 25 MCI
A9558	XENON XE-133 GAS DIAGNOSTIC PER 10 MILLICURIES
A9559	COBALT CO-57 CYANOCOBALAMIN ORAL DX UP TO 1 UCI
A9560	TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI
A9561	TECHNETIUM TC-99M OXIDRONATE DX UP TO 30 MCI
A9562	TECHNETIUM TC-99M MERTIATIDE DX UP TO 15 MCI
A9563	SODIUM PHOSPHATE P-32 THERAPEUTIC PER MILLICURIE
A9564	CHROMIC PHOSHATE P-32 SUSP THERAPEUTIC PER MCI
A9566	TECHNETIUM TC-99M FANOLESOMAB DX UP TO 25 MCI
A9567	TECHNETIUM TC-99M PENTETATE DX AEROSOL TO 75 MCI
A9568	TECHTM TC-99M ARCITUMOMAB DX STDY DOSE TO 45 MCI
A9569	TECHNETIUM TC-99M EXAMETAZIME AUTOLG WBC DX DOSE
A9570	INDIUM IN-111 AUTOLOGOUS WBC DX PER STUDY DOSE
A9571	INDIUM IN-111 AUTOLOGOUS PLATELETS DX STUDY DOSE
A9572	INDIUM IN-111 PENTETREOTIDE DX DOSE TO 6 MCI
A9575	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML
A9576	INJECTION GADOTERIDOL PROHANCE MULTIPACK PER ML
A9577	INJ GADOBENATE DIMEGLUMINE MULTIHANCE PER ML
A9578	INJ GADOBENATE DIMEGLUMINE MXHANCE MXPACK PER ML
A9579	INJECTION GADOLINIUM BASED MR CONTRAST NOS ML
A9580	SODIUM FLUORIDE F-18 DX PER STUDY DOSE TO 30 MCI
A9581	INJECTION GADOXETATE DISODIUM 1 ML
A9582	IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI
A9583	INJECTION GADOFOSVESET TRISODIUM 1 ML

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No Prior Authorization Code	Description
A9584	IODINE I-123 IOFLUPANE DX-STUDY DOSE UP 5 MCI
A9585	INJECTION GADOBUTROL 0.1 ML
A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI
A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI
A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE
A9700	SUP OF INJ CONTRST MAT-ECHO P/STUDY
A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY
B4081	NASOGASTRIC TUBING WITH STYLET
B4082	NASOGASTRIC TUBING WITHOUT STYLET
B4083	STOMACH TUBE – LEVINE TYPE
B4087	GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL/TYPE EA
B4088	GASTROSTOMY/J-TUBE LOW-PROFILE ANY MAT/TYPE EACH
B4164	PARNTRAL NUTRITION SOL; CARBS 50%/LESS – HOM MIX
B4168	PARNTRAL NUTRITION SOL; AMINO ACID 3.5% -HOM MIX
B4172	PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7%-HOM MIX
B4176	PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5%-HOM MIX
B4178	PARNTRAL NUTRIT SOL; AMINO ACID > 85% - HOM MIX
B4180	PARNTRAL NUTRITION SOL; CARBS > 50% - HOME MIX
B4185	PARENTERAL NUTRITION SOL PER 10 GRAMS LIPIDS
B4189	PARNTRAL NUT SOL; AMINO ACID&CARB 10-51 GMS PROT
B4193	PARNTRAL NUT SOL; AMINO ACID&CARB 52-73 GMS PROT
B4197	PARNTRAL NUT SOL; AMINO ACID&CARB 74-100 GM PROT
B4199	PARNTRAL NUT SOL; AMINO ACID&CARB > 100 GMS PPAR
B4216	PARNTRAL NUTRITION; ADDITIVES – HOME MIX PER DAY
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY
B4222	PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY
B5000	PARNTRAL NUT SOL; AMINO ACID&CARBS RENL-AMIROSYN
B5100	PARNTRAL NUT SOL; AMINO ACID&CARBS HEP-FREAMINE
B5200	PARNTRAL NUT SOL; AMINO ACID&CARB STRSS-BR CHAIN
B9000	ENTERAL NUTRITION INFUSION PUMP – WITHOUT ALARM
B9002	ENTERAL NUTRITION INFUSION PUMP – WITH ALARM
B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE
B9006	PARENTERAL NUTRITION INFUSION PUMP STATIONARY
B9998	NOC FOR ENTERAL SUPPLIES
B9999	NOC FOR PARENTERAL SUPPLIES

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No Prior Authorization Code	Description
C1204	TECHNETIUM TC 99M TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES
C1300	HYPRBR O2 UND PRSS FULL BDY CHAMB-30 MIN INTRVL
C1713	ANCHOR/SCREW OPPOSING BN-TO-BN/SOFT TISSUE-TO-BN
C1714	CATHETER TRANSLUMINAL ATHERECTOMY DIRECTIONAL
C1715	BRACHYTHERAPY NEEDLE
C1721	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER
C1722	CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER
C1724	CATHETER TRANSLUMINAL ATHERECTOMY ROTATIONAL
C1725	CATHETER TRANSLUMINAL ANGIOPLASTY NON-LASER
C1726	CATHETER BALLOON DILATATION NON-VASCULAR
C1727	CATHETER BALLOON TISSUE DISSECTOR NON-VASCULAR
C1728	CATHETER BRACHYTHERAPY SEED ADMINISTRATION
C1729	CATHETER DRAINAGE
C1730	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 19/<
C1731	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 20/>
C1732	CATH ELECTROPHYSIOLOGY DX/ABLAT 3D/VECTOR MAP
C1733	CATH EP DX/ABLAT NOT 3D/VECTOR MAP NOT COOL-TIP
C1749	ENDO RETRO IMAG/ILLUMINATION COLONOSCOPE DEVICE
C1750	CATHETER HEMODIAL/PERITONEAL LONG-TERM
C1751	CATHETER INFUS INSRT PERIPHERALLY CNTRLLY/MIDLN
C1752	CATHETER HEMODIALYSIS SHORT-TERM
C1753	CATHETER INTRAVASCULAR ULTRASOUND
C1755	CATHETER INTRASPINAL
C1756	CATHETER PACING TRANSESOPHAGEAL
C1757	CATHETER THROMBECTOMY/EMBOLECTOMY
C1758	CATHETER URETERAL
C1759	CATHETER INTRACARDIAC ECHOCARDIOGRAPHY
C1760	CLOSURE DEVICE VASCULAR
C1762	CONNECTIVE TISSUE HUMAN
C1763	CONNECTIVE TISSUE NON-HUMAN
C1764	EVENT RECORDER CARDIAC
C1765	ADHESION BARRIER
C1766	INTRDUCR/SHEATH GUID INTRACARD EP NOT PEEL-AWAY
C1768	GRAFT VASCULAR
C1769	GUIDE WIRE
C1770	IMAGING COIL MAGNETIC RESONANCE
C1771	REPAIR DEVICE URINARY INCONTINENCE W/SLING GRAFT
C1772	INFUSION PUMP PROGRAMMABLE
C1773	RETRIEVAL DEVICE INSERTABLE
C1776	JOINT DEVICE
C1777	LEAD CARDIOVERT-DEFIB ENDOCARDIAL SINGLE COIL

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
C1779	LEAD PACEMAKER TRANSVENOUS VDD SINGLE PASS
C1780	LENS INTRAOCULAR
C1781	MESH
C1782	MORCELLATOR
C1783	OCULAR IMPLANT AQUEOUS DRAINAGE ASSIST DEVICE
C1784	OCULAR DEVICE INTRAOPERATIVE DETACHED RETINA
C1785	PACEMAKER DUAL CHAMBER RATE-RESPONSIVE
C1786	PACEMAKER SINGLE CHAMBER RATE-RESPONSIVE
C1787	PATIENT PROG/PATIENT PROGRAMMER NEUROSTIMULATOR
C1788	PORT INDWELLING
C1789	PROSTHESIS BREAST
C1814	RETINAL TAMPONADE DEVICE SILICONE OIL
C1815	PROSTHESIS URINARY SPHINCTER
C1817	SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC
C1818	INTEGRATED KERATOPROSTHESIS
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL
C1830	POWERED BONE MARROW BIOPSY NEEDLE
C1840	LENS INTRAOCULAR TELESCOPIC
C1874	STENT COATED/COVERED WITH DELIVERY SYSTEM
C1875	STENT COATED/COVERED WITHOUT DELIVERY SYSTEM
C1876	STENT NON-COATED/NON-COVERED W/DELIVERY SYSTEM
C1877	STENT NON-COATED/NON-COVR WITHOUT DELIV SYSTEM
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION SYNTHETIC
C1880	VENA CAVA FILTER
C1881	DIALYSIS ACCESS SYSTEM
C1882	CARDIOVERT-DEFIB OTH THAN SINGLE/DUAL CHAMB
C1884	EMBOLIZATION PROTECTIVE SYSTEM
C1885	CATHETER TRANSLUMINAL ANGIOPLASTY LASER
C1886	CATH EXTRAVASCULAR TISSUE ABLAT MODAL INSERTABLE
C1887	CATHETER GUIDING
C1888	CATHETER ABLATION NON-CARDIAC ENDOVASCULAR
C1891	INFUSION PUMP NON-PROGRAMMABLE PERMANENT
C1892	INTRUDCR/SHEATH INTRCARD EP FIX-CURVE PEEL-AWAY
C1893	INTRUDCR/SHEATH INTRCARD EP CURVE NOT PEEL-AWAY
C1894	INTRUDCR/SHEATH NOT GUID INTRACARD EP NON-LASR
C1895	LEAD CARDIOVERT-DEFIB ENDOCARDIAL DUAL COIL
C1896	LEAD CARDIOVRT-DFIB NOT ENDOCARDIAL I/DUL COIL
C1898	LEAD PACEMKR OTH THAN TRNS VDD SINGLE PASS
C1899	LEAD PACEMAKER/CARDIOVERT-DEFIB COMBINATION
C1900	LEAD LEFT VENTRICULAR CORONARY VENOUS SYSTEM

No Prior Authorization Codes for Together with CCHP



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No Prior Authorization Code	Description
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM
C2614	PROBE PERCUTANEOUS LUMBAR DISCECTOMY
C2615	SEALANT PULMONARY LIQUID
C2617	STENT NON-COR TEMPORARY WITHOUT DELIVERY SYSTEM
C2618	PROBE CRYOABLATION
C2619	PACEMAKER DUAL CHAMBER NON RATE-RESPONSIVE
C2620	PACEMAKER SINGLE CHAMBER NON RATE-RESPONSIVE
C2621	PACEMAKER OTHER THAN SINGLE OR DUAL CHAMBER
C2622	PROSTHESIS PENILE NON-INFLATABLE
C2623	CATHETER, TRANSLUMINAL ANGIOPLASTY, DRUG-COATED, NON-LASER
C2625	STENT NON-CORONARY TEMPORARY W/DELIVERY SYSTEM
C2626	INFUSION PUMP NON-PROGRAMMABLE TEMPORARY
C2627	CATHETER SUPRAPUBIC/CYSTOSCOPIC
C2629	INTRUDCR/SHEATH OTH THAN GUID INTRACARD EP LASR
C2630	CATH EP DX/ABLAT NOT 3D/VECTOR MAP COOL-TIP
C2631	REPAIR DEVICE URINARY INCONT WITHOUT SLING GRAFT
C5271	APPLICATION OF LOW COST 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
C5272	APPLICATION OF LOW COST 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)
C5273	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
C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
C5275	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 UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA
C5276	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 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)
C5277	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
C5278	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; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN
C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN
C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD
C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL
C8904	MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL
C8907	MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL
C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST
C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST
C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY
C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY
C8914	MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS
C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS
C8920	MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS
C8921	TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE
C8922	TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD
C8923	TTE FLW W/CNTRST R-T DOC 2D INCL M-MODE REC Cmpl
C8924	TTE FLW W/CNTRST R-T 2D INCL M-MODE REC FU/LTD
C8925	TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R
C8926	TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R
C8927	TEE ASSESS CARD PUMP FUNCT&TX MSR IMMED TM BASIS
C8928	TTE W/CNTRST INCL M-MODE REC REST & CV ST W/I&R
C8929	TTE Cmpl SPEC DOPPLER & COLOR FLOW DOPPLER ECHO
C8930	TTE Cmpl DUR REST & CVST W/I&R W/PHYS SUP
C8931	MR ANGIOGRAPHY W/CONTRAST SPINAL CANAL CONTENTS
C8932	MR ANGIOGRAPHY W/O CONTRST SPINAL CANAL CONTENTS
C8933	MR ANGIO NO CONTRST FLW W/CONTRST SP CANAL CNTN
C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY
C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY
C8936	MR ANGIO W/O CONTRST FOLLOWED W/CONTRST UP EXT
C8957	IV INFUS TX/DX; INIT PROLNG RQR PORT/IMPL PUMP
C9349	PURAPLY, AND PURAPLY ANTIMICROBIAL, ANY TYPE, PER SQUARE CENTIMETER
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM
C9354	ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM
C9355	COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH
C9356	TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM
C9358	DERMAL SUBST FETAL BOVINE ORIGIN PER 0.5 SQ CM
C9359	POROUS COLL MATRIX BONE FILLER PUTTY PER 0.5 CC
C9360	DERMAL SUBST NEONATAL BOVINE ORIGN PER 0.5 SQ CM
C9361	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH
C9362	POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
C9363	SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM
C9364	PORCINE IMPLANT PERMACOL PER SQUARE CM
C9366	EPIFIX PER SQ CM
C9367	SKIN SUBST ENDOFORM DERM TEMPLATE PER SQUARE CM
C9368	GRAFIX CORE PER SQ CM
C9369	GRAFIX PRIME PER SQUARE CENTIMETER
C9458	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES
C9459	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES
C9600	PC TRNSCTH PLCMT RX ELUT IC STENTS; 1 MAJ CA/BR
C9601	PC TRNSCTH PLCMT RX-ELUT IC STNT;EA ADD BR MCA
C9602	PC TL COR ATHERECT W/RX ELUT IC STENT; 1 MCA/BR
C9603	PERQ TL COR ATHERECT; EA ADD BR MAJ CORONARY ART
C9604	PC TL REV OF/THRU CABG COMB DE IC STNT; 1 VES
C9605	PC TL REV OF/THRU CABG; EA ADD BR SUBTEND BP GFT
C9606	PERQ TL REV AC TOTAL/SUBTOTAL OCCLUSION 1 VES
C9607	PC TL REV CHRN TOT OCCL CA CA BR/CABG; 1 VES
C9608	PC TL REV CHRN TOT OCCL; EA ADD CA CA BR/BP GFT
C9728	PLCMT INTERSTITIAL DEV NOT ABD PELV PROS RP THOR
C9733	NONOPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY
C9736	LAPAROSCOPY, SURGICAL, RADIOFREQUENCY ABLATIONS OF UTERINE FIBROID(S), INCLUDING INTRAOPERATIVE GUIDANCE AND MONITORING, WHEN PERFORMED
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
E1634	PERITONEAL DIALYSIS CLAMPS EACH
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE
G0010	ADMINISTRATION OF HEPATITIS B VACCINE
G0101	CERV/VAGINAL CANCER SCR; PELV&CLIN BREAST EXAM
G0102	PROS CANCER SCREENING; DIGTL RECTAL EXAMINATION
G0103	PROSTATE CANCER SCREENING; PSA TEST
G0104	COLORECTAL CANCER SCREENING; FLEXSIG
G0105	COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK
G0106	COLOREC CANCR SCR;ALT G0104 SIGMOIDSCPY BA ENEMA
G0108	DIAB OP SELF-MGMT TRN SRVC INDIVIDUAL PER 30 MIN
G0109	DIAB SELF-MGMT TRN SRVC GROUP SESSION PER 30 MIN
G0117	GLAUC SCR HI RISK BY OPTOMETRST/OPHTHALMOLOGIST
G0118	GLAUC SCR HI RSK UND DIR SUP OPTMTRST/OPHTHLGIST
G0120	COLOREC CANCR SCR; ALT G0105 COLNSCPY BA ENEMA
G0121	COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA
G0123	SCR CYTOPATH CERV/VAG SCR CYTOTECH UND PHYS SUPV

No Prior Authorization Codes for Together with CCHP

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No Prior Authorization Code	Description
G0124	SCR CYTOPATH CERV/VAG THIN LAY PREP INTEPR PHYS
G0127	TRIMMING OF DYSTROPHIC NAILS ANY NUMBER
G0128	DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5
G0129	OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION
G0130	SEXA BN DNSITY STDY 1/> SITE; APPNDICULR SKEL
G0141	SCR CYTOPATH SMER CERV/VAG MNL RSCR INTEPR PHYS
G0143	SCR CYTOPATH CERV/VAG MNL SCR&RSCR UND PHYS
G0144	SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS
G0145	SCR CYTOPATH CERV/VAG SCR AUTO&MNL RSCR PHYS
G0147	SCR CYTOPATH SMERS CERV/VAG AUTO UND PHYS SUPV
G0148	SCR CYTOPATH SMERS CERV/VAG AUTO SYS W/MNL RESCR
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE ONLY
G0175	SCHED INTERDISCIPLINARY TEAM CONF W/PT PRESENT
G0182	PHYS SUPV PT UNDER MEDICARE-APPROVED HOSPICE
G0186	DESTRUC LOC LES CHOROID; PHOTOCOAG FDER VES TECH
G0202	SCR MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
G0204	DX MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
G0206	DX MAMMO PRODUCING DIR DIGTL IMAG UNI ALL VIEWS
G0237	MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES
G0238	TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN
G0239	TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2/> IND
G0245	INITIAL PHYS E&M DIABETIC NEUROPATHY W/LOPS
G0246	FOLLOWUP EVAL DIABETIC PT NEUROPATHY W/LOPS
G0247	ROUTINE FOOT CARE BY PHYS OF DIABETIC PT W/LOPS
G0248	DEMO HOME INR MON PT W/MECH HT VALVE CAF/VTE
G0249	PRVS TEST MATL & EQUIP HOME INR MON; ONCE A WEEK
G0250	PHYS REV INTEPR & PT MGMT HOME INR MON; 1 A WEEK
G0255	CURRNT PERCEPT THRESHOLD/SNCT PER LIMB ANY NERVE
G0257	UNSCHD/EMERG DIALYSIS TX ESRD PT HOS OP NOT CERT
G0259	INJECTION PROCEDURE FOR SI JNT; ARTHROGRAPY
G0260	INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH
G0268	REMV IMP CERUMEN PHYS SAME DATE AUDIO FUNCT TST
G0269	PLCMT OCCL DEVC VENUS/ART POST SURG/INTRVNL PROC
G0270	MED NUT TX; REASSESS FLW 2 REF YR W/PT EA 15 MIN
G0271	MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN
G0275	RENAL ANGIOGRAPHY NONSELECTIVE 1/BOTH KIDNEYS
G0278	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH
G0288	RECON CT ANGIO AORTA SURG PLANNING VASC SURG
G0289	SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT
G0293	NONCOVR SURG CONSC SEDAT ANES-MCR QUAL TRIAL-DAY
G0294	NONCOVR PROC NO ANES/LOC ANES-MCR QUAL TRIAL-DAY

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No Prior Authorization Code	Description
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING (LDCT) USING LOW DOSE CT SCAN (SERVICE IS FOR ELIGIBILITY DETERMINATION AND SHARED DECISION MAKING)
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING
G0298	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING
G0306	COMPLETE CBC AUTOMATED&AUTOMATED WBC DIFF COUNT
G0307	COMPLETE CBC AUTOMATED
G0328	COLOREC CA SCR; FOB TST IMMUNO 1-3 SIMULTANEOUS
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY
G0337	HOSPICE EVALUATION & CNSL SERVICES PREELECTION
G0364	BN MARROW ASPIR PRFRM W/BX SAME INCI SAME DOS
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACESS
G0380	LEVEL 1 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;
G0381	LEVEL 2 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;
G0382	LEVEL 3 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;
G0383	LEVEL 4 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;
G0384	LEVEL 5 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;
G0389	US B-SCAN &/OR REAL TIME W/IMAG DOC; AAA SCREEN
G0390	TRAUMA RESPONSE TEAM ASSOC W/HOSP CC SERVICE
G0396	ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT 15-30 MIN
G0397	ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT >30 MIN
G0398	HST W/TYPE II PRTBLE MON UNATTENDED MIN 7 CH
G0399	HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH
G0400	HST W/TYPE IV PRTBLE MON UNATTENDED MIN 3 CH
G0403	ECG RTN ECG W/12 LEADS SCR INIT PREVNTV PE W/I&R
G0404	ECG RTN ECG W/12 LEADS TRACING ONLY W/O I&R
G0405	ECG RTN ECG W/12 LEADS INTERPR & REPORT ONLY
G0409	SOCL WRK & PSYCH SRVC EA 15 MIN FACE-TO-FACE IND
G0410	GRP PSYCHOTX NOT MX FAM GRP PART HOS 45-50 MIN
G0411	INTERACTV GRP PSYCHOTX PART HOS 45 TO 50 MIN
G0412	OPN TX ILIAC SPINE TUBEROSITY AVUL/ILIAC WING FX
G0413	PERQ SKEL FIX POST PELV BONE FX&/DISLOC UNI/BIL
G0414	OPN TX ANT PELV BONE FX &/ DISLOC UNI/BIL
G0415	OPN TX POST PELV BONE FX &/ DISLOC UNI/BIL
G0416	SURG PATH PROSTATE NEEDLE SAT BIOPSY 10-20 SPEC
G0417	SURG PATH PROSTATE NEEDLE SAT BIOPSY 21-40 SPEC
G0418	SURG PATH PROSTATE NEEDLE SAT BIOPSY 41-60 SPEC
G0419	SURG PATH PROSTATE NEEDLE SAT BIOPSY > 60 SPEC
G0422	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER
G0423	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER
G0424	PULM REHAB INCL EXER 1 HR PER SESS TO 2 PER DAY
G0432	INF AGT AB DETECT EIA TECH HIV-1&/HIV-2 SCR

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No Prior Authorization Code	Description
G0433	INF ANTIBODY ELISA TECH HIV-1 &/OR HIV-2 SCREEN
G0435	INF AGT ANTIG DETECT RPD AB TST OMT HIV-1/-2 SCR
G0436	SMOKE TOB CESSATION CNSL AS PT; INTRMED 3-10 MIN
G0437	SMOKING & TOB CESS CNSL AS PT; INTERMED >10 MIN
G0438	ANNUAL WELLNESS VISIT; PERSONALIZ PPS INIT VISIT
G0439	ANNUAL WELLNESS VST; PERSONALIZED PPS SUBSQVT VST
G0442	ANNUAL ALCOHOL MISUSE SCREENING 15 MINUTES
G0443	BRIEF FACE-FACE BEHAV CNSL ALCOHL MISUSE 15 MIN
G0444	ANNUAL DEPRESSION SCREENING 15 MINUTES
G0445	SA HI INTENS CNSL PREV STI IND F/F EDU CHNG BHVR
G0446	ANNUAL FCE--FCE INTENSV BEHV TX CV DZ IND 15 MIN
G0447	FACE--FACE BEHAVIORAL COUNSELING OBESITY 15 MIN
G0448	INS/RPL PRM CV-DFIB TV LEADS INSRT PACE ELCTRODE
G0451	DEVELPMNT TESTING I&R STANDARDIZD INSTRUMNT FORM
G0452	MOLECLR PATH PROCEDURE; PHYSICIAN INTEPR REPORT
G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT
G0466	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, NEW PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUNTER (ONE-ON-ONE) BETWEEN A NEW PATIENT AND A FQHC PRACTITIONER DURING WHICH TIME ONE OR MORE FQHC SERVICES ARE RENDERED AND INCLUDES A TYPICAL BUNDLE OF MEDICARE-COVERED SERVICES THAT WOULD BE FURNISHED PER DIEM TO A PATIENT RECEIVING A FQHC VISIT
G0467	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, ESTABLISHED PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUNTER (ONE-ON-ONE) BETWEEN AN ESTABLISHED PATIENT AND A FQHC PRACTITIONER DURING WHICH TIME ONE OR MORE FQHC SERVICES ARE RENDERED AND INCLUDES A TYPICAL BUNDLE OF MEDICARE-COVERED SERVICES THAT WOULD BE FURNISHED PER DIEM TO A PATIENT RECEIVING A FQHC VISIT
G0468	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, IPPE OR AWV; A FQHC VISIT THAT INCLUDES AN INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE) OR ANNUAL WELLNESS VISIT (AWV) AND INCLUDES A TYPICAL BUNDLE OF MEDICARE-COVERED SERVICES THAT WOULD BE FURNISHED PER DIEM TO A PATIENT RECEIVING AN IPPE OR AWV
G0469	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, NEW PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE MENTAL HEALTH ENCOUNTER (ONE-ON-ONE) BETWEEN A NEW PATIENT AND A FQHC PRACTITIONER DURING WHICH TIME ONE OR MORE FQHC SERVICES ARE RENDERED AND INCLUDES A TYPICAL BUNDLE OF MEDICARE-COVERED SERVICES THAT WOULD BE FURNISHED PER DIEM TO A PATIENT RECEIVING A MENTAL HEALTH VISIT
G0470	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, ESTABLISHED PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE MENTAL HEALTH ENCOUNTER (ONE-ON-ONE) BETWEEN AN ESTABLISHED PATIENT AND A FQHC PRACTITIONER DURING WHICH TIME ONE OR MORE FQHC SERVICES ARE RENDERED AND INCLUDES A TYPICAL BUNDLE OF MEDICARE-COVERED SERVICES THAT WOULD BE FURNISHED PER DIEM TO A PATIENT RECEIVING A MENTAL HEALTH VISIT
G0472	HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)
G0475	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) FOR CERVICAL CANCER SCREENING, MUST BE PERFORMED IN ADDITION TO PAP TEST
G0515	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT, EACH 15 MINUTES
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUBDERMAL ROD IMPLANT)

No Prior Authorization Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.



No Prior Authorization Code	Description
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUBDERMAL IMPLANTS)
G0518	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUBDERMAL IMPLANTS)
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY
G6018	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
G6019	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
G6020	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
G6022	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESIONS(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
G6023	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
G6024	COLONOSCOPY, FLEXIBLE; PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
G6025	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
G6027	ANOSCOPY, HIGH RESOLUTION (HRA) (WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT); DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED
G6028	ANOSCOPY, HIGH RESOLUTION (HRA) (WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT); WITH BIOPSY(IES)
G8961	CARD STRESS IMAG LW RSK PT PREOP EVAL 30 D SURG
G8962	CARDIAC STRESS IMAGING TEST PERFORMED ANY REASON
G8963	CARD STRSS IMAG PRIM MON ASX PT HAD PCI W/I 2 YR
G8964	CARD SS IMAG OTH RSN THN MON ASX PT PCI IN 2 YRS
G8965	CARD SS IMAG PRIM PER L CHD RSK PT DET RSK ASMT
G8966	CARD STRSS IMAG TST PER SX/HI THAN L CHD RSK PT
G9141	INFLUENZA A H1N1 IMMUNIZATION ADMINISTRATION
H0001	ALCOHOL AND/OR DRUG ASSESSMENT
H0002	BHVAL HEALTH SCR DETERM ELIGBLITY ADMIS TX PROGM
H0003	ALCOHL &/ RX SCR; LAB ANALY PRESENC ALCOHL &/ RX
H0007	ALCOHOL &OR DRUG SERVICES; CRISIS INTERVENTION
H0049	ALCOHOL AND/OR DRUG SCREENING
H0050	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN
H2011	CRISIS INTERVENTION SERVICE PER 15 MINUTES
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG
J7300	INTRAUTERINE COPPER CONTRACEPTIVE
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG
J7302	LEVONORGESTREL-RLSE INTRAUTERN CNTRACPT 52 MG
J7303	CONTRACEPT SUPPLY HORMONE CONTAINING VAG RING EA
J7304	CONTRACEPTIVE SUPPLY HORMONE CONTAINING PATCH EA

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No Prior Authorization Code	Description
J7306	LEVONORGESTREL CNTRACPTV IMPL SYS INCL IMPL&SPL
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20% 1 U DOSE
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB
L2112	AFO FX ORTHO TIB FX ORTHO SFT PRFAB W/FIT & ADJ
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB W/FIT & ADJ
L2116	AFO TIB FX ORTHOTIC RIGID PRFAB W/FIT & ADJ
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB
L2132	KAFO FEM FX CAST ORTHOTIC SFT PRFAB W/FIT & ADJ
L2134	KAFO FEM FX CAST ORTHOT SEMI-RIGD PRFAB FIT&ADJ
L2136	KAFO FEM FX CAST ORTHOTIC RIGD PRFAB W/FIT & ADJ
L2180	ADD LW EXTRM FX ORTHOT PLSTC SHOE INSRT ANK JNT
L2182	ADD LOW EXTREM FX ORTHOTIC DROP LOCK KNEE JOINT
L2184	ADD LOW EXTREM FX ORTHOTIC LTD MOTION KNEE JOINT
L2186	ADD LW EXT FX ORTH ADJ MOT KNEE JNT LERMAN TYPE
L2188	ADD LOW EXTREM FRACTURE ORTHOTIC QUADRILAT BRIM
L2190	ADDITION LOW EXTREM FRACTURE ORTHOTIC WAIST BELT
L2840	ADD LOW EXTREM ORTHOTIC TIB LENGTH SOCK FX/= EA
L2850	ADD LOW EXTREM ORTHOT FEM LENGTH SOCK FX/EQU EA
L3917	HAND ORTHOTIC MC FX ORTHOTIC PREFAB INCL FIT&ADJ
L3980	UP EXTREM FX ORTHOTIC HUM PREFABR INCL FIT&ADJ
L3982	UP EXTRM FX ORTHOT RADUS/ULNAR PREFAB W/FIT&ADJ
L3984	UP EXTREM FX ORTHOTIC WRST PREFAB INCL FIT&ADJ
L3995	ADD UPPER EXTREM ORTHOTIC SOCK FRACTURE/EQUAL EA
L7600	PROSTHETIC DONNING SLEEVE ANY MATERIAL EACH
L8000	BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM
L8001	BREAST PROS MASTECT BRA W/INTEG BREAST FORM UNI
L8002	BREAST PROS MASTECT BRA W/INTEG BREAST FORM BIL
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE
L8015	EXT BRST PROS GARMNT W/MASTECT FORM POST-MASTECT
L8020	BREAST PROSTHESIS MASTECTOMY FORM
L8030	BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES
L8031	BREAST PROSTHESIS SILICONE/EQUAL W/NTEGRAL ADHES
L8032	NIPPLE PROSTHESIS REUSABLE ANY TYPE EACH
L8035	CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED
L8400	PROSTHETIC SHEATH BELOW KNEE EACH
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH
L8415	PROSTHETIC SHEATH UPPER LIMB EACH

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No Prior Authorization Code	Description
L8417	PROSTH SHEATH/SOCK W/GEL CUSHN LAY BK/AK EA
L8420	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH
L8430	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH
L8435	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH
L8470	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA
L8480	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA
L8485	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EA
L8512	GELATIN CAPS/EQUVALNT W/TRACHEOESOPH VOICE PROS
L8513	CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP
L8514	TRACHEOESOPH PUNCTURE DILAT REPLACEMENT ONLY EA
L8515	GELATIN CAP APPLIC DEVC TRACHOESOPH VOICE PROSTH
L8630	METACARPOPHALANGEAL JOINT IMPLANT
L8641	METATARSAL JOINT IMPLANT
L8642	HALLUX IMPLANT
L8658	INTERPHALANGEAL JOINT SPACER SILICONE/EQUAL EACH
L8659	IP FNGR JNT REPLCMT 2/MORE PECES METL CERAM-LIKE
M0064	BRF OV MONITOR/CHANGING RX PRSCS-TX MENTL D/O
P3000	SCR PAP SMEAR UP TO 3 SMEARS TECH UND PHYS SUPV
P3001	SCR PAP SMER CERV/VAG TO 3 SMERS RQR INTEPR PHYS
P7001	CULT BACTERL URINE; QUAN SENSITIVITY STUDY
P9010	BLOOD FOR TRANSFUSION PER UNIT
P9045	INFUSION ALBUMIN HUMAN 5% 250 ML
P9046	INFUSION ALBUMIN HUMAN 25% 20 ML
P9047	INFUSION ALBUMIN HUMAN 25% 50 ML
P9048	INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 250 ML
P9053	PLT PHERES LEUKOCYTES RDUC CMV-NEG IRRADATD EA
P9054	WB/RBCS LEUKOCYTES RDUC FRZN DEGLYCEROL WASHD EA
P9055	PLT LEUKOCYTES RDUC CMV-NEG APHERES/PHERES EA
P9056	WHOLE BLD LEUKOCYTES REDUCED IRRADIATED EA UNIT
P9057	RBCS FRZN/DEGLYCEROLIZED/WASHED LEUKOCYTES RDUC
P9058	RBCS LEUKOCYTES REDUCED CMV-NEG IRRADATD EA UNIT
P9059	FRESH FRZN PLASMA BETWN 8-24 HR CLCT EA UNIT
P9060	FRESH FROZEN PLASMA DONOR RETESTED EACH UNIT
P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT
P9071	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT
P9072	PLATELETS, PHERESIS, PATHOGEN REDUCED, EACH UNIT
P9100	PATHOGEN(S) TEST FOR PLATELETS
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN

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No Prior Authorization Code	Description
Q0081	INFUS TX USING OTH THAN CHEMOTHERAPEUTC RX VISIT
Q0083	CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT
Q0084	CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT
Q0085	CHEMOTHAPY ADMN BOTH INFUS TECH&OTH TECHIQUE-VST
Q0090	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (SKYLA), 13.5 MG
Q0091	SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORL NOT>48 HR DOSE
Q0165	PROCHLORPERAZINE MALEATE 10 MG ORL NOT>48HR DOSE
Q0166	GRANISETRON HCL 1 MG ORL NOT >48 HR DOSE REGIMEN
Q0167	DRONABINOL 2.5 MG ORAL NOT >48 HR DOSE REGIMEN
Q0168	DRONABINOL 5 MG ORAL NOT>48 HR DOSE REGIMEN
Q0169	PROMETHAZINE HCL 12.5 MG ORAL NOT>48 HR DOSE
Q0170	PROMETHAZINE HCL 25 MG ORAL NOT >48 HR DOSE
Q0171	CHLORPROMAZINE HCL 10 MG ORAL NOT >48 HR DOSE
Q0172	CHLORPROMAZINE HCL 25 MG ORAL NOT >48 HR DOSE
Q0173	TRIMETHOBENZAMIDE HCL 250 MG ORL NOT>48 HR DOSE
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORL NOT>48HR DOSE
Q0175	PERPHENZAIN 4 MG ORAL NOT >48 HR DOSE REGIMEN
Q0176	PERPHENZAIN 8MG ORAL NOT >48 HR DOSE REGIMEN
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL NOT >48 HR DOSE
Q0178	HYDROXYZINE PAMOATE 50 MG ORAL NOT >48 HR DOSE
Q0180	DOLASETRON MESYLATE 100 MG ORL NOT >48 HR DOSE
Q0181	UNS ORAL DOSAGE ANTI-EMETIC NOT >48 HR DOSE REG
Q2034	FLU VIRUS VAC SPLIT VIRUS INTRAMUSCULAR AGRIFLU
Q2035	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM AFLURIA
Q2036	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLULAVAL
Q2037	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUVIRIN
Q2038	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUZONE
Q2039	INFLUENZA VACC SPLIT VIRUS 3 YRS & OLDER IM NOS
Q2045	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG
Q2046	INJECTION AFLIBERCEPT 1 MG
Q2047	INJECTION PEGINESATIDE 0.1 MG FOR ESRD DIALYSIS
Q3001	ADJUNCTIVE PROCEDURE
Q4001	CASTING SPL BODY CAST ADULT W/VO HEAD PLASTR
Q4002	CAST SUPPLIES BODY CAST ADULT W/VO HEAD FIBRGLS
Q4003	CAST SUPPLIES SHOULDER CAST ADULT PLASTER
Q4004	CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS
Q4005	CAST SUPPLIES LONG ARM CAST ADULT PLASTER
Q4006	CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS
Q4007	CAST SUPPLIES LONG ARM CAST PEDIATRIC PLASTER
Q4008	CAST SUPPLIES LONG ARM CAST PEDIATRIC FIBERGLASS

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No Prior Authorization Code	Description
Q4009	CAST SUPPLIES SHORT ARM CAST ADULT PLASTER
Q4010	CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS
Q4011	CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER
Q4012	CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBRGLS
Q4013	CAST SUPPLIES GAUNTLET CAST ADULT PLASTER
Q4014	CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS
Q4015	CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER
Q4016	CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS
Q4017	CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER
Q4018	CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS
Q4019	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER
Q4020	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBRGLS
Q4021	CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER
Q4022	CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS
Q4023	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER
Q4024	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBRGLS
Q4025	CAST SUPPLIES HIP SPICA ADULT PLASTER
Q4026	CAST SUPPLIES HIP SPICA ADULT FIBERGLASS
Q4027	CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER
Q4028	CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS
Q4029	CAST SUPPLIES LONG LEG CAST ADULT PLASTER
Q4030	CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS
Q4031	CAST SUPPLIES LONG LEG CAST PEDIATRIC PLASTER
Q4032	CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS
Q4033	CAST SUPPLIES LONG LEG CYCLE CAST ADULT PLASTER
Q4034	CAST SUPPLIES LNG LEG CYCLE CAST ADLT FIBERGLASS
Q4035	CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR
Q4036	CAST SPL LONG LEG CYCLE CAST PEDIATRIC FIBRGLS
Q4037	CAST SUPPLIES SHORT LEG CAST ADULT PLASTER
Q4038	CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS
Q4039	CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER
Q4040	CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS
Q4041	CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER
Q4042	CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS
Q4043	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER
Q4044	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBRGLS
Q4045	CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER
Q4046	CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS
Q4047	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER
Q4048	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBRGLS
Q4081	INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS

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No Prior Authorization Code	Description
Q9951	LOW OSM CONTRST MATL 400/> MG/ML IODINE CONC ML
Q9953	INJECTION IRONBASED MR CONTRAST AGENT PER ML
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT 100 ML
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES PER ML
Q9956	INJECTION OCTAFLUOROPROPANE MICROSPHERES PER ML
Q9957	INJECTION PERFLUTREN LIPID MICROSPHERES PER ML
Q9958	HIGH OSM CONTRAST MATL 149 MG/ML IODINE CONC ML
Q9959	HI OSM CONTRST MATL 150-199 MG/ML IODINE CONC ML
Q9960	HI OSM CONTRST MATL 200-249 MG/ML IODINE CONC ML
Q9961	HI OSM CONTRST MATL 250-299 MG/ML IODINE CONC ML
Q9962	HI OSM CONTRST MATL 300-349 MG/ML IODINE CONC ML
Q9963	HI OSM CONTRST MATL 350-399 MG/ML IODINE CONC ML
Q9964	HIGH OSM CONTRST MATL 400/> MG/ML IODINE CONC ML
Q9965	LOCM 100-199 MG/ML IODINE CONCENTRATION PER ML
Q9966	LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML
Q9967	LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML
Q9968	INJ NONRADIATIVE NONCONTRAST VIZ ADJUNCT 1 MG
Q9969	TC-99M NON-HEU FULL COST REC ADD-ON PER STDY DOS
Q9970	INJECTION, FERRIC CARBOXYMALTOSE, 1MG
Q9972	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)
Q9973	INJECTION, EPOETIN BETA, 1 MICROGRAM, (NON-ESRD USE)
Q9974	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG
Q9975	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU
Q9976	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON
Q9977	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED
Q9978	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG
Q9979	INJECTION, ALEMTUZUMAB, 1 MG
Q9980	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG
S0255	BY NURSE SOCIAL WORKER OR OTHER DESIGNATED STAFF
S0302	CMPL EARLY PERIODIC SCREENING DX&TX SERVICE
S0310	HOSPITALIST SERVICES
S0395	IMPRESSION CASTING FOOT PERFORMED PRACTITIONER
S0400	GLOBAL FEE XTRACORP SHOCK WAVE LITH KIDNEY STONE
S0601	SCREENING PROCTOSCOPY
S0610	ANNUAL GYNECOLOGICAL EXAMINATION NEW PATIENT
S0612	ANNUAL GYNECOLOGICAL EXAMINATION EST PATIENT
S0613	ANNUAL GYN EXAM CLIN BREAST EXAM W/O PELV EVAL
S0618	AUDIOMETRY FOR HEARING AID EVALUATION
S0630	RMV SUTURES; PHYS NOT PHYS WHO ORIGLY CLOS WND
S2066	BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI
S2067	BRST RECON 1 BRST DIEP FLAP(S)&/GAP FLAP(S) UNI

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No Prior Authorization Code	Description
S2068	BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI
S2115	OSTEOTOMY PERIACETABULAR WITH INTERNAL FIXATION
S2225	MYRINGOTOMY LASER-ASSISTED
S2342	NASAL ENDOSCOPIC POSNASAL ENDOSCOPIC POSTOP DEBR
S3620	NEWBORN METABOLIC SCREENING PANEL SPEC-STATE
S3625	MATERNL SERUM TRIPLE MARKR SCR W/AFP ESTRIOL&HCG
S3626	MATERNAL SERUM SCR W/AFP ESTRIOL HCG INHIBIN A
S4005	INTERIM LABOR FACILITY GLOBAL
S4989	CONTRACEPTIVE IUD INCLUDING IMPLANTS&SUPPLIES
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL
S5035	HOME INFUS THERAPY ROUTINE SERVICE INFUS DEVICE
S8030	SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX
S8032	LOW-DOSE COMPUTED TOMOGRAPHY FOR LUNG CANCER SCREENING
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY
S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD
S8049	INTRAOPERATIVE RADIATION THERAPY
S8100	HOLDING CHAMB/SPACR W/INHAL/NEBULIZR; W/O MASK
S8101	HOLDING CHAMB/SPACR W/AN INHAL/NEBULIZR; W/MASK
S8210	MUCUS TRAP
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE
S8490	INSULIN SYRINGES
S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY GALL STONES
S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER
S9090	VERTEBRAL AXIAL DECOMPRESSION PER SESSION
S9152	SPEECH THERAPY RE-EVALUATION
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT
S9472	CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM
S9473	PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM
S9484	CRISIS INTERVEN MENTAL HEALTH SERVICES PER HOUR
S9485	CRISIS INTERVENT MENTAL HEALTH SERV
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS
V2631	IRIS SUPPORTED INTRAOCULAR LENS
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS
V5362	SPEECH SCREENING
V5363	LANGUAGE SCREENING
V5364	DYSPHAGIA SCREENING